

HEDIS Summary Measurement Year 2023 - MinnesotaCare

June 1, 2025



Hennepin Health HEDIS® MY2023 Summary

This section provides the Hennepin Health HEDIS® rate analysis for identified measures by program. Data collected for HEDIS® Measurement Year (MY) 2023 is from the calendar year 2023 and is reported by the individual program. While Hennepin Health has experienced growth and stability in its product offerings, the children and adolescent population in the Hennepin Health MinnesotaCare remains small. For most children and adolescent measures, the 411 minimal sampling requirement is not met.

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® MY2023

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 MinnesotaCare program scored higher than the Minnesota average for the following measures:

- Chlamydia Screening in Women (CHL) Ages 16-20
- Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM) 7-day Ages 18-64,
 Total
- Follow-Up After ED Visit for Substance Use (FUA) 7-day and 30 day Ages 18+, Total
- Opioids at High Dosage (HDO)
- Use of Opioids from Multiple Providers (UOP) Providers, Pharmacies, Both
- Risk of Continued Opioid Use (COU) 15 day, 31-day, Age 18-64, Age 65+, Total
- Prenatal and Postpartum Care (PPC) Prenatal Total, Postpartum Total

Hennepin Health Measure Opportunities HEDIS® MY2023

Measure opportunities are measures where Hennepin Health's rates fell below the Minnesota average. HEDIS® reporting is by product; therefore, measure opportunities are presented by product.

The MinnesotaCare program eligible population for most measures continues to be small, not meeting the NCQA minimum sampling size of 411. Therefore, many of the MinnesotaCare program HEDIS® rates are deemed non-reportable per NCQA's HEDIS® sampling/eligible population requirements. As the population grows, NCQA reporting will be possible and comparisons to the Minnesota average will be appropriate.

Opportunities for improvement in the MinnesotaCare product seen includes *Breast Cancer Screening*, Colorectal Cancer Screening, Chlamydia Screening in Women, Hemoglobin A1c Control for Patients with Diabetes – Good Control <8, Asthma Medication Ratio, Adults' Access to Preventive Care and Prenatal and Postpartum Care.

Behavioral health and SUD HEDIS® measures' improvement opportunities include *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation and Engagement, Follow-Up*

After Hospitalization for Mental Illness – 30 days and Antidepressant Medication Management – Acute and Continuation Phase.

Hennepin Health will continue to view behavioral health and SUD as opportunities as many Hennepin Health members, in all Hennepin Health products, 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 MY2023

The COVID-19 pandemic continues to have an impact on HEDIS®, from rates to chart reviews. Utilization has continued to increase in MY2023, with rates being more representative of pre-pandemic numbers. Many members are trying to "catch up on care" as they delayed seeking care since the start of the pandemic. As clinics deal with staffing shortages and try to accommodate members who are past due on care, delays in care have worsened in some specialties. Efforts have been placed on educating members of the past due care and collaborating with them to complete the recommended care. Clinics have provided comments that many members, when in clinic, are interested in getting past due immunizations and screenings for themselves and family members. Telehealth continues to be a common way of how care is delivered, which is reflective in the increasing telehealth utilization rates.

As the result of the expiration of COVID-19 public health emergency (PHE) and the resumption of the required Medicaid annual eligibility renewal process, the number of eligible members for HEDIS® MY2023 decreased. The COVID-19 PHE suspended the requirement for the completion of annual Medicaid renewal process, allowing Minnesota Health Care Program members to not lose coverage during the pandemic, unless the member makes the request or moves out of Minnesota.

Hennepin Health's HEDIS® MY 2023 Rates

The following chart provides an analysis of change for Hennepin Health's HEDIS® rates for MY2022 and MY2023. The absolute change captures the difference in rates between the two measurement years. The Minnesota average is provided for comparison. Hennepin Health – MinnesotaCare HEDIS® rates for MY2022 and MY2023 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 - MinnesotaCare HEDIS® Rates MY2022 and MY2023					
HEDIS® Measure	MY2022	MY2023	Absolute Change	Minnesota Average	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**					
a. BMI Percentile	0.00%	0.00%	0.00%	73.28%	
b. Counseling for Nutrition	0.00%	0.00%	0.00%	60.50%	
c. Counseling for Physical Activity	10.00%	0.00%	↓ -10.00%	59.20%	
Breast Cancer Screening	59.34%	53.14%	↓ -6.20%	61.80%	
Cervical Cancer Screening	56.45%	58.39%	↑ 1.94%	59.66%	
Colorectal Cancer Screening	32.68%	34.06%	↑ 1.38%	47.55%	
Chlamydia Screening in Women**	65.79%	50.98%	↓ -14.81%	54.93%	
Asthma Medication Ratio**					

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HEDIS® Measure	MY2022	MY2023	Absolute Change	Minnesota Average		
a. Ages 19-50	57.14%	36.36%	↓ -20.78%	62.81%		
b. Ages 51-64	83.33%	60.00%	↓ -23.33%	70.39%		
c. Total	71.43%	43.75%	↓ -27.68%	65.44%		
Controlling Blood Pressure**	52.28%	56.84%	↑ <i>4.</i> 56%	68.05%		
Persistence of Beta Blocker Treatment After Heart Attack**	33%	100.00%	↑ 67.00%	67.21%		
Hemoglobin A1c Control for Patients V	Vith Diabetes*	ŧ				
a. HA1c Good Control <8	58.78%	55.56%	↓ -3.22%	62.67%		
b. HA1c Poor control (lower is better)	30.41%	29.86%	↑ <i>0.55</i> %	24.72%		
Eye Exam for Patients with Diabetes**	52.03%	61.11%	↑ 9.08%	63.33%		
Blood Pressure Control for Patients With Diabetes <140/90**	62.16%	62.50%	↑ 0.34%	74.87%		
Antidepressant Medication Manageme	nt**	-	,			
a. Acute phase (84 days)	70.91%	70.69%	↓ -0.22%	75.84%		
b. Continuation phase (180 days)	56.36%	48.28%	↓ -8.08%	54.52%		
Follow-up After Hospitalization for Mer	ntal Illness**	·	·			
a. Follow-up after 7 days	12.50%	0.00%	↓ -12.50%	36.69%		
b. Follow-up after 30 days	50.00%	28.57%	↓ -21.43%	68.18%		
Follow-up After Emergency Departmen	nt Visit for Alco	hol and Oth	er Drug Abuse or	Dependence**		
a. Follow-up after 7 days	28.57%	50.00%	↑ 21.43%	30.69%		
b. Follow-up after 30 days	28.57%	50.00%	↑ 21.43%	42.07%		
Follow-up After Emergency Departmen	t Visit for Men	tal Illness**				
a. Follow-up after 7 days	33.33%	60.00%	↑ 26.67%	58.76%		
b. Follow-up after 30 days	33.33%	70.00%	↑ 36.67%	70.44%		
Use of Opioids at High Dosage (lower is better)**	0.00%	0.00%	0.00%	96.62%		
Use of Opioids from Multiple Providers	**					
a. Multiple Prescribers (lower is better)	25.00%	0.00%	↑ 25.00%	75.68%		
b. Multiple Pharmacies (lower is better)	8.33%	0.00%	↑ 8.33%	96.26%		
c. Multiple Prescribers and Multiple	0.00%	0.00%	0.00%	97.34%		
Pharmacies (lower is better)	0.00%	0.00%	0.00%	97.34%		
Risk of Continued Opioid Use**		,				
a. 15 Day Total (lower is better)	0.83%	1.82%	↓ -0.99%	2.26%		
b. 30 Day Total (lower is better)	0.00%	0.00%	0.00%	1.05%		
	Adults' Access to Preventive/Ambulatory Health Services					
a. Ages 20-44	62.80%	64.03%	↑ 1.23%	72.88%		
b. Ages 45-64	76.81%	79.25%	↑ 2.44%	83.69%		
c. Ages 65+	74.59%	71.02%	↓ -3.57%	75.76%		

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HEDIS® Measure	MY2022	MY2023	Absolute Change	Minnesota Average		
d. Total	68.15%	69.32%	↑ 1.17%	77.11%		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**						
a. Initiation of AOD Treatment	37.78%	36.54%	↓ -1.24%	38.85%		
b. Engagement of AOD Treatment	17.78%	11.54%	↓ -6.24%	13.83%		
Prenatal and Postpartum Care**						
a. Prenatal Care	83.33%	100.00%	↑ 16.67%	84.46%		
b. Postpartum Care	91.67%	85.71%	↓ -5.96%	83.58%		
Oral Evaluation, Dental Services (Ages 2-20)**	N/A	0.00%	N/A	30.71%		
Topical Fluoride for Children**	N/A	100.00%	N/A	41.56%		
Well-Child Visits in the First 30 Months of Life**						
a. Well-Child Visits in the First 15 Months	Not Reported	Not Reported	NA	Not Reported		
b. Well-Child Visits for Age 15 Months—30 Months	100.00%	N/A	N/A	Not Reported		
Child and Adolescent Well-Care Visits**	27.91%	26.67%	↓ -1.24%	33.38%		
Enrollment by Product Line (Member Months)	28,163	28,459	296 Not Reporte			

[↓] Rate is lower than previous year.

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

As displayed in the table above, improvements and opportunities for improvement were seen in several HEDIS® measures in MY2023 compared to MY2022. In addition, several HEDIS® measures were below the Minnesota average. HEDIS® MY2023 rates have been shared with Clinical Quality Outcomes Committee (CQOC), Hennepin Health Board, Executive Leadership and several internal Hennepin Health departments in Q4 2024.

The CQOC established clinical priority workgroups to advance the Accountable Health Model (AHM) partners clinical and quality management priorities. Annually, the AHM partners reviewed their organizations' clinical priorities and identified the clinical priorities for the AHM. The clinical priorities in 2024 were unchanged from 2023 and the workgroups continued to meet in 2024. These clinical priorities align with several HEDIS® measures.

Hennepin Health continued to focus its outreach on preventative care gap closures in 2024. 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

[↑] Rate is higher than previous year.

^{**} Did Not Meet Minimum Required Sample Size/small denominator

dental exam. In 2024, the Population Health Management department initiated a colorectal cancer screening and breast cancer screening campaigns. 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.

Hennepin Health continued to offer the rewards program to increase the HEDIS® rates for measures identified in Table 2. Hennepin Health has seen an increase in the number of reward vouchers submitted over the years. In 2023, Hennepin Health implemented rewards for childhood immunizations (Combo-10), adolescent immunizations and colorectal cancer screening. The dollar amount for the eye exams for members living with diabetes was increased. The initiation of the new rewards has not yet impacted the HEDIS® rates. However, it is too early to determine the impact of the new rewards. It takes time for members to become aware of the rewards, engage with the eligible services, and for the resulting care 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	Х	Х	Х
	Postpartum Visit within given time frames	Х	Х	Х
W30 Well-Child Visits in the First 30 Months of Life WCV Child and Adolescent Well-Care Visits	Child and Teen Check-Up, ages 0 - 14 months (6 visits), 15 months, 18 months, 24 months, 30 months, and 3-17 years	X	X	
	Young Adult Check-Up, ages 18-21			Χ
CIS Childhood Immunization Status	Early Childhood Immunizations	Х	X	
IMA Immunizations for Adolescents	Adolescent Immunizations	Х	Х	
ADV Annual Dental Visit	Annual Dental Visit for children ages 1-21 and adults ages 22 and up	Х	Х	
	Annual Dental Visit for adolescents ages 18-20 and adults ages 22 and up			Х
GSD Glycemic Status Assessment for Patients With Diabetes	Annual Blood Glucose (A1c) Test ages 18 and older	Х	X	Χ
EED Eye Exam for Patients With Diabetes	Annual Eye Exam ages 18 and older	Х	Х	Χ
CCS Cervical Cancer Screening	Cervical Cancer Screening ages 21 to 64	Х	Х	Х
BCS Breast Cancer Screening	Mammogram Screening ages 40 to 74	Х	Х	Х
COL Colorectal Cancer Screening	Colorectal Cancer Screening ages 45 to 75	Х	Х	Х

Next Steps and Recommendations

Hennepin Heath will continue to offer the rewards program for several HEDIS® measures as a means to improve scores. The rewards program's incentives are reviewed and updated annually, as appropriate. Outreach efforts in 2025 will continue to promote the rewards program and member awareness of their existence. Hennepin Health will continue to focus on member education and preventive care gap closures. Hennepin Health's MinnesotaCare care coordination team promotes annual preventive health exams and connects members with primary care clinics and practitioners to receive seamless care. Reminders about annual preventive health exams are posted on the Hennepin Health website, social media, and promoted in brochures.

Hennepin Health will continue collaboration with the Minnesota Community Measurement (MNCM) Common Health Information Reporting Partnership (CHIRP) which is a facilitated data sharing program, streamlining the bi-directional sharing of patient-level date between health plans and providers.

Next steps include sharing MY2024 HEDIS® rates with the Hennepin Health Board, CQOC, Executive Leadership, and internal Hennepin Health departments in Q4 2025. Hennepin Health plans to actively collaborate with its network providers in an effort to improve scores for the HEDIS® measures.

