



**Hennepin Health**

# **2020 Hennepin Health HEDIS Summary**

**May 1, 2021**

**Hennepin Health**  
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The purpose of this section is to provide the Hennepin Health HEDIS rate analysis for identified measures by program. (Refer to the HEDIS section within the QM Program section for more information.)

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. Minnesota strives to produce high HEDIS rates, focusing upon the quality of care rather than the quantity of care.

Data collected for HEDIS 2020 is from the calendar year 2019 and is reported by the individual programs. The eligible population for the Hennepin Health PMAP and Hennepin Health MNCare children HEDIS measures continue to be small but growing. For many children measures, Hennepin Health does not meet the minimal sampling requirements of 411 members. No population changes were noted to the Hennepin Health SNBC program for calendar year 2019.

### Hennepin Health Measure Strengths HEDIS 2020

HEDIS 2020 is the fourth year the Hennepin Health PMAP and MNCare programs can be compared to the Minnesota mean. The Hennepin Health PMAP program scored higher than the Minnesota mean for the following measures:

- Adult Body Mass Index Assessment (ABA)
- Weight Assessment Counseling for Nutrition (WCC)
- Immunizations for Adolescents (IMA)
- Chlamydia Screening in Women (CHL)
- Persistence of Beta Blocker Treatment after Heart Attack (PBH)
- Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (ADD)

The Hennepin Health MNCare program scored higher than the Minnesota mean for the following measures:

- Adult Body Mass Index Assessment (ABA)
- Weight Assessment Counseling for Nutrition (WCC)
- Chlamydia Screening in Women (CHL)
- Persistence of Beta Blocker Treatment after Heart Attack (PBH)
- Cervical Cancer Screenings (CCS)
- Asthma Medication Ratio (AMR)
- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC-A1c test, eye exams and blood pressure)
- Antidepressant Medication Management (AMM)

- Follow-up after Hospitalization for Mental Illness (FUH)
- Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Use of Opioids at High Dosage (UDO)
- Use of Opioids from Multiple Providers (UAP)
- Children and Adolescents Access to Primary Care Practitioners (CAP)
- Prenatal and Postpartum Care (PPC)

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

- Adult Body Mass Index Assessment (ABA)
- Cervical Cancer Screenings (CCS)
- Controlling High Blood Pressure (CBP)
- CDC - A1c test, eye exams and monitoring nephropathy
- Persistence of Beta Blocker Treatment after Heart Attack (PBH)
- Use of Opioids at High Dosage (UDO)
- Breast Cancer Screening (BCS)
- Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation (PCE)

### Hennepin Health Measure Opportunities HEDIS 2020

Hennepin Health has opportunities to improve several HEDIS measures related to preventive care. For the Hennepin Health PMAP program, the Breast Cancer Screening rate (46.74%) and the Cervical Cancer Screening rate (55.23%) are lower than the respective Minnesota means averages (61.05%, 61.74%). To address these issues, Hennepin Health added new rewards (\$50 incentive) in Q4 2019, to eligible members who completed their breast and cervical cancer screenings.

NCQA continues to express concern about the low performance of health plans nationwide on behavioral health quality measures. The FUH measure continues to be a measure of focus. Both the 7-day (22.9%) and 30-day (47.14%) follow-up rate for Hennepin Health PMAP increased from HEDIS 2019 but are still below the MN Mean (38.30%/65.20%). The Hennepin Health SNBC rate has shown some improvement in the 30-day follow-up (44.44% v. 48.48%), but both the 7-day and 30-day follows up (18.18% / 48.48%) are lower than the state averages (38.83% / 67.56%). 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.

Since Hennepin Health MNCare is a newer program, HEDIS 2020 is the fourth year Hennepin Health collected HEDIS rates. The eligible population for most measures continues to be small,

not meeting the NCQA minimum sampling size of 411. Therefore, many of the MNCare Program HEDIS rates are deemed non-reportable per NCQA's HEDIS sampling/eligible population requirements. As the population grows, NCQA reporting will be made possible and comparisons to the Minnesota mean will be appropriate.

### New for HEDIS 2020 and the Next Steps

The HEDIS 2020 summary includes the Hennepin Health PMAP, MNCare and SNBC non-dual populations. Hennepin Health continues the trend of having higher eligible population sizes for Hennepin Health PMAP in HEDIS 2020, as more members met the continuous enrollment requirements for most measures.

The 2020 HEDIS rates were shared with the QMC, County Board, Medical Administration and Network Management departments. Hennepin Health plans to actively work with its network providers to improve scores for relevant HEDIS measures.

To reduce ED visits and hospitalizations, Hennepin Health continues to focus member education on preventive care. Hennepin Health Care Coordinator team promotes annual preventive health exams and connects members with primary care clinics and physicians to receive seamless care. Reminders about annual preventive health exams are displayed on a monitor in the Hennepin Health WISC, posted on the Hennepin Health website, social media, 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 Q4 2019 in the areas of diabetic eye exams and diabetic A1c test results. Those new incentives were carried forward into 2020 and now a part of the catalog of incentives. Another change to the reward program in 2020, was that the value of many vouchers increased.

### The Impact of COVID-19 on HEDIS 2020

A major challenge experienced for the 2020 HEDIS season was the COVID-19 pandemic. The pandemic had an unexpected and adverse impact on the HEDIS chart retrieval and reviewing process. In March 2020, clinics that did not provide essential care, (i.e. eye clinics) temporarily closed. Some clinics experienced staff furloughs or layoffs due to the pandemic. These unfortunate serious events caused two major issues with the HEDIS chart retrieval and reviewing process. The first issue was that HEDIS chart reviewers were not allowed to go onsite to clinics to review medical records. This was at the request of the clinics due to safety reasons. The second issue was that many clinics had reduced staff due to furloughs and, therefore, did not have the resources to retrieve requested medical records. As a result, Hennepin Health did not receive medical records from over 20 clinics and the charts received, were significantly fewer than previous HEDIS seasons. Due to these issues, MDH/DHS granted Hennepin Health a

waiver to report prior year's (HEDIS 2019) rates for select measures. The following measures by product were reported using prior year's (HEDIS 2019) rates.

### **Hennepin Health - MNCare**

ABA & CCS

### **Hennepin Health - PMAP**

ABA & CBP

Proactive measures were put in place to reduce the impact of COVID-19 on HEDIS MY2020's retrieval and reviewing process, Hennepin Health is working with more clinics to obtain remote access to their electronic medical record (EMR) systems, reducing the administrative burden on clinics.

## Hennepin Health HEDIS 2020 Measures for Calendar Year 2019

### Antidepressant Medication Management (AMM)

#### *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.

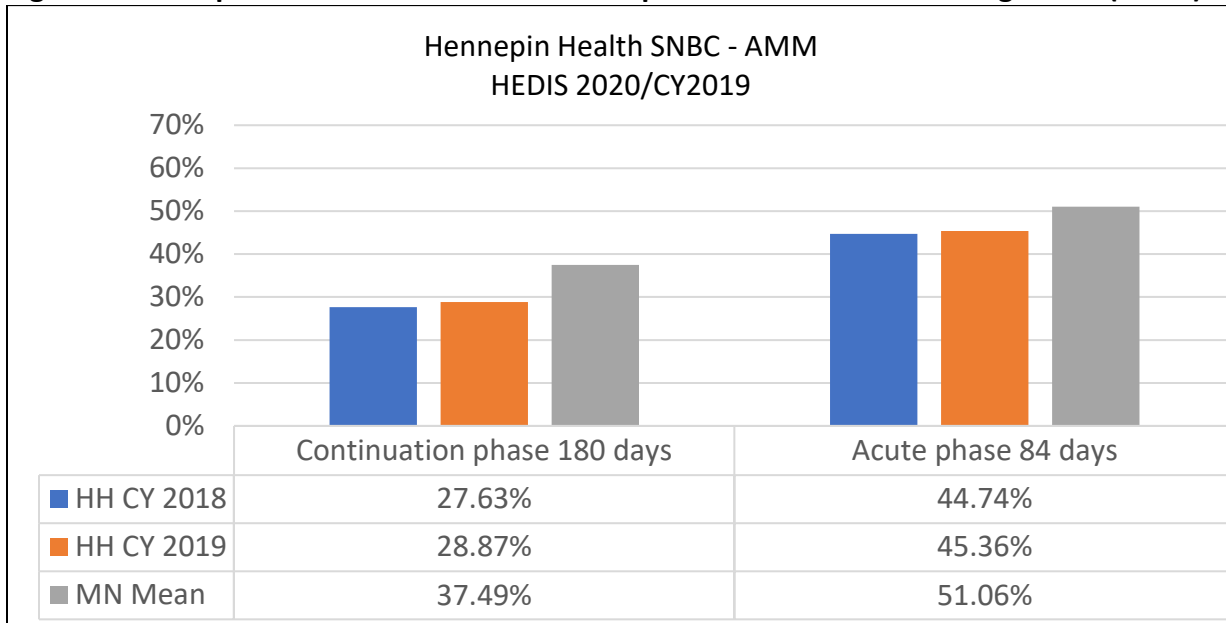
- Effective acute phase treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective continuation phase treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

#### *Hennepin Health SNBC HEDIS Rate for Antidepressant Medication Management*

- Effective acute phase (84 days): 45.36%
- Continuation phase (180 days): 28.87%

The Hennepin Health SNBC HEDIS 2020/CY2019 rates for the acute and continuation phase did increase from HEDIS 2019/CY2018. However, the rates are still lower than the MN Mean (Figure 1).

**Figure 1. Hennepin Health SNBC Rate for Antidepressant Medication Management (AMM)**



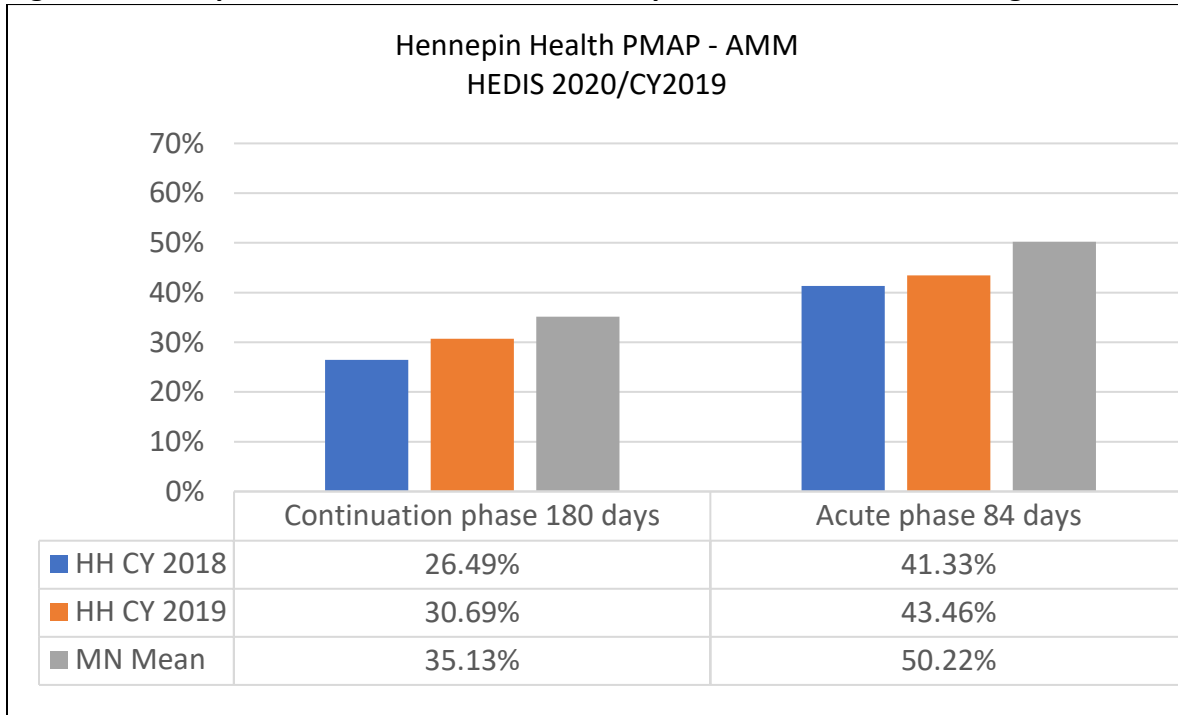
Data Source: HEDIS Data

*Hennepin Health PMAP Rate for Antidepressant Medication Management*

- Effective acute phase (84 days): 43.46%
- Continuation phase (180 days): 30.69%

Hennepin Health PMAP HEDIS AMM rates have steadily declined since calendar year 2013, despite efforts to improve them through the Antidepressant Medication Management PIP Project which concluded in 2017. Rates are also below the Minnesota means for both the effective phase and continuation phase (Figure 2).

**Figure 2. Hennepin Health PMAP Rate for Antidepressant Medication Management**



Data Source: HEDIS Data

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

Hennepin Health MNCare had an eligible population for the antidepressant medication management measure of 18 members, therefore this is not a reportable measure for HEDIS 2020/CY2019.

Breast Cancer Screening (BCS)

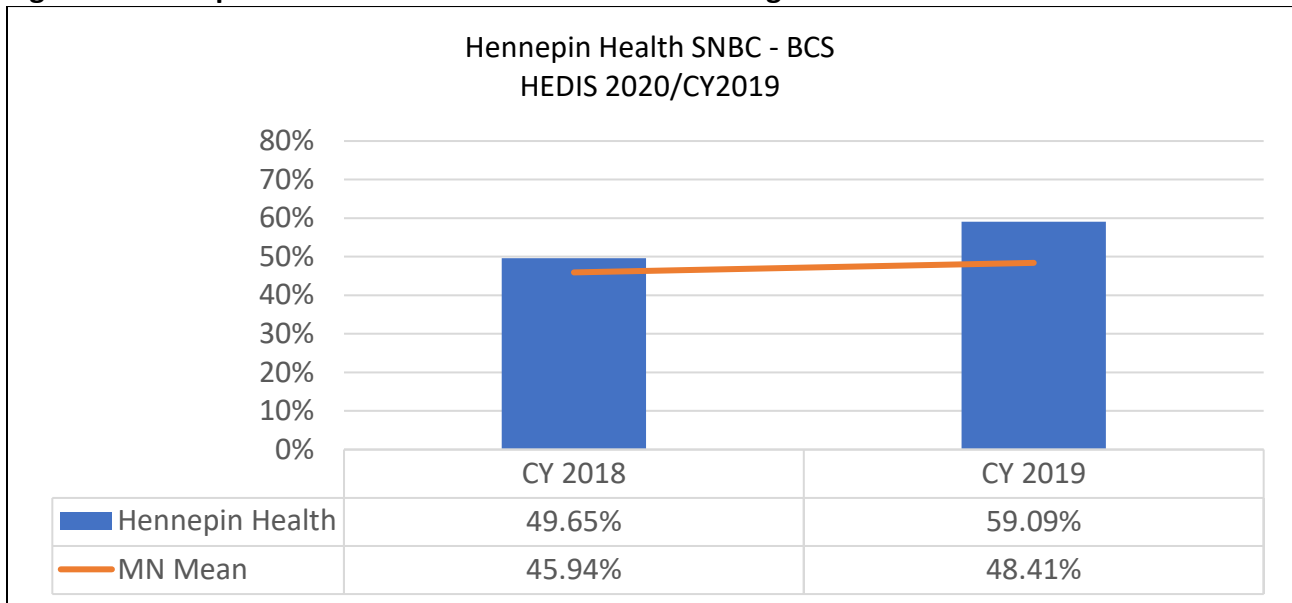
*NCQA Definition*

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

*Hennepin Health SNBC Breast Cancer Screening Rate: 59.09%*

Figure 3 shows the HEDIS 2020/CY2019 breast cancer screening rate for Hennepin Health SNBC increased significantly from HEDIS 2019/CY2018 (>8%). This rate is above the Minnesota mean.

**Figure 3. Hennepin Health SNBC – Breast Cancer Screening**

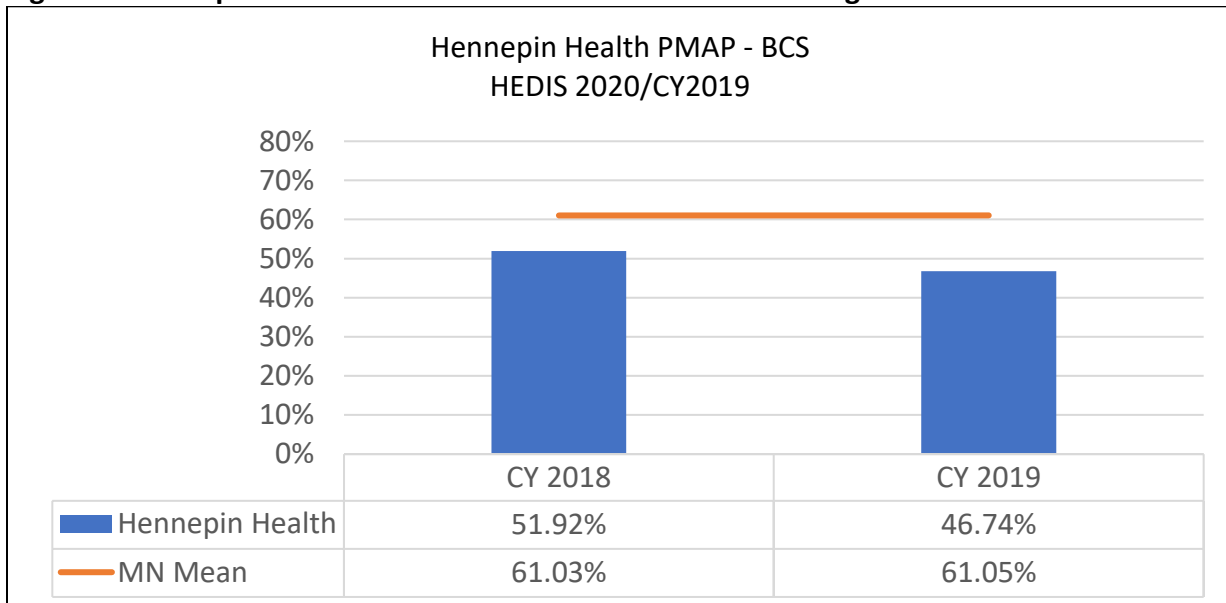


Data Source: HEDIS Data

*Hennepin Health PMAP Breast Cancer Screening Rate: 46.74%*

The Hennepin Health PMAP HEDIS 2020/CY2019 breast cancer screening rate decreased from HEDIS 2019/CY2018 despite efforts to improve this rate in Figure 4. This rate is also below the Minnesota mean. Hennepin Health has identified this measure as a continued opportunity for improvement and will increase education and awareness efforts.

**Figure 4. Hennepin Health PMAP Rate – Breast Cancer Screening**



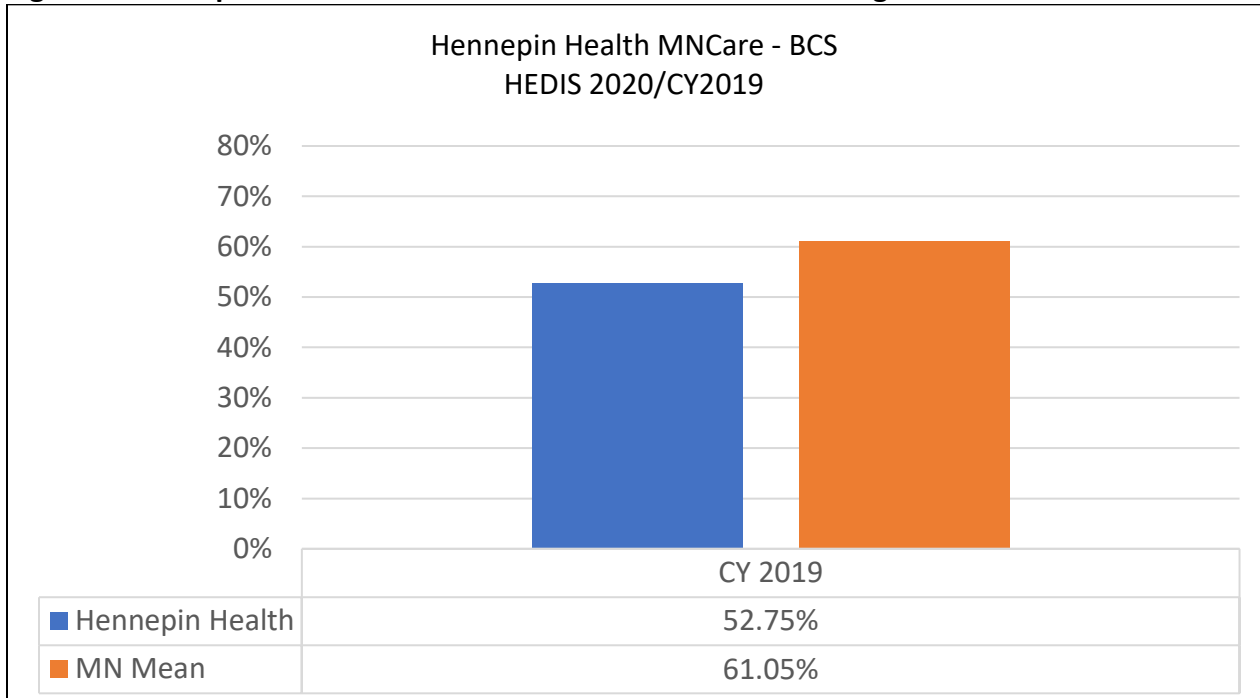
Data Source: HEDIS Data



*Hennepin Health MNCare Breast Cancer Screening Rate: 52.75%*

This is the first year of reporting the breast cancer screening rate for Hennepin Health MNCare, as the eligible population for this measure continues to be less than the minimum required sample size. Figure 5 displays the MN rate for BCS.

**Figure 5. Hennepin Health MNCare Rate – Breast Cancer Screening**



Data Source: HEDIS Data

*Comprehensive Diabetes Care (CDC)*

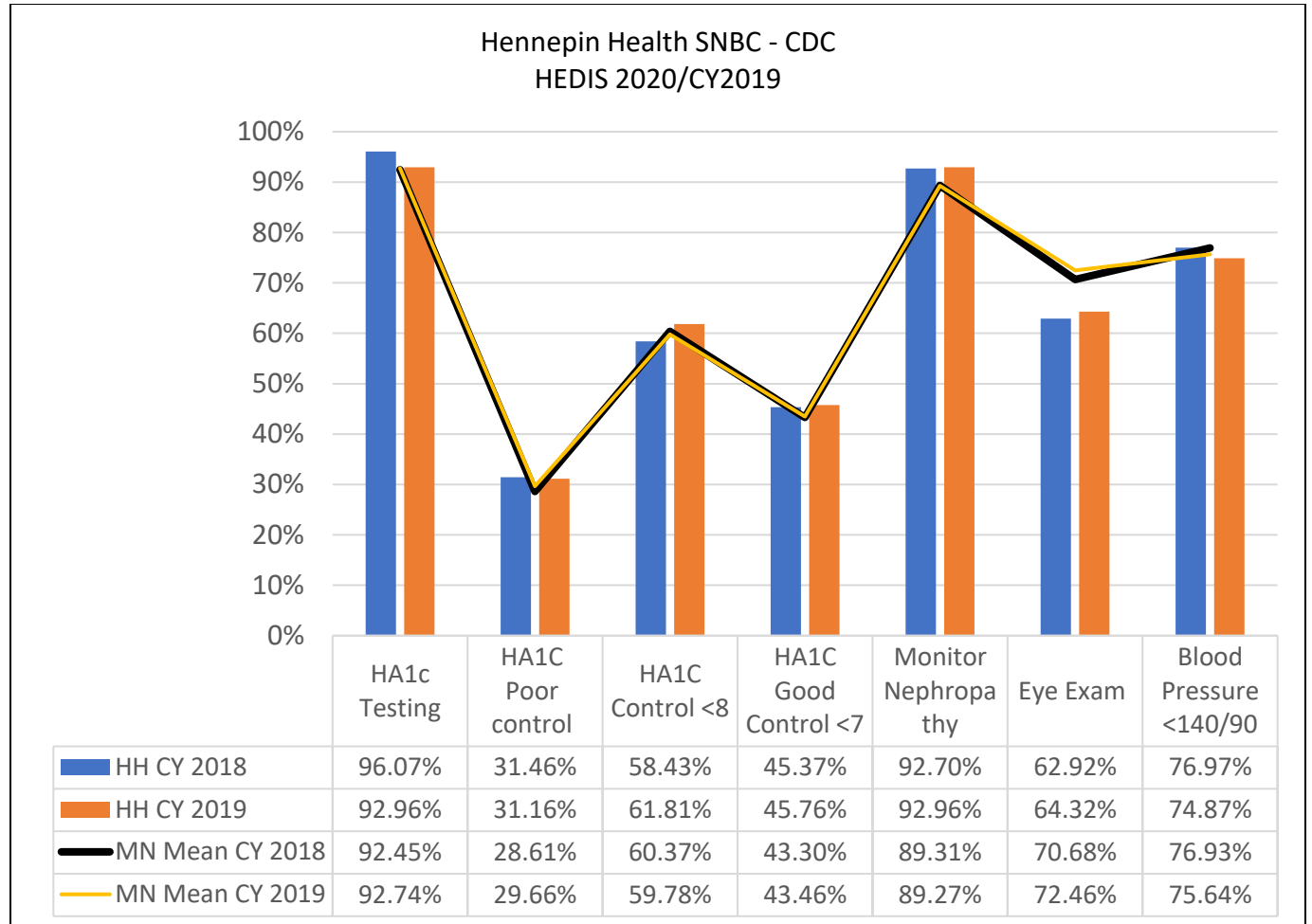
*NCQA Definition*

Members 18 to 75 years of age with diabetes should have each of the following reviewed on an annual basis: HbA1C, eye exam, blood pressure control, and nephropathy screening.

*Hennepin Health SNBC Comprehensive Diabetes*

Hennepin Health SNBC is above the Minnesota mean in the following areas: A1c testing, good control (<7), and monitoring of nephropathy (Figure 6). Hennepin Health SNBC rates have improved from the previous HEDIS season in the areas of: A1c control less than 8, good control (<7) and eye exams.

**Figure 6. Hennepin Health SNBC Rates – Comprehensive Diabetes Care**

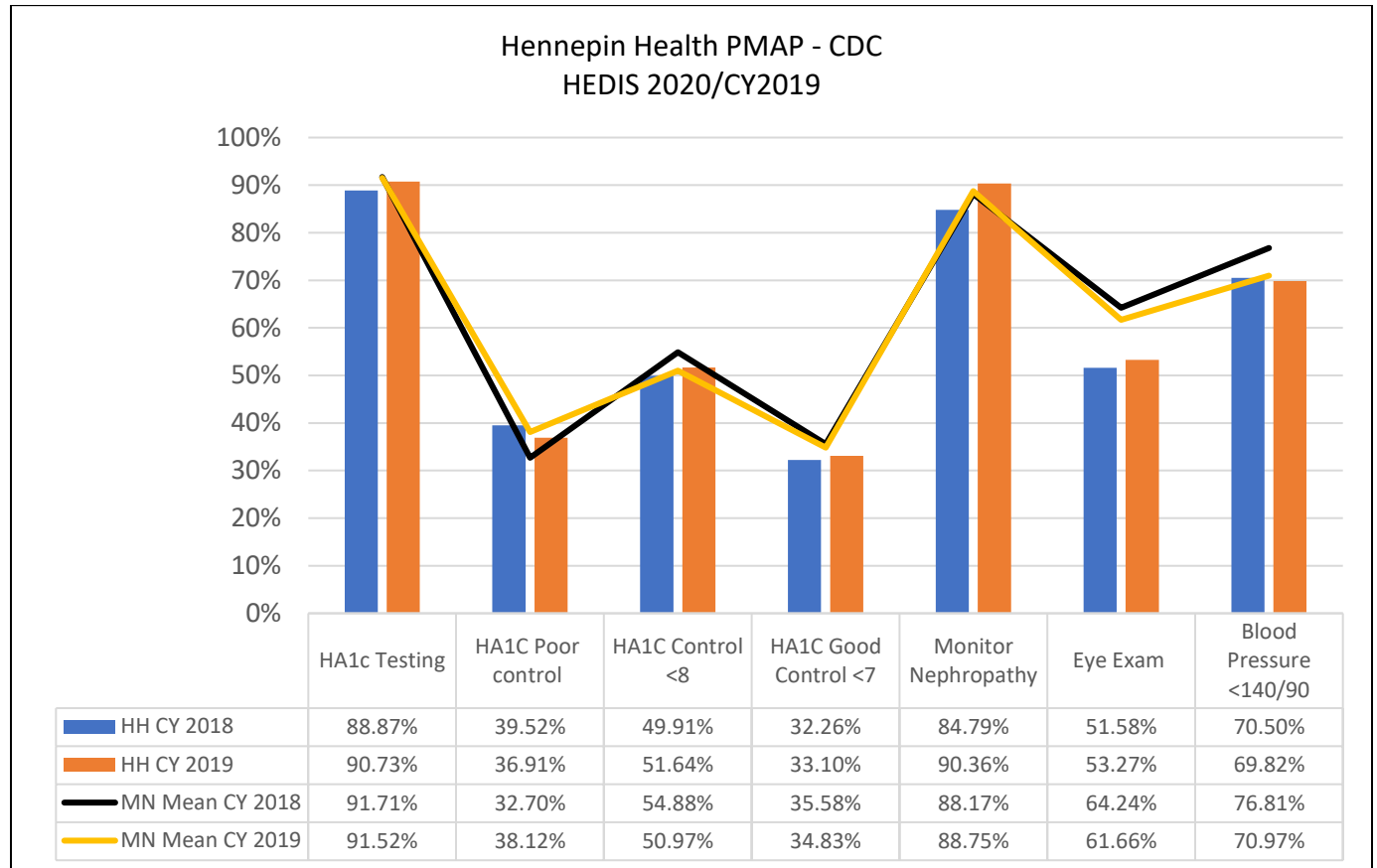


Data Source: HEDIS Data

*Hennepin Health PMAP Comprehensive Diabetes Care*

Figure 7 shows the Hennepin Health PMAP HEDIS 2020/CY 2019 rates were above the MN mean for the measures A1 control less than 8 and monitoring nephropathy. The PMAP rates have improved from HEDIS 2019/CY2018 in the areas of: A1c testing, control less than 8, good control (<7), monitoring nephropathy and eye exams.

**Figure 7. Hennepin Health PMAP – Comprehensive Diabetes Care**

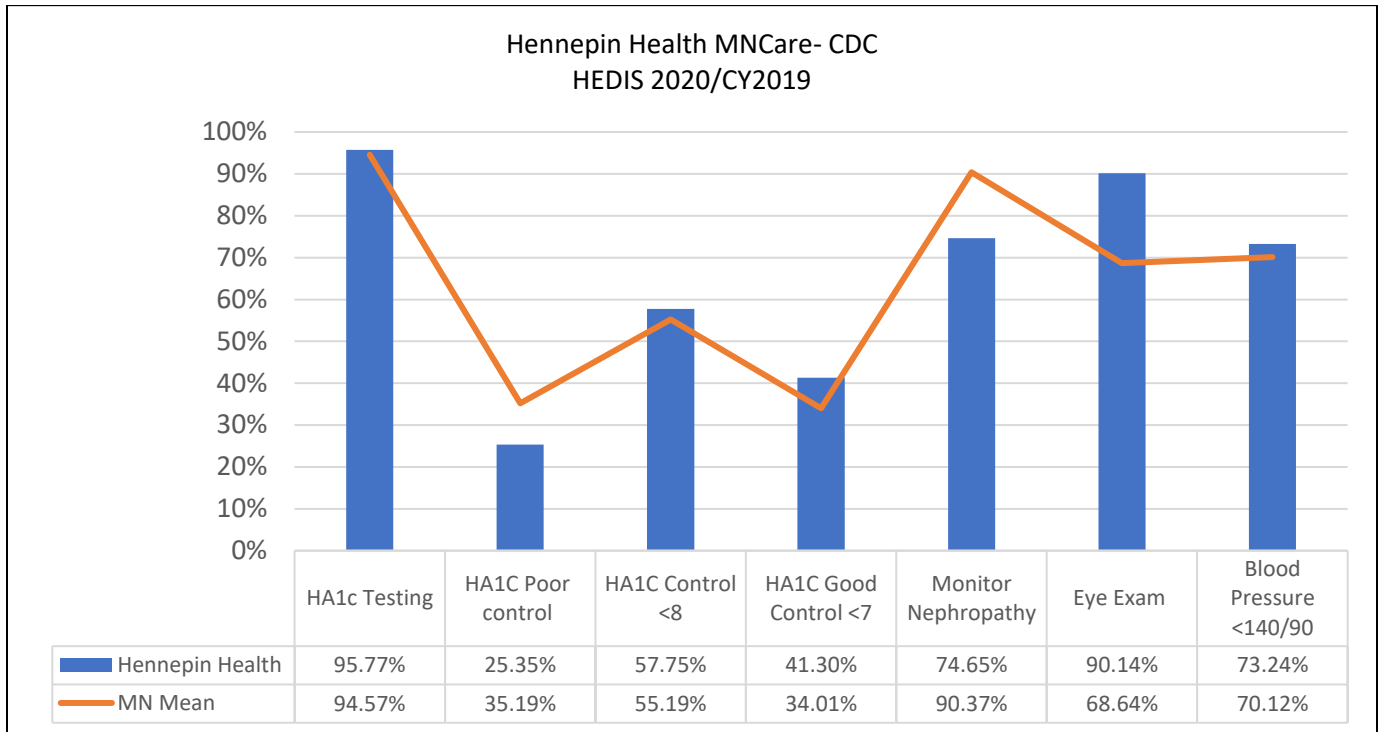


Data Source: HEDIS Data

*Hennepin Health MNCare Comprehensive Diabetes Rate:*

This is the first year of reporting the comprehensive diabetes care rate for Hennepin Health MNCare. The eligible population for this measure is growing but continues to be less than minimum sampling requirements (denominator = 71) (See Figure 8).

**Figure 8. Hennepin Health MNCare – Comprehensive Diabetes Care**



Data Source: HEDIS Data

**Controlling High Blood Pressure (CBP)**

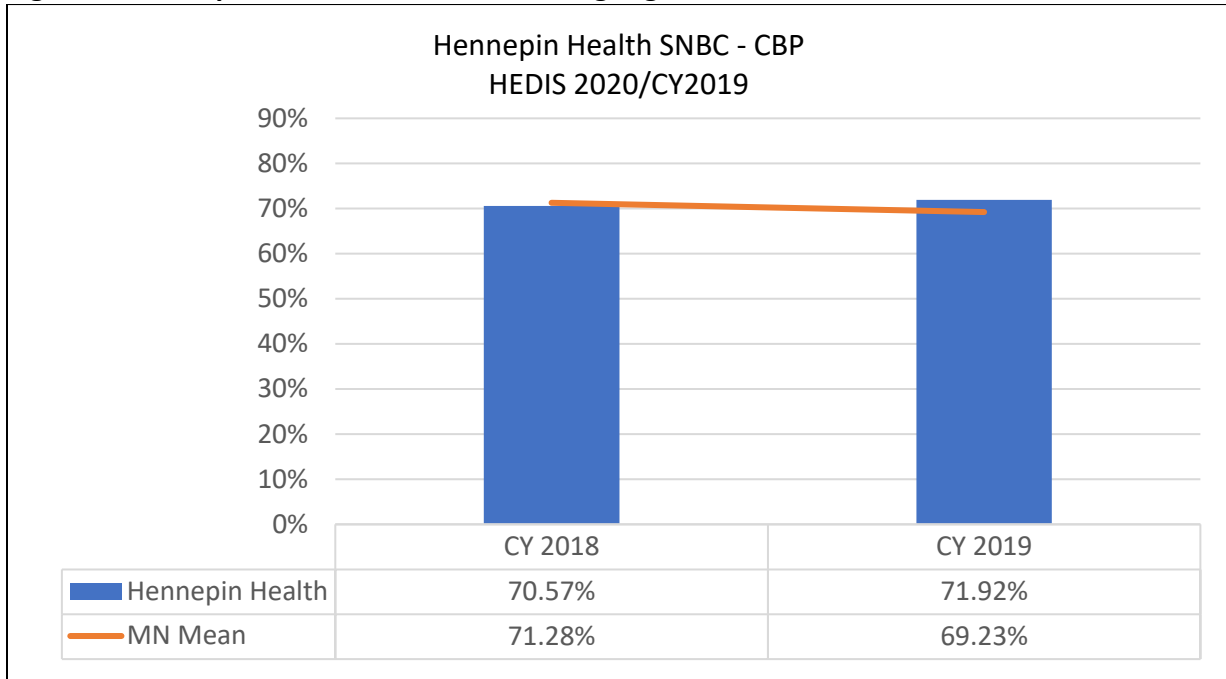
*NCQA Definition*

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

*Hennepin Health SNBC rate for Controlling High Blood Pressure: 71.92%*

The SNBC program witnessed an improvement from HEDIS 2020/CY2019 to HEDIS 2019/CY2018. The rate is also slightly above the Minnesota mean (Figure 9).

**Figure 9. Hennepin Health SNBC – Controlling High Blood Pressure**

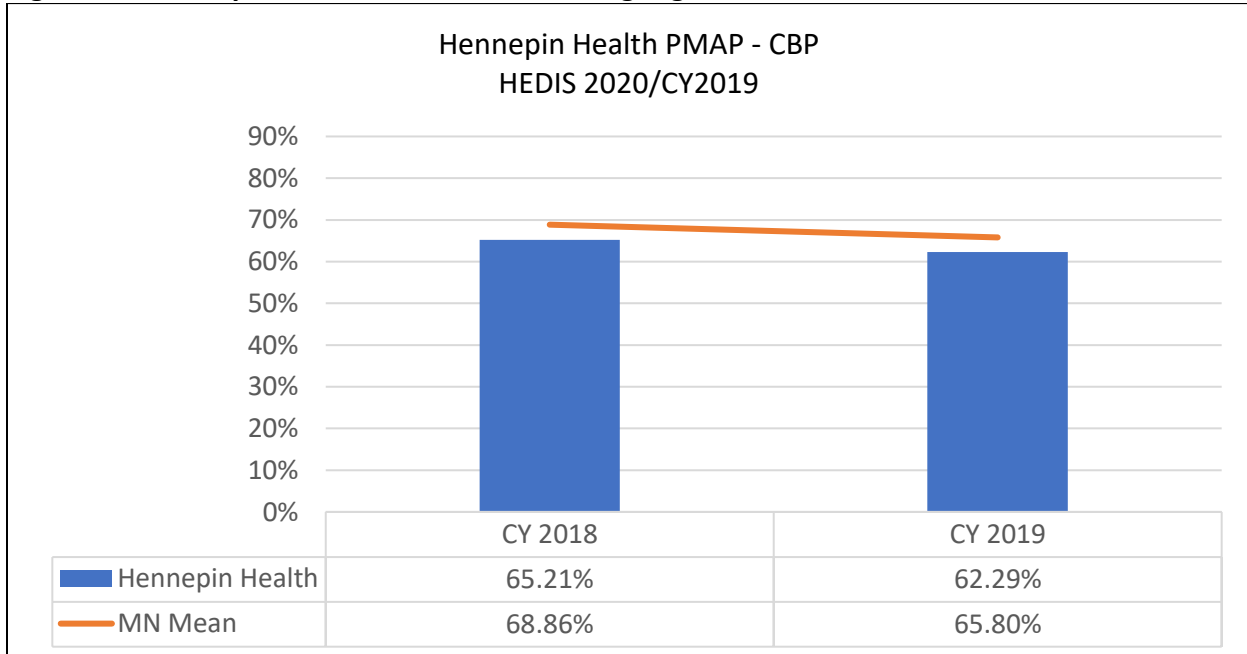


Data Source: HEDIS Data

*Hennepin Health PMAP Rate for Controlling High Blood Pressure: 62.29%*

The Hennepin Health PMAP rate for HEDIS 2020/CY2019 declined from HEDIS 2019/CY2018 as shown in Figure 10. The rate continues to be slightly below the Minnesota mean.

**Figure 10. Hennepin Health PMAP – Controlling High Blood Pressure**

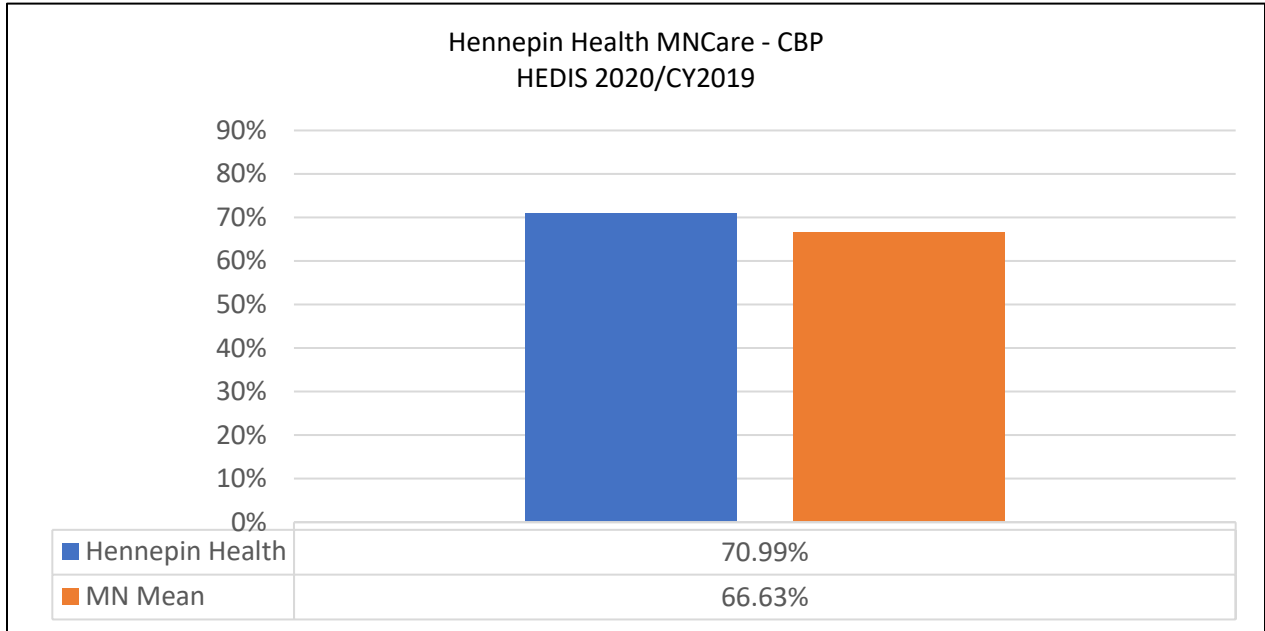


Data Source: HEDIS Data

*Hennepin Health MNCare Rate for Controlling High Blood Pressure: 70.99%*

This is the first year of reporting the controlling high blood pressure rate for Hennepin Health MNCare. The eligible population for this measure continues to grow but remains less than minimum sampling requirements (denominator = 162). A comparison to the 2019 MN Mean is offered in the below chart.

**Figure 11. Hennepin Health MNCare – Controlling High Blood Pressure**



Data Source: HEDIS Data

*Follow up after Hospitalization for Mental Illness (FUH)*

*NCQA 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.

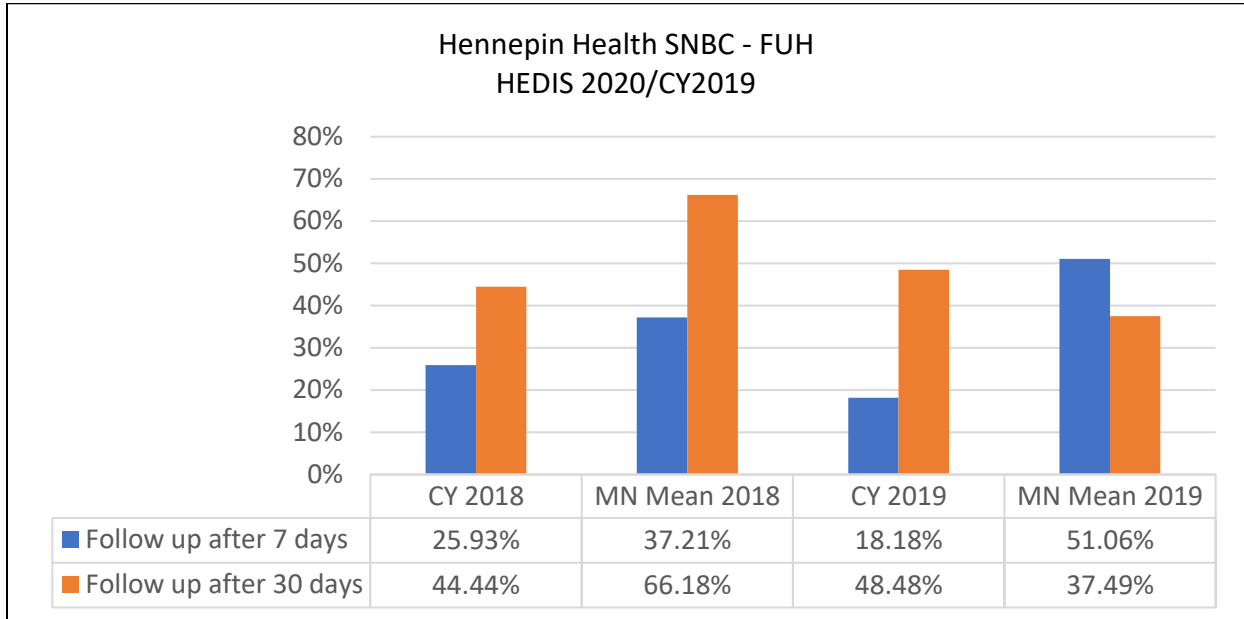
- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage discharges for which the member received follow-up within seven days of discharge.

*Hennepin Health SNBC Rate for Follow-up After Hospitalization for Mental Health*

- Follow-up after hospitalization for mental illness within seven days: 18.18%
- Follow-up after hospitalization for mental illness within 30 days: 48.48%

The Hennepin Health SNBC program’s 7-day follow up rate continues to decline from the previous year (Figure 12). The HEDIS 2020/CY2019 30-day follow-up rate has increased from HEDIS 2019/CY2018.

**Figure 12. Hennepin Health SNBC – Follow-up after Hospitalization for Mental Health**



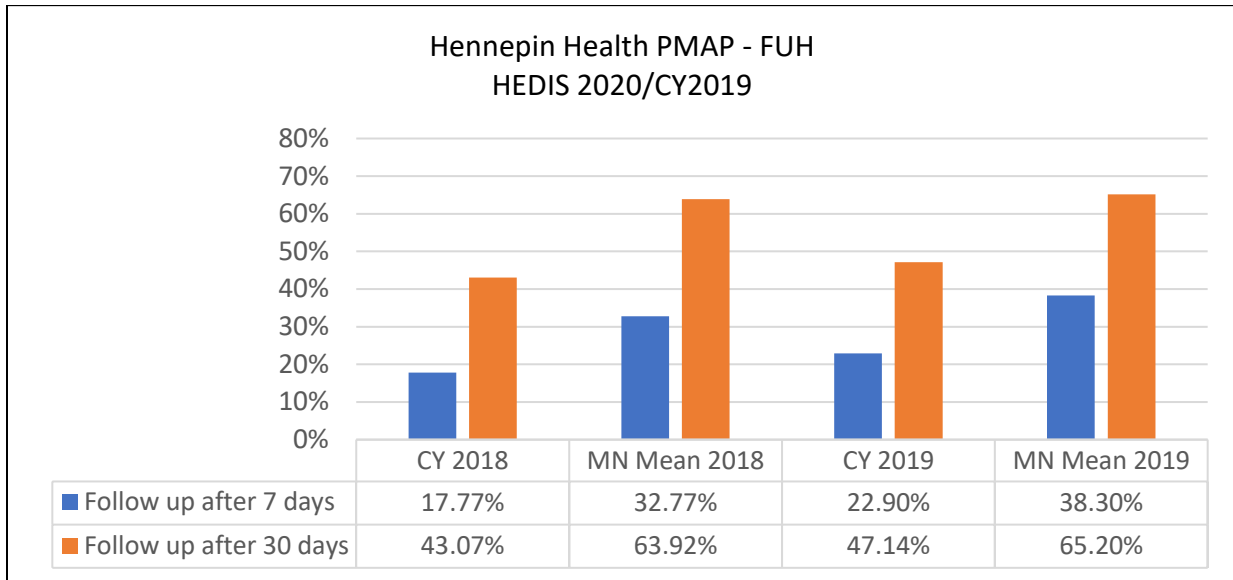
Data Source: HEDIS Data

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

- Follow-up after hospitalization for mental illness within seven days: 22.90%
- Follow-up after hospitalization for mental illness 30 days: 47.14%

Figure 13 displays the Hennepin Health PMAP HEDIS 2020/CY2019 rates. Both metrics have improved when compared to HEDIS 2019/CY2018. Both rates are below the MN Mean.

**Figure 13. Hennepin Health PMAP – Follow-up after Hospitalization for Mental Illness**



Data Source: HEDIS Data

*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 third year that the Hennepin Health MNCare follow-up after hospitalization for mental illness rate is not reportable. The eligible population continues to be less than the minimum sampling requirements (denominator = 8).

*Initiation and Engagement of Alcohol and Drug Dependence Treatment (IET)*

*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.

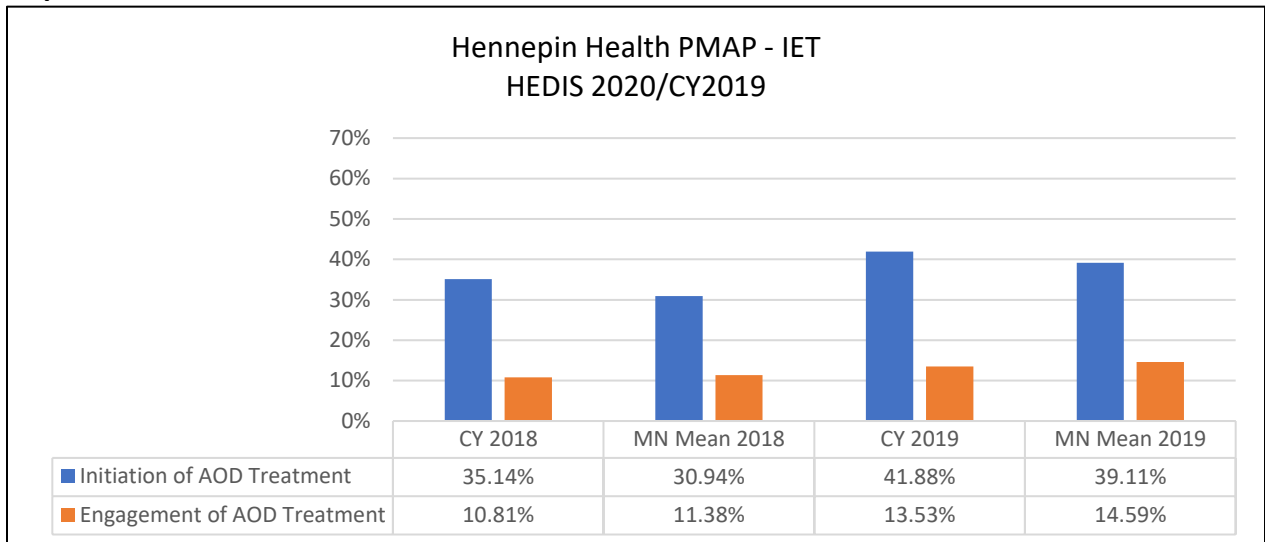
*Hennepin Health PMAP Rate for Initiation and Engagement of Alcohol and Drug Dependence Treatment (IET)*

- Initiation of treatment: 41.88%
- Engaged treatment: 13.53%



Hennepin Health PMAP’s HEDIS2020/CY2019 initiation and engagement rates have both improved from HEDIS 2019/CY2018. The initiation rate is also above the MN Mean, while the engagement rate is slightly lower (Figure 14).

**Figure 14. Hennepin Health PMAP – Initiation and Engagement of Alcohol and Drug Dependence Treatment**



Data Source: HEDIS Data

*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 third year that the Hennepin Health MNCare initiation and engagement of alcohol and drug dependence treatment rate is not reportable. The eligible population continues to be less than the minimum sampling requirements (denominator = 26).

*Hennepin Health SNBC Rate for Initiation and Engagement of Alcohol and Drug Dependence Treatment: Not Reported for the Population*

Use of Opioids at High Dosage (HDO)

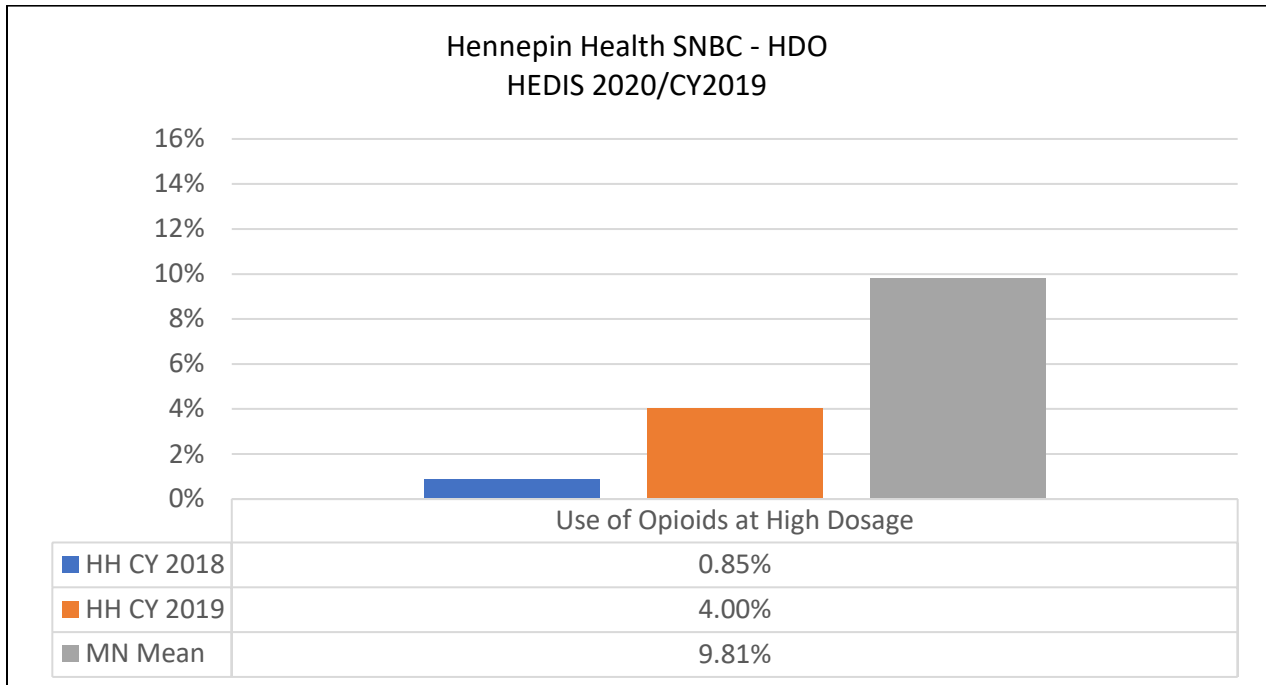
*NCQA Definition*

The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME]  $\geq 90$ ) for  $\geq 15$  days during the measurement year.

*Hennepin Health SNBC Use of Opioids at High Dosage Rate: 4.0%*

This is the first year reporting the use of opioids at a high dosage measure for SNBC. A lower rate is considered a “better” rate. The Hennepin Health SNBC’s use of opioids at a high dosage rate increased from HEDIS 2019/CY 2018 as displayed in Figure 15. The rate is lower than the 2019 MN mean.

**Figure 15. Hennepin Health SNBC – Use of Opioid at High Dosage**

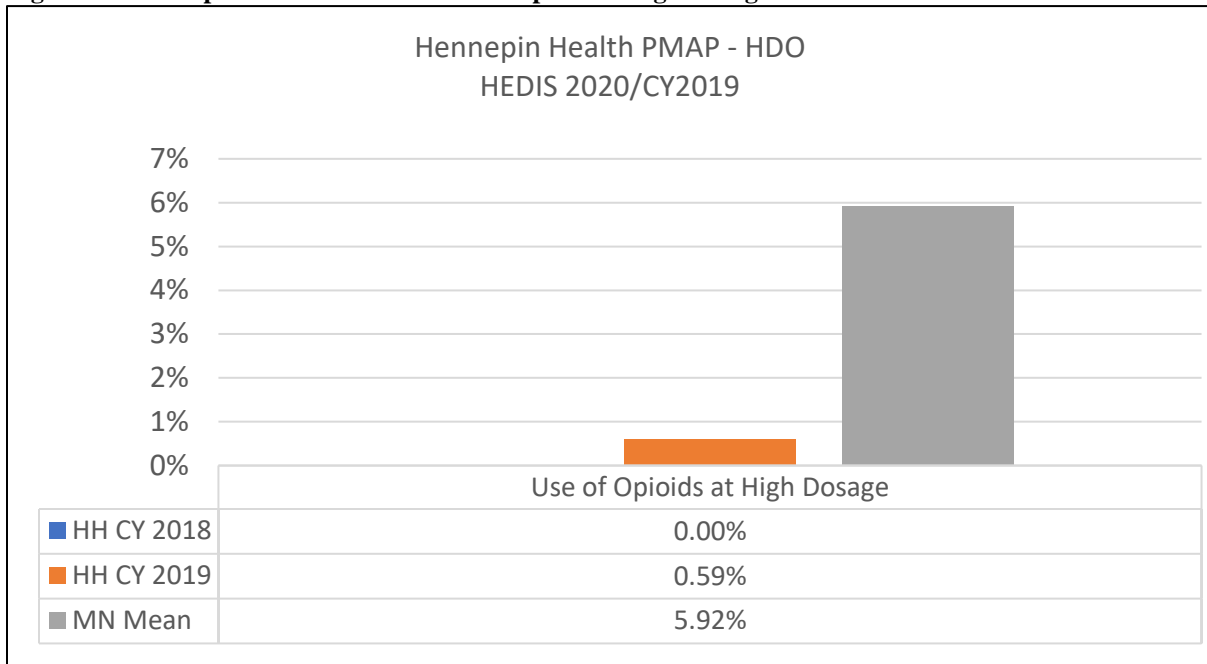


Data Source: HEDIS Data

*Hennepin Health PMAP Use of Opioids at High Dosage Rate: 0.59%*

This is the first year reporting the use of opioids at a high dosage measure for PMAP. The Hennepin Health PMAP HEDIS 2020/CY2019 use of opioids at a high dosage rate increased from HEDIS2019/CY 2018 as seen in Figure 16. The rate is lower than the MN mean.

**Figure 16. Hennepin Health PMAP – Use of Opioid at High Dosage**



Data Source: HEDIS Data

*Hennepin Health MNCare Rate for Use of Opioids at High Dosage Rate: Not reported*

This is the first year of reporting for Hennepin Health MNCare. does not have an adequate sample to report this measure (denominator = 10).

Use of Opioids from Multiple Providers (UOP)

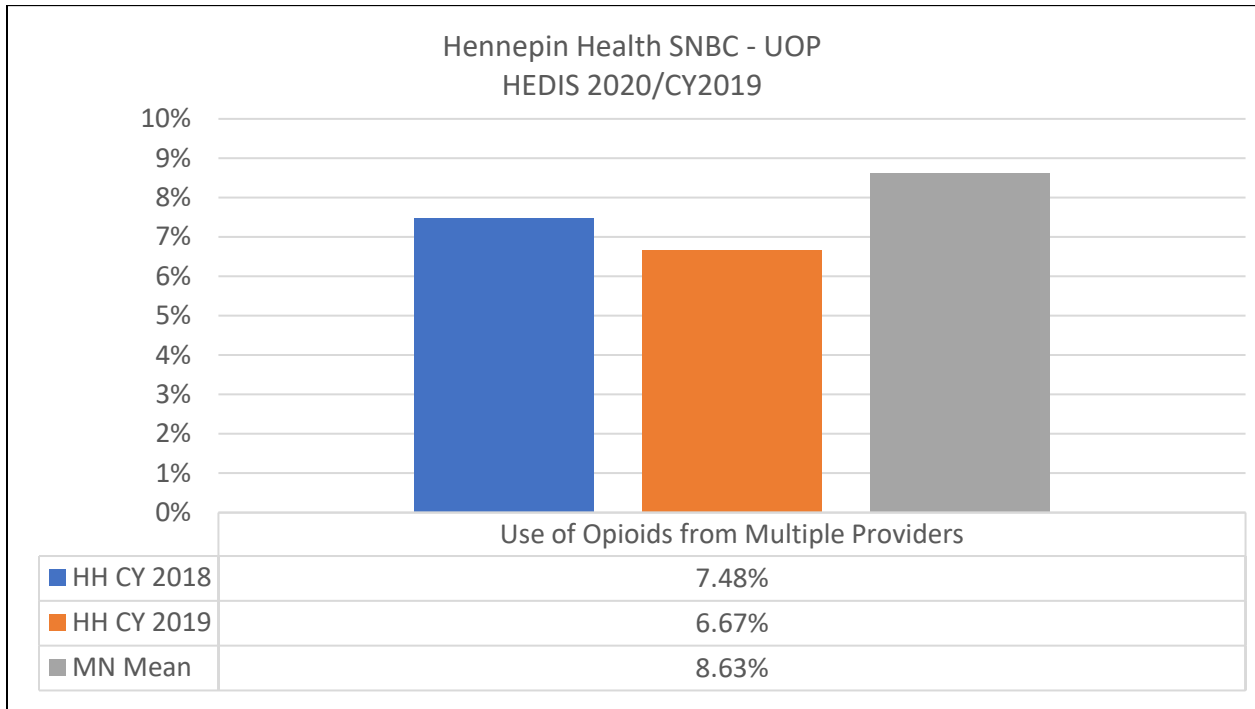
*NCQA Definition*

The proportion of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the measurement year who received opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

*Hennepin Health SNBC Use of Opioids from Multiple Providers: 6.67%*

This is the first year reporting the use of opioids from multiple providers for SNBC. A lower rate is considered a “better” rate. The Hennepin Health SNBC HEDIS 2020/CY2019 use of opioids from multiple providers rate decreased (improved) from HEDIS2019/CY 2018. The rate is lower than the MN mean.

**Figure 17. Hennepin Health SNBC – Use of Opioid from Multiple Providers**

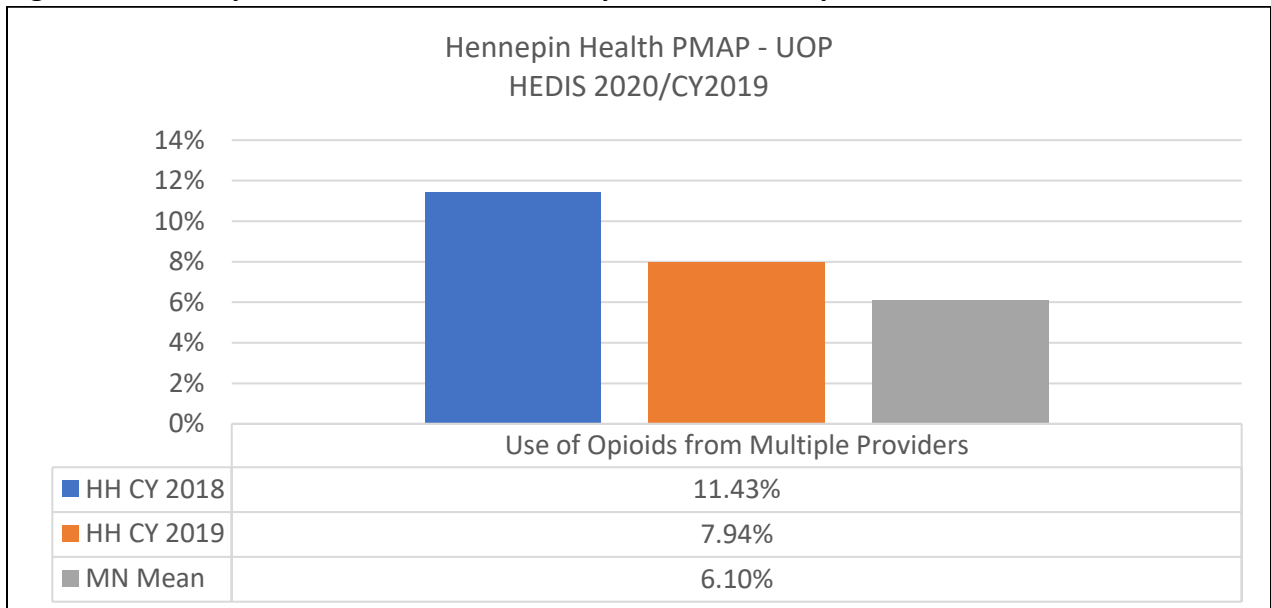


Data Source: HEDIS Data

*Hennepin Health PMAP Use of Opioids from Multiple Providers: 7.94%*

This is the first year reporting the use of opioids from multiple providers for PMAP. The Hennepin Health PMAP HEDIS 2020/CY 2019 use of opioids from multiple providers rate decreased (improved) from HEDIS 2019/CY 2018 (Figure 18) and is higher than the MN mean.

**Figure 18. Hennepin Health PMAP – Use of Opioid from Multiple Providers**

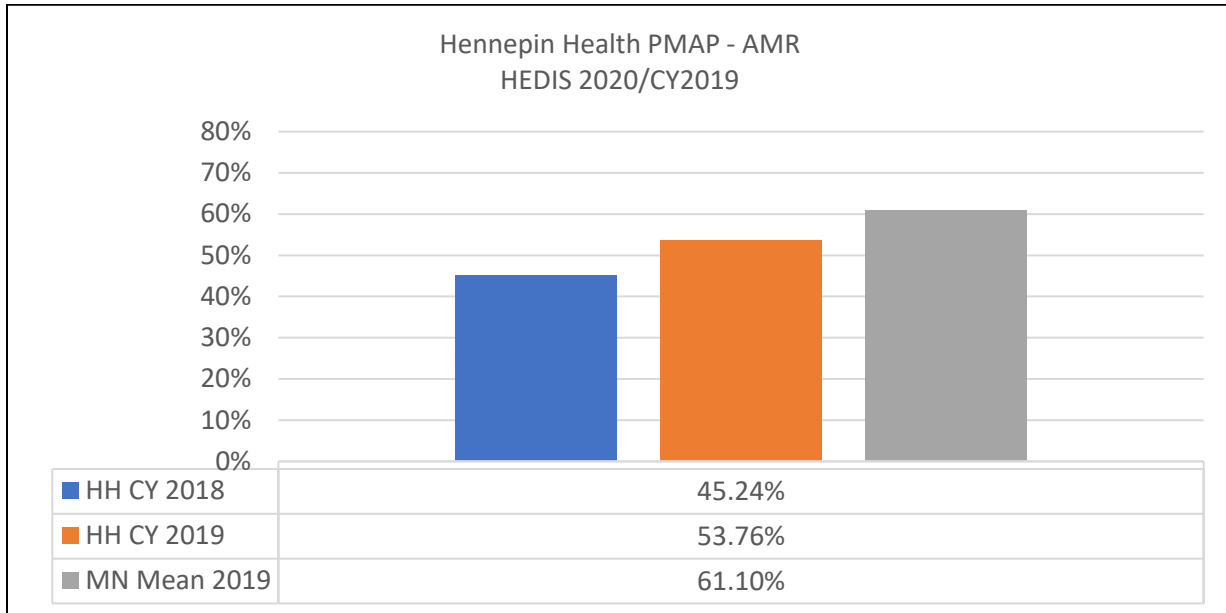


Data Source: HEDIS Data

*Hennepin Health PMAP rate for Asthma Medication Ratio: 53.76%*

This is the first year of reporting the Asthma medication rate for Hennepin Health – PMAP (Figure 19). Hennepin Health PMAP’s HEDIS 2020/CY2019 rate is above the Minnesota mean.

**Figure 19. Hennepin Health PMAP – Asthma Medication Ratio**



Data Source: HEDIS Data

*Hennepin Health MNCare rate for Asthma Medication Ratio: Not Reported*

This is the first year of reporting the Asthma medication rate for Hennepin Health - MNCare. The eligible population for MNCare is small (denominator = 3), therefore, the rate is not reportable.

*Hennepin Health SNBC Rate for Asthma Medication Ratio: Not Reported for the Population*

### Prenatal and Postpartum Care

#### *NCQA 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.

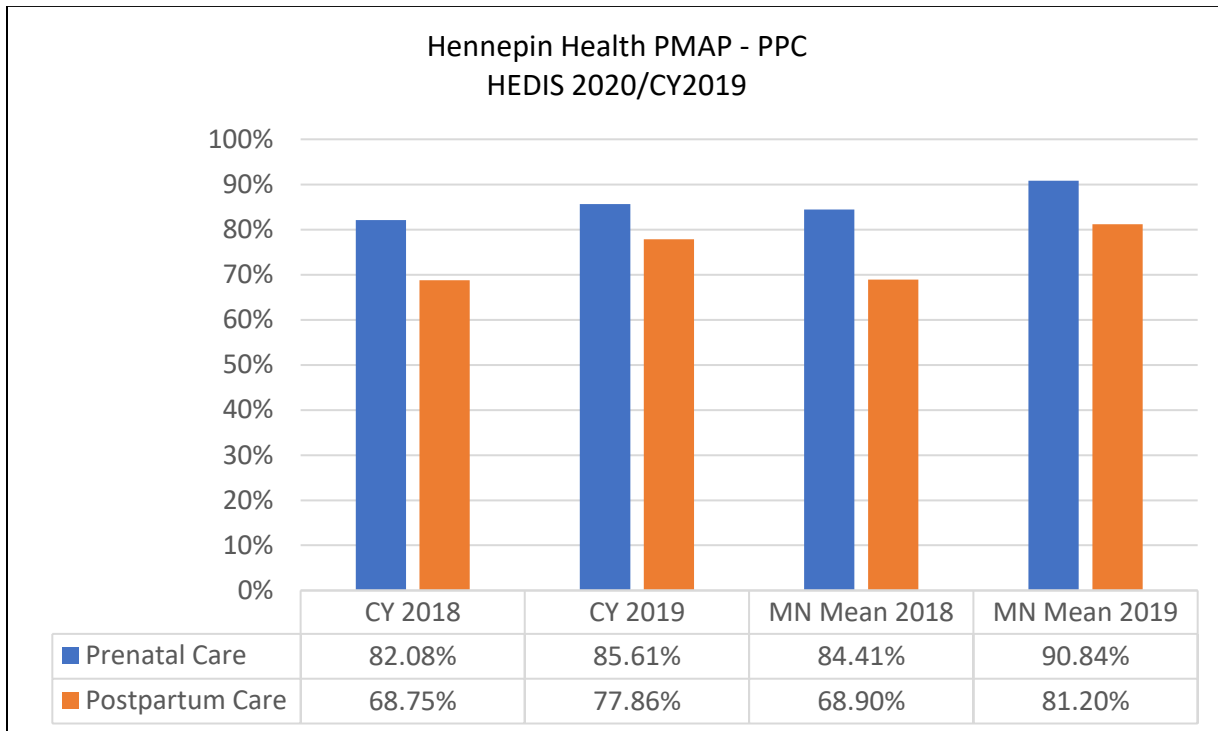
- Timeliness of prenatal care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum care: The percentage of deliveries that had a postpartum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

*Hennepin Health PMAP Rate for Prenatal and Postpartum Care (PPC)*

- Prenatal care: 85.61%
- Postpartum care: 77.86%

Hennepin Health PMAP HEDIS 2020/CY2019 rates increased from HEDIS 2019/CY2018 as seen in Figure 20. The rates 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 completed 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 20. Hennepin Health PMAP – Prenatal and Postpartum Care**



Data Source: HEDIS Data

*Hennepin Health MNCare Rate for Prenatal and Postpartum Care*

- Prenatal care: Not reported
- Postpartum care: Not reported

This is the third year that the Hennepin Health MNCare’s prenatal and postpartum care rate is not reportable. The eligible population continues to be less than the minimum sampling requirements (denominator = 3).

*Hennepin Health SNBC Rate for Prenatal Postpartum Care: Not Reported for this population.*

### 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 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life, and Adolescent Well Child visits. For the first two HEDIS seasons (2017 and 2018), the sample sizes for the children and adolescent hybrid measures were small, and for that reason non-reportable. With the small sample sizes, year-to-year comparison is also not appropriate. HEDIS 2019/CY2018 was the first year that two measures met the minimum sampling size of 411: Well Child visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life and Adolescent Well-Care visits. Therefore, HEDIS 2019 serve as the baseline rates. Well Child visits in the first 15 months of life will also be reported in this report, as the sample size has increased to a reportable number. However, it is still below the minimum sampling size.

### Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life (W34)

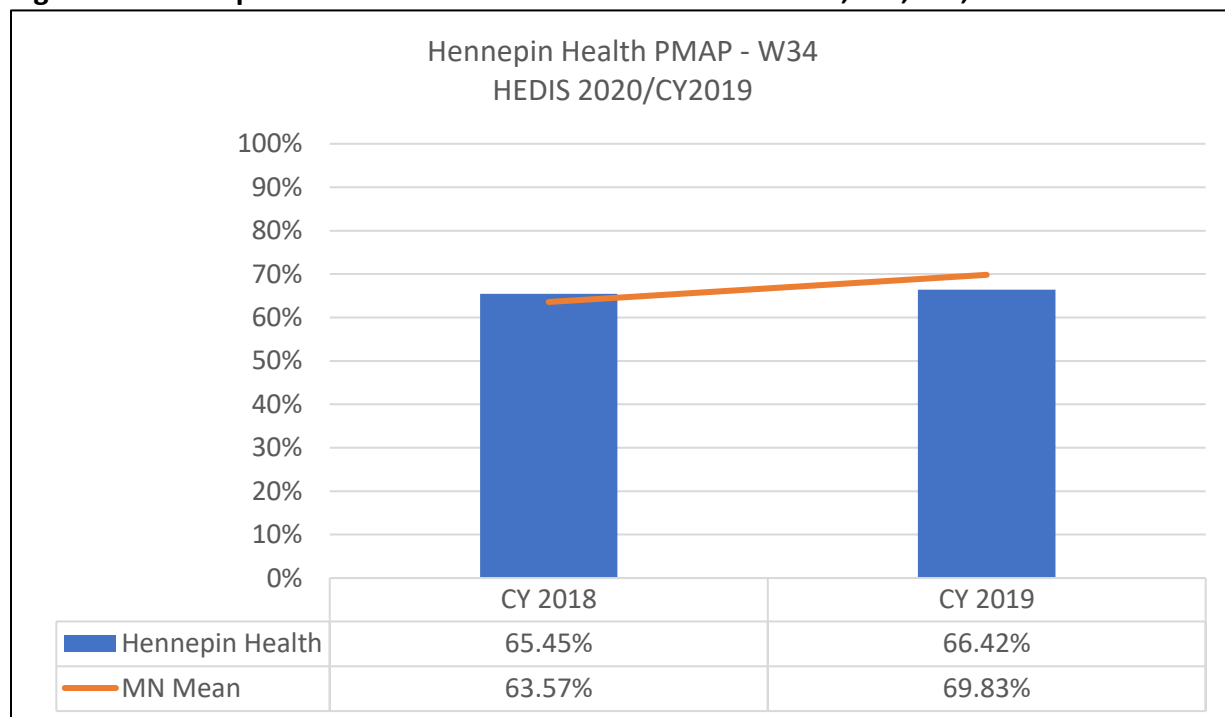
#### NCQA Definition

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

#### Hennepin Health PMAP Rate for Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life: 73%

The Hennepin Health PMAP HEDIS 2020/CY2019 rate has slightly improved from HEDIS 2019/CY2018 (Figure 21).

**Figure 21. Hennepin Health PMAP – Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life**



Data Source: HEDIS Data

*Hennepin Health MNCare Rate for Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life: Not Reportable*

This is the second year that the Hennepin Health MNCare’s Well Child visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life rate is not reportable. The eligible population continues to be less than the minimum sampling requirements (denominator = 4).

*Adolescent Well-Care Visits (AWC)*

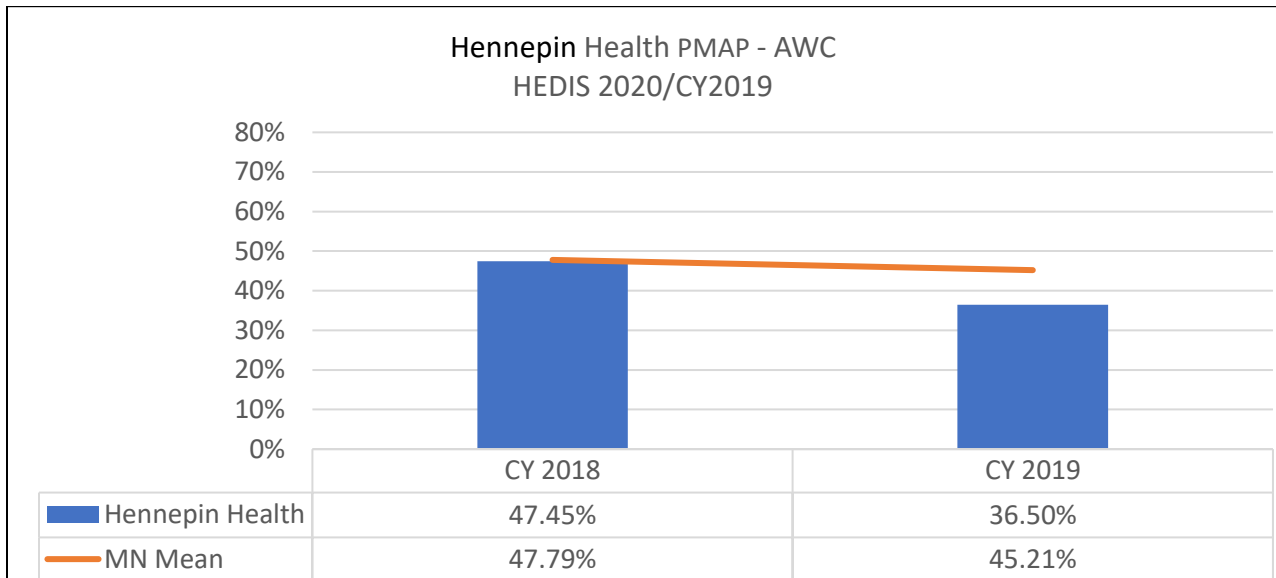
*NCQA Definition*

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: 36.50%*

This is the second year Hennepin Health PMAP is reporting the AWC measure. Hennepin Health PMAP’s HEDIS 2020/CY2019 rates declined from HEDIS 2019/Cy2018. The current year rates are also below the Minnesota mean.

**Figure 22. Hennepin Health PMAP – Adolescent Well-Care Visits**



Data Source: HEDIS Data

*Hennepin Health MNCare rate for Adolescent Well-Care Visits: Not Reported*

This is the second year that the Hennepin Health MNCare’s adolescent well-care visits rate is not reportable. The eligible population continues to be less than the minimum sampling requirements (denominator = 37).



### Well-Child Visits in the First 15 Months of Life (W15)

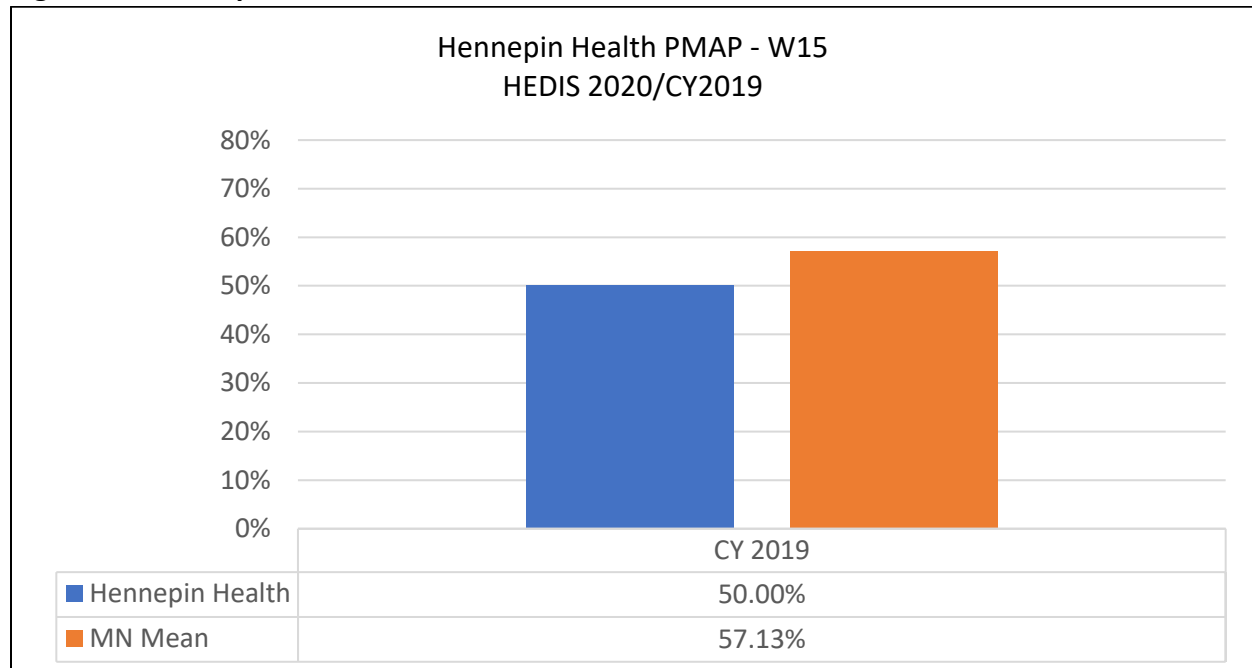
#### NCQA Definition

The percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life.

#### Hennepin Health PMAP Rate for Well-Child Visits in the First 15 Months of Life: 50.0%

This is the first year Hennepin Health PMAP is reporting the Well-Child Visits in the First 15 Months of Life measure. Hennepin Health PMAP's HEDIS 2020/CY2019 rate is below the Minnesota mean as seen in Figure 23.

**Figure 23. Hennepin Health PMAP – Well-Child Visits in the First 15 Months of Life**



Data Source: HEDIS Data

#### Hennepin Health MNCare rate for Adolescent Well-Care Visits: Not Reported

This is the first year of reporting the Well-Child Visits in the First 15 Months of Life rate for Hennepin Health - MNCare. There continues to be no eligible population for MNCare (denominator = 0). Therefore, the rate is not reportable.

### Childhood Immunization Status (CIS)

#### NCQA Definition

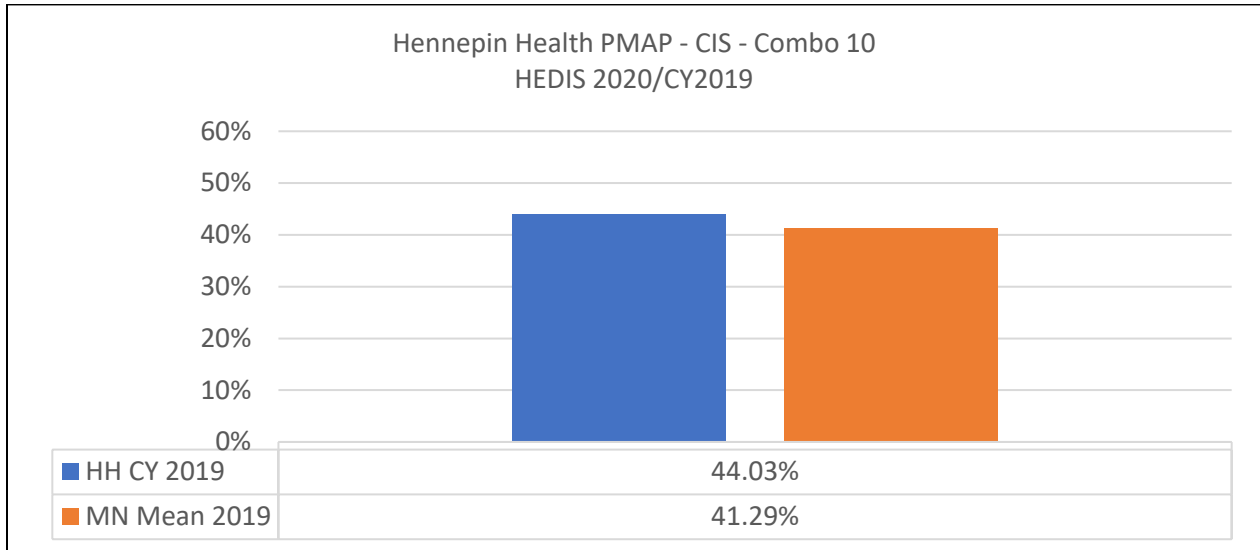
The percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life. The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one

hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

*Hennepin Health PMAP Rate for Childhood Immunization Status Combo 10: 44.03%*

This is the first year Hennepin Health PMAP is reporting the Childhood Immunization Status Combo 10 measure. Figure 24 displays the Hennepin Health PMAP’s HEDIS 2020/CY2019 rate which is above the Minnesota mean.

**Figure 24. Hennepin Health PMAP – Childhood Immunization Status – Combo 10**



Data Source: HEDIS Data

*Hennepin Health MNCare rate for Childhood Immunization Status Combo 10: Not Reported*

There was no eligible population for MNCare (denominator = 0), therefore, the rate is not reportable.



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