

HEDIS[®] Report 2020



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SANFORD[®]
HEALTH PLAN

Our Standard of Quality

Sanford Health has a long history of placing quality before all else. We are, as stated in our mission statement, “dedicated to sharing God’s love through the work of health, healing and comfort.” As a subsidiary of Sanford Health, Sanford Health Plan believes that in order to meet the needs of our members and health care partners, everything we do must be of the highest quality and value available in our region. We do so by utilizing Sanford Values: Calling, Courage, Family, Community, Service, Resolve, and Advancement.

By improving the quality of care provided, employing the best managed care practices and principles, and partnering with our consumers, employer groups and physicians, Sanford Health Plan is able to assist in saving lives, reducing disability, improving productivity and managing health care costs.

We also believe that healing involves promoting and improving the health of our communities. To demonstrate our commitment to providing the highest quality of care and service, Sanford Health Plan would like to present our HEDIS® (Healthcare Effectiveness Data and Information Set) commercial HMO report including quality improvement activities implemented by the Plan. This data provides you - our customer - with the information you need to judge our success in meeting our goals in various performance areas.

Along with Sanford Health, Sanford Health Plan’s very foundation is quality. Reporting HEDIS rates will assist the Plan in identifying our strong points and areas where improvements need to be made. The Plan believes that the only way to achieve continuous quality improvement is to have its entire organization embrace a well-defined quality improvement program and annual work plan in its day to day activities. With this being our 19th year of reporting, we are able to compare our rates to those of previous years to determine where we did or did not make progress. We look forward to future reporting years, which will allow us to continue to monitor and evaluate improvements that can be made in all aspects of our care and service delivery.

If you have suggestions for us on how we can improve this report, or if you have questions regarding the interpretation of the results, please feel free to contact our Care Management Department at (888) 315-0884.



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Table of Contents

Our Standard of Quality	2
Introduction	6
About Sanford Health Plan.....	6
HEDIS®	7
Effectiveness of Care Domain	8
Adult BMI Assessment	9
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	10
Childhood and Adolescent Immunization Status.....	10
Immunization Guidelines	11
Colorectal Cancer Screening	12
Colorectal Cancer Screening Activities	12
Breast Cancer Screening	13
Breast Health Initiative	13
Cervical Cancer Screening.....	14
Cervical Cancer Screening Activities	14
Chlamydia Screening in Women	14
Chlamydia Screening Activities	15
Appropriate Testing for Pharyngitis	15
Use of Spirometry Testing in the Assessment & Diagnosis of COPD.....	15
Pharmacotherapy Management of COPD Exacerbation	16
Asthma	16
Medication Management for People with Asthma	16
Asthma Medication Ratio	17
Improving Asthma Management	17
Controlling High Blood Pressure.....	18
Monitoring Blood Pressure Management.....	18
Persistence of Beta Blocker Treatment After a Heart Attack	18
Heart Disease Management	19
Statin Therapy for Patients With Cardiovascular Disease.....	19
Comprehensive Diabetes Care.....	19
Improving Diabetes Management.....	20

Statin Therapy for Patients with Diabetes	21
Follow-Up Care for Children Prescribed ADHD Medication.....	21
Improving ADHD Management	22
Antidepressant Medication Management.....	22
Improving Mental Health Medication Management.....	23
Follow-Up After Hospitalization for Mental Illness	23
Improving Timeliness of Follow-Up after Hospitalization for Mental Illness.....	24
Follow-Up After Emergency Department Visit for Mental Illness	24
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.....	25
Metabolic Monitoring for Children and Adolescents on Antipsychotics.....	26
Metabolic Monitoring Activities	26
Appropriate Treatment for Upper Respiratory Infection	27
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis.....	27
Improving Appropriate Antibiotic Utilization.....	28
Use of Imaging Studies for Low Back Pain.....	28
Opioid Utilization.....	29
Use of Opioids at High Dosage	29
Use of Opioids from Multiple Providers.....	29
Risk of Continued Opioid Use	30
Opioid Program	30
Flu Shots for Adults Ages 18-64	30
Medical Assistance with Smoking and Tobacco Use Cessation	30
Tobacco Cessation Activities.....	30
Access and Availability of Care Domain	32
Adults' Access to Preventive/Ambulatory Health Services	32
Adult Wellness Visit Guidelines	32
Children and Adolescents' Access to Primary Care Practitioners	33
Children and Adolescent Wellness Visit Guidelines	33
Prenatal and Postpartum Care.....	33
Maternity Care Benefits and the Healthy Pregnancy Program	34



Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment 34

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics 35

 Use of First-Line Psychosocial Care Activities 35

Experience of Care Domain 36

 HEDIS/CAHPS® 5.0H Adult Member Satisfaction Survey 36

Utilization and Risk Adjusted Utilization Domain 37

 Well-Child Visits in the First 15 Months of Life 37

 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life 38

 Well-Baby and Well-Child Visit Guidelines 38

 Adolescent Well-Care Visits 38

 Adolescent Health Activities 38

Quality Programs and Activities 39

Preventive Health Guidelines 40

Sanford Health Plan Quality Improvement Committees 41

 Physician Quality Committee 41

 Pharmacy and Therapeutics Committee 41

 Health Plan Quality Improvement Committee 41

 Credentialing Committee 41

Member and Practitioner Communications 42

 Member Newsletter 42

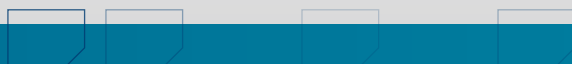
 Provider Newsletters 42

 Sanford Health Plan Website 42

Conclusion 43

Contact Us 43

Sources 43



Introduction

About Sanford Health Plan

Sanford Health Plan began operations in South Dakota in September 1997 as an open access, non-gatekeeper model, managed care organization. The first members were enrolled in January 1998. That same month, Sanford Health Plan became licensed in Minnesota. To obtain this licensure, Sanford Health Plan was required to form a separate corporation known as Sanford Health Plan of Minnesota. Sanford Health Plan further expanded its service area to northwestern Iowa after receiving licensure in August 1998. Sanford Health Plan also received a Certificate of Authority in February 2010 to operate in North Dakota as an expansion of its South Dakota license.

For purposes of this report, Sanford Health Plan and Sanford Health Plan of Minnesota are referred to as “Sanford Health Plan” or “the Plan”; as operations for the two, including areas such as the quality improvement program, are one in the same. Beginning with HEDIS 2005, the Plan received permission from NCQA and the Minnesota Department of Health to combine the Sanford Health Plan and Sanford Health Plan of Minnesota commercial HMO populations into one combined HEDIS report.

Sanford Health Plan is a wholly owned, nonprofit subsidiary of Sanford Health. The Plan is designed to provide employers and employees with the most appropriate, cost effective health care possible. The Board of Trustees of Sanford Health is ultimately responsible for the Plan, but has delegated the Board of Directors the authority to act as the governing body. Sanford Health Plan’s president and vice president, medical officer, or designee, are accountable to the Plan’s Board of Directors.

Sanford Health Plan benefits are designed as a unique alternative to existing health insurance packages in the region. Applying our expertise in health care administration, quality patient care and network development, we have created a health plan with a focus on the health and well-being of our members. Sanford Health Plan’s medical management program monitors utilization and coordinates care plans in conjunction with the member to ensure care is holistic and addressing all member needs. Prevention and wellness programs are built into the benefit packages. This encourages members to seek treatment early and to live healthier lifestyles, thereby controlling long-term health care costs.

The key to our success is our network of primary care physicians, specialists and hospitals. In partnership with these health care practitioners, Sanford Health Plan actively promotes health care education, prevention and early detection. Together, we understand the need to deliver the best possible patient care, maintaining good community health, while developing cost-effective solutions. The Plan’s network of providers is subject to strict credentialing guidelines and performance reviews in upholding the Plan’s dedication to high quality care.

In short, Sanford Health Plan strives to ensure that all members receive the right care, in the right place, at the right time, for the right reason.

Sanford Health Plan and its participating practitioners acknowledge their responsibility to provide high quality care in a cost-effective manner through an ongoing monitoring, evaluation and improvement process. The organized method for monitoring, evaluating, and improving the quality, safety and appropriateness of health care services including behavioral health care to members through related activities and studies is known as the Quality Improvement (QI) program. Throughout this report you will find descriptions of the quality improvement activities that Sanford Health Plan has implemented to improve the health and well-being of its members. The activities that pertain directly to the HEDIS rates will be reported in conjunction with those rates.

HEDIS

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. Quality improvement activities and practitioner profiling efforts have all used HEDIS as a core measurement set.

This report provides you with Sanford Health Plan's HEDIS 2020 commercial HMO results (based on calendar year 2019 data) and the programs and activities designed to improve the health care and services the Plan provides to its members. The HEDIS measures, which are reported on an annual basis, are divided into domains that reflect different aspects of care. An arrow is presented, along with the rates in this report, to indicate whether a specific rate is higher or lower than the NCQA 2020 Quality Compass^{®1} National HMO Average. Quality Compass[®] is NCQA's comprehensive national database of health plans' HEDIS and CAHPS[®] results².

The NCQA HEDIS Compliance Audit^{TM3} assures both purchasers and health plans of fair and accurate comparisons of health plan performance. Certified auditors, using a process designed by NCQA, rigorously audit the HEDIS results annually. The scope of the NCQA HEDIS Compliance Audit includes the following domains: Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk Adjusted Utilization, Experience of Care and Health Plan Descriptive Information. Sanford Health Plan has undergone a full audit. The following HEDIS measures in this report were deemed reportable according to the NCQA HEDIS Compliance AuditTM Standards.



¹Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

²The source for certain health plan measure rates and benchmark (averages and percentiles) data ("the Data") is Quality Compass[®] 2020 and is used with the permission of the National Committee for Quality Assurance ("NCQA"). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA.

The Data comprises audited performance rates and associated benchmarks for Healthcare Effectiveness Data and Information Set measures ("HEDIS[®]") and HEDIS CAHPS[®] survey measure results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties or endorsement about the quality of any organization or clinician who uses or reports performance measures, or any data or rates calculated using HEDIS measures and specifications, and NCQA has no liability to anyone who relies on such measures or specifications.

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Effectiveness of Care Domain

The Effectiveness of Care domain measures provide information about the quality of clinical care the Plan delivers to its members including preventive, acute and chronic care services. This domain also includes several overuse and patient safety related measures. Many of these measures are used in the development and refinement of the Plan's quality improvement activities and clinical practice guidelines. These measures all include some form of continuous enrollment criteria. These criteria ensure that only members enrolled in the Plan for a certain amount of time and who had adequate opportunity to receive services and education from the Plan are counted in the measures.

The Effectiveness of Care measures included in this report are:

Prevention and Screening:

- Adult BMI Assessment
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Childhood Immunization Status
- Immunizations for Adolescents
- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women

Respiratory Conditions:

- Appropriate Testing for Pharyngitis
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Pharmacotherapy Management for COPD Exacerbation
- Medication Management for People with Asthma
- Asthma Medication Ratio

Cardiovascular Conditions:

- Controlling High Blood Pressure
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Statin Therapy for Patients With Cardiovascular Disease

Diabetes:

- Comprehensive Diabetes Care
- Statin Therapy for Patients With Diabetes

Behavioral Health:

- Antidepressant Medication Management
- Follow-Up Care for Children Prescribed ADHD Medication
- Follow-Up After Hospitalization for Mental Illness
- Follow-Up After Emergency Department Visit for Mental Illness
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

Overuse/Appropriateness:

- Appropriate Treatment for Upper Respiratory Infection
- Avoidance of Antibiotic Treatment For Acute Bronchitis/Bronchiolitis
- Use of Imaging Studies for Low Back Pain
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers
- Risk of Continued Opioid Use

Measures Collected Through the CAHPS® Health Plan Survey:

- Flu Shots for Adults Ages 18-64
- Medical Assistance with Smoking and Tobacco Use Cessation

Adult BMI Assessment

According to the Centers for Disease Control and Prevention (CDC), the prevalence of obesity in adults in the U.S. in 2017–2018 was 42.4%. Obesity can significantly increase the risk for serious health conditions and results in high medical costs. Body mass index (BMI) is widely considered the most useful tool for assessment of overweight and obesity.

Adult BMI Assessment measures the percentage of members ages 18–74 who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.

ABA: Adult BMI Assessment					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ / Lower ↓ than 2020 Quality Compass National HMO Average ¹
BMI Assessed in Last 2 Years	93.28%	91.67%	92.52%	89.55%	↑
¹ Refer to footnote p. 7					



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

About 18.5% of children and adolescents aged 2–19 years are obese, according to CDC 2015–2016 data. BMI percentile is a useful screening tool for practitioners assessing obesity in children and adolescents, providing an opportunity for counseling on the importance of good nutrition and physical activity.

This measure looks at the percentage of members ages 3–17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and for physical activity during the measurement year.

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
BMI Percentile in Measurement Year	75.67%	77.78%	77.89%	81.67%	↑
Counseling for Nutrition in Measurement Year	57.91%	66.42%	67.63%	73.32%	↑
Counseling for Physical Activity in Measurement Year	56.45%	64.69%	66.32%	70.62%	↑

¹Refer to footnote p. 7

Childhood and Adolescent Immunization Status

Immunizations prevent serious illnesses, missed school and work days, and millions of dollars in health care costs. The following immunization measures were developed based on immunization recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices.

Childhood Immunization Status involves measuring the percentage of enrolled children who turned two years old during the measurement year and who were identified as having the recommended vaccinations by their second birthday.

CIS: Childhood Immunization Status

	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
4 DTaP	89.80%	86.98%	92.37%	91.67%	↑
3 IPV	94.39%	95.05%	97.18%	96.26%	↑
1 MMR	95.15%	93.75%	96.33% ²	95.11%	↑
3 HiB	94.39%	94.27%	96.61%	95.98%	↑
3 Hepatitis B	92.35%	93.75%	96.61%	95.40%	↑
1 VZV	94.39%	92.19%	95.48% ²	93.97%	↑
4 Pneumococcal	90.56%	90.10%	94.07%	94.25%	↑
1 Hepatitis A	91.07%	90.63%	93.79% ²	93.97%	↑
2 or 3 Rotavirus	84.44%	85.42%	88.98%	89.66%	↑
2 Influenza	73.47%	78.91%	78.25%	84.48%	↑
Combo10: All immunizations listed above	63.52%	69.01%	70.62% ²	77.59%	↑

¹Refer to footnote p. 7 ²Trending between HEDIS 2019 and prior years should be considered with caution due to measure timeframe changes.

Immunizations for Adolescents involves measuring the percentage of enrolled adolescents who turned 13 years old during the measurement year and who were identified as having the recommended vaccinations by their thirteenth birthday.

IMA: Immunizations for Adolescents					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
1 Meningococcal	79.08%	88.32%	93.67%	94.16%	↑
1 Td/Tdap	81.02%	89.78%	93.67%	95.13%	↑
2 or 3 HPV		41.85% ²	48.66%	57.66%	↑
Combo1: Mening & Tdap	77.37%	87.35%	92.21%	92.94%	↑
Combo2: Mening, Tdap & HPV		41.36% ²	47.20%	55.72%	↑

¹Refer to footnote p. 7
²Rate is not trendable prior to 2018 due to the 2 dose vaccine being added.

Immunization Guidelines

Sanford Health Plan recognizes that high immunization rates help prevent the spread of diseases, as well as reduce the rates of disability and death from preventable diseases. Prevention through immunization can reduce future health care costs associated with treating the disease and reduces employee absenteeism.

An immunization schedule is available on the Centers for Disease Control and Prevention website at [cdc.gov/vaccines](https://www.cdc.gov/vaccines). A copy may also be obtained by calling Sanford Health Plan at (888) 315-0884.

These immunization guidelines are available to Plan practitioners at [sanfordhealthplan.com](https://www.sanfordhealthplan.com), and information about immunization schedules is available in newsletters. The Preventive Health Guidelines brochure directs members to the website or to call for a copy of the immunization schedules.

A mailer is also sent to adolescents who have not yet completed their HPV vaccination series reminding them to do so.






Colorectal Cancer Screening

According to the American Cancer Society, excluding skin cancer, colorectal cancer is the third most commonly diagnosed cancer in both men and women in the United States. Screenings can detect polyps, allowing for their removal before becoming potentially cancerous. Screenings can also identify cancers in their early stages and improve the chances of successful treatment.

This measure looks at the percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer, which includes any one of the following:

- Fecal occult blood (guaiac - gFOBT or immunochemical - FIT) test during the measurement year.
- FIT-DNA test during the measurement year or the two years prior to the measurement year.
- Flexible sigmoidoscopy or CT colonography during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

COL: Colorectal Cancer Screening					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  / Lower  than 2020 Quality Compass National HMO Average ¹
Colorectal Cancer Screening	65.89%	59.31%	66.83% ²	67.92%	
<small>¹Refer to footnote p. 7 ²Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions.</small>					

Colorectal Cancer Screening Activities

Preventive Health Guidelines, including colorectal cancer screening benefits, are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Health Plan website at sanfordhealthplan.com. The colorectal cancer screening clinical practice guidelines that Sanford Health Plan adopted and recommends to practitioners are published in the Provider Perspective newsletter yearly and are also available on the Plan's website. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

All members are encouraged to complete an online health assessment on the Plan's online wellness portal, which includes questions related to colorectal screenings. The wellness portal also offers tools to help members track their preventive screenings and exams.

As a member of the South Dakota Council on Colorectal Cancer, the North Dakota Colorectal Cancer Roundtable and the National Colorectal Cancer Roundtable, Sanford Health Plan collaborates with the American Cancer Society and other health care and insurance organizations to improve colorectal cancer screening rates and reduce the incidence of colorectal cancer.

This past year, we took part in a FitKit distribution project during employer group health fairs to help target those members who are low to no risk get screened. Other improvement activities that took place over the past year included sending a postcard quarterly to members in a targeted age group who were not compliant with colorectal cancer screening. The postcard gave the member the option of a FitKit as a screening option or they could call for an appointment. A cancer screening email was also sent to members which included information on screening guidelines.

Breast Cancer Screening

According to the American Cancer Society, excluding skin cancer, breast cancer is the most common cancer among women. Mammography is one of the most effective screening methods available for detecting breast cancer. Early detection of breast cancer increases the likelihood of successful treatment.

This measure looks at the percentage of women ages 50 through 74 years who had a mammogram between October 1 two years prior to the measurement year and December 31 of the measurement year.

BCS: Breast Cancer Screening					
		HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ / Lower ↓ than 2020 Quality Compass National HMO Average ¹
Mammogram in Last 2 Years, 3 Months — Ages 50 to 74		77.15% ²	80.14% ³	80.86%	↑
¹ Refer to footnote p. 7 ² Rate is not trendable prior to 2018 due to a change in the numerator criteria ³ Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions..					

Breast Health Initiative

Sanford Health Plan offers numerous activities designed to provide members with information on breast health and early detection of potential breast cancer:




- Letters were sent to members in a targeted area with a high number of members who were not compliant with breast cancer screening. The letter included screening options with information on locations, phone numbers and hours of operation. Some facilities expanded their hours of operation in October.
- Postcards were sent out to age appropriate members to remind them to schedule their yearly mammograms.
- Members are asked to complete an online health assessment on the online wellness portal.
- Care Management nurses contacting members for case management reasons will also address breast cancer screening.
- Some employer groups offered mobile mammography screening to employees on-site during the work day.
- Periodic articles in the member newsletter include facts about breast cancer and the importance of mammography.
- Preventive Health Guidelines, that include the coverage of mammograms, are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Plan's website at sanfordhealthplan.com.
- The breast cancer screening clinical practice guidelines that Sanford Health Plan recommends to practitioners are published in the provider newsletter yearly and are available on the website.
- A HEDIS Guide and Toolkit was published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Cervical Cancer Screening

Regular Pap tests can help detect cervical cancer in its early stages, increasing the survival rate for women with cervical cancer.

This measure looks at the percentage of women ages 21 through 64 years who were screened for cervical cancer using any of the following criteria:

- Women ages 21-64 years who had cervical cytology (Pap test) within the last 3 years
- Women ages 30-64 years who had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years
- Women ages 30-64 years who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years

CCS: Cervical Cancer Screening					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Pap Test in Last 3 Years; Or in Last 5 Years With HPV Test	69.85%	69.88%	70.08%	71.93% ²	

¹Refer to footnote p. 7 ²Trending between HEDIS 2020 and prior years should be considered with caution due to the addition of the hrHPV tests.

Cervical Cancer Screening Activities

Cancer screening reminders are sent annually to members that include recommended cancer screening guidelines. Periodic articles are also published in member newsletters stressing the importance of having a yearly exam.






Preventive Health Guidelines, including yearly Pap test benefits, are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Health Plan website at sanfordhealthplan.com. The cervical cancer screening clinical practice guidelines that were adopted and recommended to providers are published in the Provider Perspective yearly and are also available on the Plan's website. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

All members are encouraged to complete an annual health assessment through the online wellness portal, which includes questions related to cervical cancer screenings. The wellness portal also offers tools to help members track their preventive screenings and exams.

Chlamydia Screening in Women

According to the Centers for Disease Control, chlamydia is a common sexually transmitted diseases, which left untreated can cause serious reproductive and other health problems. Routine screening and treatment can reduce the serious consequences of chlamydia in women. This underscores the importance of prevention and early treatment in the primary care arena.

The Chlamydia Screening in Women measure looks at the percentage of women ages 16 through 24 years who had a test for chlamydia during the measurement year.

CHL: Chlamydia Screening					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Ages 16 to 20	27.15%	27.34%	25.60%	25.19%	
Ages 21 to 24	34.92%	36.63%	38.64%	38.08%	
Total: Ages 16 to 24	31.47%	32.59%	32.77%	32.07%	

¹Refer to footnote p. 7

Chlamydia Screening Activities

Chlamydia screening guidelines are addressed in the Plan's Preventive Health Guidelines, which are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Health Plan website at sanfordhealthplan.com. The Chlamydia screening clinical practice guidelines that were adopted and recommended to providers are published in the Provider Perspective yearly and are also available on the Plan's website. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care. The toolkit specifically stresses that providers should talk to patients about screening and that urine screening is an option.

Appropriate Testing for Pharyngitis

Excessive use of antibiotics is resulting in a higher prevalence of antibiotic resistance. Clinical guidelines recommend that only children with diagnosed group A streptococcus pharyngitis based on a group A strep test (rapid assay or throat culture) be treated with antibiotics.

This measure looks at the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed and antibiotic and received a group A streptococcus (strep) test for the episode.

CWP: Appropriate Testing for Pharyngitis					
				HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Prescribed Antibiotic and Received Strep Test					
Ages 3-17				82.38% ³	↓
Ages 18-64				68.46% ³	↑
Ages 65+				NA ²	N/A
Total: Ages 3+				75.67% ³	↑

¹Refer to footnote p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
³Rate is not trendable prior to HEDIS 2020 due to significant changes in the measure specifications.

Use of Spirometry Testing in the Assessment & Diagnosis of COPD

According to the National Heart, Lung and Blood Institute, chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the United States. COPD is a lung disease in which the airways of the lungs are partially blocked resulting in shortness of breath and chronic cough. A spirometry test assists the doctor in verifying the COPD diagnosis as well as determining the severity of the condition.

This measure assesses whether members ages 40 and over with a new diagnosis or newly active COPD received appropriate spirometry testing to confirm the diagnosis.

SPR: Use of Spirometry Testing in the Assessment & Diagnosis of COPD					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Appropriate Spirometry Testing	31.94%	42.50%	41.56% ²	44.44%	↑

¹Refer to footnote p. 7
²Trending between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.

Pharmacotherapy Management of COPD Exacerbation

This measure assesses the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ER visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid within 14 days of the event.
2. Dispensed a bronchodilator within 30 days of the event.

PCE: Pharmacotherapy Management of COPD Exacerbation					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Dispensed a Systemic Corticosteroid Within 14 Days of Event	65.00%	89.66%	81.36%	71.95%	↓
Dispensed a Bronchodilator Within 30 Days of Event	78.33%	86.21%	83.05%	90.24%	↑

¹Refer to footnote p. 7

Asthma

Asthma is a disease of the lungs. For an individual with asthma, the airways or breathing tubes in the lungs are sensitive to many things in the air. When an asthma flare-up happens, the airways swell and fill with mucus and the muscles around the airways tighten making the airways smaller and making it hard to breathe. According to the National Heart, Lung and Blood Institute, more than 25 million people in the United States have been diagnosed with asthma. The good news is that asthma can be well managed. By knowing and avoiding triggers for flare-ups and by taking medications, people with asthma can control their symptoms. The following measures are related to asthma medications.

Medication Management for People with Asthma

This measure identifies members 5–64 years of age who were identified as having persistent asthma and who were dispensed appropriate medications that they remained on during the treatment period. Then two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50 percent of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75 percent of their treatment period.

MMA: Medication Management for People with Asthma					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
50% Med Compliance - Ages 5 to 11	72.09%	72.55%	81.18% ⁴	81.13%	
50% Med Compliance - Ages 12 to 18	NA ²	60.87%	64.74% ⁴	76.11%	

50% Med Compliance - Ages 19 to 50	74.07%	76.24%	77.52% ⁴	81.13%	
50% Med Compliance - Ages 51 to 64	76.29%	80.78%	80.77% ⁴	86.15%	
50% Med Compliance - Total: Ages 5 to 64		75.74% ³	77.59% ⁴	82.14%	
75% Med Compliance - Ages 5 to 11	39.53%	50.98%	55.29% ⁴	56.60%	↑
75% Med Compliance - Ages 12 to 18	NA ²	33.04%	42.20% ⁴	47.22%	↑
75% Med Compliance - Ages 19 to 50	38.52%	51.13%	52.14% ⁴	67.55%	↑
75% Med Compliance - Ages 51 to 64	49.48%	62.67%	60.00% ⁴	71.43%	↑
75% Med Compliance - Total: Ages 5 to 64		53.14% ³	54.05% ⁴	64.98%	↑
¹ Refer to footnote p. 7 ² NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate. ³ For HEDIS 2018, the total age band was changed from 5 to 85 to 5 to 64 so these total rates are not trendable to prior years. ⁴ Trending between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.					

Asthma Medication Ratio

This measure identifies members 5–64 years of age identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

AMR: Asthma Medication Ratio					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Ages 5 to 11	81.40%	75.49%	97.08% ⁴	91.19%	↑
Ages 12 to 18	NA ²	77.31%	87.08% ⁴	84.95%	↑
Ages 19 to 50	62.82%	70.19%	82.71% ⁴	78.05%	↑
Ages 51 to 64	80.00%	79.21%	85.84% ⁴	85.86%	↑
Total: Ages 5 to 64		74.63% ³	85.81% ⁴	82.89%	↑
¹ Refer to footnote p. 7 ² NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate. ³ For HEDIS 2018, the total age band was changed from 5 to 85 to 5 to 64 so these total rates are not trendable to prior years. ⁴ Trending between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.					




Improving Asthma Management

On a yearly basis the Plan reviews and adopts clinical practice guidelines for asthma. Providers are made aware of the clinical practice guidelines on a regular basis through the Provider Perspective newsletter. The guidelines are distributed through special mailings and through the Sanford Health Plan website at sanfordhealthplan.com. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Controlling High Blood Pressure

According to the American Heart Association, almost half of adults in the United States have high blood pressure. When arteries narrow, blood flow is forced to press against the artery walls with too much force, resulting in high blood pressure. The heart must work harder to pump blood through the arteries. Over time, high blood pressure can result in serious long-term health conditions like heart disease, stroke and renal failure.

This measure assesses the percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

CBP: Controlling High Blood Pressure					
			HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Controlled Blood Pressure			81.27% ²	81.92%	
¹ Refer to footnote p. 7 ² Rate is not trendable prior to HEDIS 2019 due to significant changes in the measure specifications.					




Monitoring Blood Pressure Management

Monitoring and improving blood pressure has been a focus for Sanford Health Plan for many years, because many in our member population have high blood pressure. Blood pressure tracking wallet cards are available for the case management nurses to provide when working with members that may benefit from them. Blood pressure machines are also available to members to assist in monitoring their blood pressure at home.

On a yearly basis the Plan reviews and adopts clinical practice guidelines for hypertension. Providers are made aware of the clinical practice guidelines on a regular basis through the Provider Perspective newsletter. The guidelines are distributed through special mailings and through the Sanford Health Plan website at sanfordhealthplan.com. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Persistence of Beta Blocker Treatment After a Heart Attack

This measure assesses the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI (heart attack) and who received persistent beta-blocker treatment for six months after discharge.

PBH: Persistence of Beta Blocker Treatment After a Heart Attack					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Beta Blocker Treatment At Least 6 Months After Discharge for Heart Attack	71.43%	84.38%	87.64% ³	87.21%	
¹ Refer to footnote p. 7 ² Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions.					

Heart Disease Management

On a yearly basis the Plan reviews and adopts clinical practice guidelines for heart disease. Providers are made aware of the clinical practice guidelines on a regular basis through the Provider Perspective newsletter. The guidelines are distributed through special mailings and through the Sanford Health Plan website at sanfordhealthplan.com. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Statin Therapy for Patients With Cardiovascular Disease

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria for statin therapy (cholesterol-lowering drugs). The following rates are reported:

1. Received Statin Therapy. Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
2. Statin Adherence 80%. Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

SPC: Statin Therapy for Patients with Cardiovascular Disease					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Received Statin Therapy: Males 21 to 75	82.58%	86.51%	86.14% ²	86.95% ³	↑
Received Statin Therapy: Females 40 to 75	70.59%	72.67%	78.21% ²	79.27% ³	↑
Received Statin Therapy: Total	79.27%	83.33%	84.35% ²	85.14% ³	↑
Statin Adherence 80%: Males 21 to 75	70.75%	81.20%	83.33% ²	84.85% ³	↑
Statin Adherence 80%: Females 40 to 75	60.42%	80.00%	79.78% ²	85.64% ³	↑
Statin Adherence 80%: Total	68.21%	80.96%	82.59% ²	85.02% ³	↑

¹Refer to footnote p. 7
²Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions and telehealth.
³Trending between HEDIS 2020 and prior years should be considered with caution due to changes to the measure specifications.

Comprehensive Diabetes Care

Diabetes is a costly, highly prevalent chronic disease which, if not controlled, can result in serious complications including amputations, blindness, kidney failure, heart disease, nerve damage and more. According to the American Diabetes Association, in 2018, 34.2 million people had this disease (10.5% of the U.S. population). Many complications of diabetes can be prevented if detected and addressed in the early stages.

This measure looks at the percentage of members with diabetes ages 18 through 75 years old who had each of the following aspects of diabetes care:

1. Hemoglobin A1c (HbA1c) Testing
2. HbA1c Poor Control >9.0%
3. HbA1c Control <8.0%

4. Eye Exam (Retinal) performed in the measurement year (or in the year prior to the measurement year with a negative retinopathy diagnosis)
5. Medical Attention for Nephropathy (Includes any of the following: evidence of treatment for nephropathy, a nephrologist visit, a urine protein test or evidence of ACE Inhibitor/ARB drug therapy)
6. Blood Pressure Control <140/90 mm Hg

CDC: Comprehensive Diabetes Care					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
HbA1c Testing	94.16%	93.19%	93.19% ²	95.20%	↑
HbA1c Poor Control >9.0% (Lower rate indicates better performance)	20.07%	16.85%	17.76% ²	14.97%	↑
HbA1c Control <8.0%	66.24%	70.07%	72.75% ²	72.32%	↑
Eye Exam (Retinal)	62.41%	65.95%	69.10% ²	66.10%	↑
Medical Attention for Nephropathy	92.70%	89.78%	89.78% ²	93.22%	↑
Blood Pressure Control (<140/90)	85.58%	81.36%	86.62% ²	85.03%	↑

¹Refer to footnote p. 7
²Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions, telehealth and for BP, the addition of remote monitoring devices.

Improving Diabetes Management

In 1998, the Physician Quality Committee identified diabetes as a common illness within the Plan population. Clinical claims data identified significant numbers of diabetic members and practitioners that did not utilize established practice guidelines in the treatment of diabetes. A decrease in morbidity and mortality may not be achieved unless both members and practitioners are educated on Plan benefits and compliance with recommended care guidelines.

To accomplish this, members who are noncompliant with the recommended care guidelines are sent an educational letter with information on the risks of complications and the importance of getting needed tests and regular doctor visits. Members are also reminded via mailers that their annual diabetic eye exam with a participating eye care professional is covered under their medical benefit. To assist in self-managing their diabetes, glucometer vouchers are available for members to obtain a glucometer from a pharmacy.

In addition to these activities, the Preventive Health Guidelines allow for one lipid profile between the ages of 18 and 24, one lipid profile every five years between the ages of 25 and 44 and one lipid profile every year for ages 45 and over. The Guidelines also allow for one basic metabolic panel (which includes a glucose test, among others) every year. The Preventive Health Guidelines are published for members and practitioners in the member and provider newsletters yearly, are provided in enrollment packets and are available on the Plan's website at sanfordhealthplan.com.

Practitioners also receive communications on diabetes management. A reminder is sent to eye care professionals about the required codes for the diabetic eye exam claims to be reimbursed properly. An eye exam consultation form is also included that they can complete and fax to the member's primary diabetes care practitioner to notify them of the member's exam and results.

On a yearly basis, the Plan reviews and adopts clinical practice guidelines for diabetes. Practitioners are made aware of the clinical practice guidelines on a regular basis through the Provider Perspective newsletter. The guidelines are also distributed through the Sanford Health Plan website at sanfordhealthplan.com. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Statin Therapy for Patients with Diabetes

This measure assesses the percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following statin therapy (cholesterol-lowering drugs) criteria. Two rates are reported:

1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

SPD: Statin Therapy for Patients with Diabetes					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ / Lower ↓ than 2020 Quality Compass National HMO Average ¹
Received Statin Therapy	64.34%	67.69%	67.84% ²	70.02% ³	↑
Statin Adherence 80%	73.21%	78.99%	80.15% ²	81.97% ³	↑

¹Refer to footnote p. 7
²Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions and telehealth.
³Trending between HEDIS 2020 and prior years should be considered with caution due to changes to the measure specifications

Follow-Up Care for Children Prescribed ADHD Medication

Attention-deficit/hyperactivity disorder (ADHD) is a condition that affects millions of children and adolescents. ADHD includes three main symptoms: inattention, hyperactivity and impulsivity. When medication therapy is prescribed, the American Psychiatric Association recommends follow-up appointments be made at least monthly until the symptoms have stabilized. Once stable, an office visit every three to six months is recommended which allows for an assessment of learning and behavior in the child.

This HEDIS rate measures the percentage of children ages 6–12 with a newly prescribed ADHD medication who had at least three follow-up care visits within a ten-month period, one of which is within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

1. Initiation Phase – Percentage of members with one follow-up visit (via face-to-face, telehealth or telephone) with a prescribing practitioner during the first 30 days following the prescription.
2. Continuation and Maintenance Phase – Percentage of members who had an initiation phase visit, who remained on the medication for at least 210 days and who had at least two follow-up visits (via face-to-face, telehealth, telephone, e-visit or virtual check-in) with a practitioner within 270 days (9 months) after the initiation phase ended.

ADD: Follow-Up Care for Children Prescribed ADHD/ADD Medication					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ / Lower ↓ than 2020 Quality Compass National HMO Average ¹
Initiation Phase	38.60%	32.67% ³	32.36%	30.35%	↓
Continuation & Maintenance Phase	36.36%	33.33% ³	31.82%	38.18%	↓

¹Refer to footnote p. 7
²Trending between HEDIS 2018 and prior years should be considered with caution due to the addition of telehealth..

Improving ADHD Management

ADHD is a chronic health problem in which educational interventions can help lessen the impact of the disorder and improve the member's quality of life. The baseline HEDIS rates for follow-up care for children prescribed ADHD medication show a serious deficiency in appropriate follow-up care.

Sanford Health Plan implemented a Quality Improvement Activity, which includes sending an offer for educational materials to parents of children and adolescents with ADHD to educate them on the symptoms, types of treatment and follow-up recommendations for patients taking ADD/ADHD medications.

The Plan provided educational materials to practitioners regarding the guidelines for follow-up care for patients prescribed ADD/ADHD medication. A screening tool was also made available. These resources were offered in the Provider Perspective newsletter and continue to be available on the Plan's website. Providers are made aware of the clinical practice guidelines on a yearly basis through the Provider Perspective practitioner newsletter. The guidelines are also distributed through special mailings and the Sanford Health Plan website at sanfordhealthplan.com.

Antidepressant Medication Management

According to the National Institute of Mental Health, in 2017 an estimated 7.1 percent of American adults had at least one major depressive episode. Many people can improve through clinical treatment with their health care provider and by taking their medications as prescribed. However, many stop taking their medication too soon because they feel better or because they do not feel the medication is working. It is important for people to take their medications as prescribed for as long as they are prescribed and to keep their follow-up appointments in order to prevent a recurrence of depression.





This measure is based on the treatment guidelines of the clinical management and pharmacological treatment of depression. The following are the rates for this measure:

1. Effective Acute Phase Treatment

The percentage of members ages 18 years and older, who were diagnosed with major depression, treated with antidepressant medication, and who remained on an antidepressant drug during the entire 84-day (12 week) Acute Treatment Phase.

2. Effective Continuation Phase Treatment

The percentage of members ages 18 years and older, who were diagnosed with major depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least 180 days (six months).

AMM: Antidepressant Medication Management					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Effective Acute Phase Treatment	76.71%	77.55% ²	77.96%	80.37%	
Effective Continuation Phase Treatment	60.07%	60.70% ²	62.24%	64.16%	

¹Refer to footnote p. 7
²Trending between HEDIS 2018 and prior years should be considered with caution due to the addition of telehealth.

Improving Mental Health Medication Management

Depression was identified in general as a chronic, clinical issue with a high degree of risk for members. Clinical claims and pharmaceutical data have identified a significant number of members diagnosed with depression who are currently being treated with medications as well as those who are not. Data also indicates a significant difference in the treatment methods of practitioners. Clinical variance has been identified in the length of time on medication therapy for depression. Depression has consistently been one of the top diagnoses in the Plan, among adults and adolescents alike.

The activities involved in increasing medication compliance for members with depression include sending a letter to those members recently prescribed antidepressants that have yet to pick up their first refill. The letter also provides information about medication compliance, side effects and keeping follow-up visits. There have also been yearly articles in the member newsletter regarding the importance of antidepressant compliance as well as the importance of continuity and coordination of care.

Depression clinical practice guidelines are reviewed and adopted on a yearly basis and practitioners are made aware of the availability of these guidelines in the Provider Perspective newsletter and on the Plan website at sanfordhealthplan.com. Collaborative meetings are held with behavioral health providers to discuss aspects of behavioral health care including how to improve access, continuity and coordination of care, medication compliance and formulary issues in the behavioral health arena.

Quick reference cards and behavioral health screening tools are also available to primary care physicians to assist in locating participating behavioral health care practitioners in their area. These cards are available to providers on the Plan's website at sanfordhealthplan.com. If you would like a paper copy of these cards for your clinic, please call our Provider Relations Department at (605) 328-6877 or (800) 601-5086 to request a copy.

Follow-Up After Hospitalization for Mental Illness

Many people who are discharged from a hospital or an inpatient facility for mental illness need continued support with taking medications, going to therapy, getting back to work and interacting socially. These are keys to successful treatment.

This measure looks at the percentage of members ages six years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit (face-to-face, telehealth or telephone) with a mental health practitioner. Two separate rates are calculated:

1. The percentage of discharges for which the member received follow-up within 7 days after discharge.
2. The percentage of discharges for which the member received follow-up within 30 days after discharge.

FUH: Follow Up After Hospitalization for Mental Illness					
		HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Follow-Up Within 7 Days after Discharge					
Ages 6-17			49.63% ⁴	41.79%	↓
Ages 18-64			42.68% ⁴	46.40%	↓
Ages 65+			NA ²	NA ²	N/A
Total: Ages 6+		37.07% ²	45.03% ³	44.70%	↓
Follow-Up Within 30 Days after Discharge					
Ages 6-17			84.44% ⁴	72.39%	↓
Ages 18-64			65.45% ⁴	74.00%	↑
Ages 65+			NA ²	NA ²	N/A
Total: Ages 6+		69.83% ³	72.25% ⁴	73.39%	↑

¹Refer to footnotes p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
³Rate is not trendable prior to 2018 due to a change in the numerator criteria.
⁴Trending between HEDIS 2019 and prior years should be considered with caution due to changes to the measure specifications.

Improving Timeliness of Follow-Up after Hospitalization for Mental Illness

Sanford Health Plan identified a need for improvement in mental health follow-up and continuity and coordination of care. Mental health diagnoses have consistently been one of the top diagnosis codes for the Plan and initial claims analysis showed a low rate of follow-up after hospitalization.

In an attempt to improve the follow-up rates, the Health Plan identifies members being discharged from an inpatient mental health stay. The Plan's behavioral health team work with the hospital's discharge planners to arrange a follow-up appointment within seven days of discharge. The Plan also collaborates with behavioral health providers to find ways for members to be seen in a timelier manner.

To increase awareness of available mental health services, quick reference cards and behavioral health screening tools are available for primary care physicians to assist them in locating Sanford Health Plan behavioral health care practitioners in their area. The Plan advertised these cards in the Provider Perspective newsletter sent to all participating practitioners. These cards are available to providers, along with the Plan's clinical practice guidelines on depression, on the Plan's website at sanfordhealthplan.com. If you would like a copy of these cards for your clinic, please call our Provider Relations Department at (605) 328-6877 or (800) 601-5086 to request a copy. The Plan also collaborates with mental health professionals to get feedback on the quality improvement activities for mental health services. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Follow-Up After Emergency Department Visit for Mental Illness

Many emergency department (ED) visits for mental illness may be avoidable. Follow-up visits are important in achieving treatment success and reducing ED visits in the future.

This measure looks at the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit (via face-to-face, telehealth, telephone, e-visit or virtual check-in) for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up visits within 7 days of the ED visit (8 total days).
2. The percentage of ED visits for which the member received follow-up visits within 30 days of the ED visit (31 total days).

FUM: Follow-Up After Emergency Department Visit for Mental Illness					
			HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Follow-Up Within 7 Days of ED Visit					
Ages 6-17			68.29% ³	73.17%	↑
Ages 18-64			49.02% ³	50.55%	↑
Ages 65+			NA ²	NA ²	N/A
Total: Ages 6+			54.86% ³	57.14%	↑
Follow-Up Within 30 Days of ED Visit					
Ages 6-17			85.37% ³	82.93%	↑
Ages 18-64			70.59% ³	63.74%	↑
Ages 65+			NA ²	NA ²	N/A
Total: Ages 6+			75.00% ³	69.92%	↑

¹Refer to footnotes p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
³Rate is not trendable prior to HEDIS 2019 due to measure specification changes.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated in 2007 that nearly 3 million emergency department (ED) visits were related to substance abuse only. Follow-up after ED visits is vital to ensuring that these patients do not lose contact with their health care provider and receive the appropriate care to reduce future ED visits.

This measure looks at the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Follow-Up Within 7 Days of ED Visit					
Ages 13-17	NA ²	NA ²	NA ²	NA ²	N/A
Ages 18+	30.77%	19.00% ³	16.15%	14.29%	↑
Total: Ages 13+	31.34%	20.19% ³	15.94%	13.92%	↑
Follow-Up Within 30 Days of ED Visit					
Ages 13-17	NA ²	NA ²	NA ²	NA ²	N/A
Ages 18+	32.31%	25.00% ³	20.00%	18.37%	↓
Total: Ages 13+	32.84%	25.96% ³	20.29%	18.35%	↑












¹Refer to footnotes p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
³Trending between HEDIS 2018 and prior years should be considered with caution due to the addition of telehealth.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

When a child or adolescent has a behavioral health diagnosis and is prescribed a medication for the condition, it is key to monitor their care plan and treatment. In collaboration with the child or adolescent's doctor, scheduling lab work and yearly wellness exams ensures that baseline measurements are obtained and the child or adolescent's condition is closely monitored.

This measure looks at the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Blood Glucose Testing					
Ages 1 to 11				52.56% ²	
Ages 12 to 17				60.80% ²	
Total: Ages 1 to 17				57.64% ²	
Cholesterol Testing					
Ages 1 to 11				43.59% ²	
Ages 12 to 17				41.60% ²	
Total: Ages 1 to 17				42.36% ²	
Blood Glucose and Cholesterol Testing					
Ages 1 to 11				42.31% ²	
Ages 12 to 17	37.65%	45.36%	45.38%	40.80%	
Total: Ages 1 to 17	38.28%	42.11%	44.29%	41.38%	
¹ Refer to footnotes p. 7 ² Rates were broken out to these more detailed levels beginning with HEDIS 2020.					

Metabolic Monitoring Activities

Sanford Health Plan sent a letter to parents of children and adolescents on an antipsychotic medication that explains the importance of baseline measurements and follow-ups with their doctor. The mailing included a journal, lab test flow chart and questions to ask their doctor.

A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Appropriate Treatment for Upper Respiratory Infection

Parents often take their children to the doctor because of the common cold. Antibiotics, although not recommended by current guidelines for the treatment of the common cold, are still often prescribed in these cases.

This measure looks at the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic being dispensed. Not being prescribed an antibiotic in this situation indicates appropriate treatment.

URI: Appropriate Treatment for URI					
				HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Antibiotic Not Dispensed (Indicates Appropriate Treatment)					
Ages 3 months – 17 years				86.84% ²	↓
Ages 18-64				70.13% ²	↓
Ages 65+				64.04% ²	↓
Total: Ages 3 months+				78.53% ²	↓
¹ Refer to footnotes p. 7					
² Rate is not trendable prior to HEDIS 2020 due to significant changes in the measure specifications.					

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Clinical guidelines do not indicate the need for antibiotics in treating acute bronchitis unless they have another comorbidity or infection for which antibiotics may be appropriate.

This measure looks at the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic being dispensed. Not being prescribed an antibiotic in this situation indicates appropriate treatment.

AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
				HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Appropriate avoidance of antibiotics					
Ages 3 months – 17 years				62.92% ²	↑
Ages 18-64				29.99% ²	↓
Ages 65+				20.00% ²	↓
Total: Ages 3 months+				40.30% ²	↓
¹ Refer to footnotes p. 7					
² Rate is not trendable prior to HEDIS 2020 due to significant changes in the measure specifications.					

Improving Appropriate Antibiotic Utilization

Appropriate antibiotic utilization is another area of focus for Sanford Health Plan. Many activities have been implemented in an effort to improve in this area. Member education has included articles in the member newsletter on appropriate antibiotic usage, antibiotic drug to drug interactions and antibiotic resistance.

For providers, antibiotic stewardship webinars have been made available to on the provider portal at sanfordhealthplan.com. Handouts were created and made available to providers to give their patients regarding recommendations on virus symptom relief and why antibiotics are not the answer. A handout for providers was also created on probiotics to prevent C.Difficile. We have sent providers letters regarding antibiotic utilization that have included our handouts from above.

Provider newsletter articles have included topics and information like coding for acute bronchitis comorbidities, providing patients information on symptom health for colds and viral infections and interpreting adopted clinical practice guidelines. The guidelines are also distributed through the Sanford Health Plan website. A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Use of Imaging Studies for Low Back Pain

Back pain is among the most common musculoskeletal conditions affecting nearly all people at least once in their life. According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant any imaging studies. The vast majority of these patients return to their usual activities in 30 days.

This measure assesses whether imaging studies (plain x-ray, MRI, CT scan) are overused in evaluating patients with acute low back pain. A higher score indicates appropriate treatment of low back pain (i.e., proportion for whom imaging studies did not occur within 28 days of the diagnosis).

LBP: Use of Imaging Studies for Low Back Pain					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Imaging Studies Did Not Occur (Appropriate Treatment)	86.36%	89.22% ²	89.83%	90.10%	↑
¹ Refer to footnote p. 7 ² Trending between HEDIS 2018 and prior years should be considered with caution due to the addition of telehealth.					



Opioid Utilization

According to the CDC, the morbidity and mortality associated with opioid use has been recognized by the CDC, the Surgeon General and the White House as a significant public health issue and has reached epidemic proportions. The following opioid related measures assist the Plan in identifying areas of overuse or abuse.

Use of Opioids at High Dosage

This measure looks at the proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] >90) for ≥ 15 days. A lower rate indicates better performance.

HDO: Use of Opioids at High Dosage					
				HEDIS 2020	Higher \uparrow /Lower \downarrow than 2020 Quality Compass National HMO Average ¹
Proportion of members receiving opioids at high dosage ≥ 15 days				3.57% ²	\uparrow
¹ Refer to footnotes p. 7 ² Rate is not trendable prior to HEDIS 2020 due to significant changes in the measure specifications.					

Use of Opioids From Multiple Providers

This measure looks at the proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Lower rates indicate better performance. Three rates are reported:

1. Multiple Prescribers: The proportion of members receiving prescriptions for opioids from 4 or more different prescribers during the measurement year.
2. Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from 4 or more different pharmacies during the measurement year.
3. Multiple Prescribers and Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from 4 or more different prescribers **and** 4 or more different pharmacies during the measurement year.

UOP: Use of Opioids From Multiple Providers					
			HEDIS 2019	HEDIS 2020	Higher \uparrow /Lower \downarrow than 2020 Quality Compass National HMO Average ¹
Multiple Prescribers: Opioids from 4 or more different prescribers			19.24% ²	18.06%	\downarrow
Multiple Pharmacies: Opioids from 4 or more different pharmacies			2.88% ²	1.92%	\uparrow
Multiple Prescribers and Multiple Pharmacies: Meet both of the above			2.25% ²	1.53%	\downarrow
¹ Refer to footnotes p. 7 ² Rate is not trendable prior to HEDIS 2019 due to changes in the measure specifications.					

Risk of Continued Opioid Use

This measure looks at the percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Lower rates indicate better performance. Two rates are reported:

1. The percentage of members with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.

COU: Risk of Continued Opioid Use					
			HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
≥15 Days Covered					
Ages 18-64			4.75%	3.43%	↑
Ages 65+			8.12%	5.26%	↑
Total: Ages 18+			4.87%	3.49%	↑
≥31 Days Covered					
Ages 18-64			1.42%	0.99%	↑
Ages 65+			2.24%	2.05%	↑
Total: Ages 18+			1.45%	1.03%	↑

¹Refer to footnotes p. 7

Opioid Program

The OptumRx® Opioid Risk Management program was implemented in January 2019 to drive increased opioid safety and prevention through engagement, smart prescribing and ongoing monitoring. This program has five key strategies to provide better health outcomes and curb the opioid epidemic. As part of the strategy, the interventions include member and provider outreach to minimize early exposure and reduce inappropriate supply.

Flu Shots for Adults Ages 18-64

The number of influenza cases each year is high. The flu shot is meant to prevent it. This measure assesses the percentage of members ages 18-64 years who received an influenza vaccination as of July 1 of the measurement year, based on responses to the Plan's CAHPS® member experience survey, which is sent to a random sample of members every year. Sanford Health Plan publishes yearly newsletter articles to remind members to get their flu shots and that flu shots are covered under their preventive health benefits.

FVA: Flu Shot or Spray for Adults Ages 18 to 64					
CAHPS® Member Experience Survey Measure	CAHPS® 2017	CAHPS® 2018	CAHPS® 2019	CAHPS® 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Flu Shot or Spray for Adults Ages 18 to 64	59.31%	59.66%	74.10%	77.09%	↑

¹Refer to footnote p. 7
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Medical Assistance with Smoking and Tobacco Use Cessation

According to the Centers for Disease Control and Prevention (CDC), tobacco use is the leading cause of preventable disease, disability and death in the United States. Yet millions of Americans continue to smoke. Studies show that people who are advised by their health care practitioner to quit smoking are more likely to quit.

The annual member experience survey, CAHPS® 5.0H (Consumer Assessment of Healthcare Providers and Systems), includes questions that allow the Plan to determine the percentage of members ages 18 years and older who were either current smokers or tobacco users or recent quitters. The survey asks those members if they were seen by a Plan practitioner during the measurement year and received advice to quit smoking or using tobacco, had discussion regarding cessation medications and had discussion regarding other cessation strategies.

MSC: Medical Assistance with Smoking and Tobacco Use Cessation					
CAHPS® Member Experience Survey Measure	CAHPS®2017	CAHPS®2018	CAHPS®2019	CAHPS®2020	Higher ↑ /Lower ↓ than 2020 Quality Compass National HMO Average ¹
Advising Smokers & Tobacco Users to Quit	76.79%	70.65%	NA ²	NA ²	NA
Discussing Cessation Medications	43.36%	51.61%	NA ²	NA ²	NA
Discussing Cessation Strategies	40.00%	46.15%	NA ²	NA ²	NA

¹Refer to footnote p. 7
²NA rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Tobacco Cessation Activities

Activities include educational pieces in the member newsletter. In addition, tobacco cessation is stressed in the Plan's quality improvement activity materials. Sanford Health Plan's Worksite Wellness Department has certified wellness educators who lead tobacco cessation classes upon request from employers. They also provide one on one counseling to members as needed.

Sanford Health Plan also has tobacco cessation benefits for specific plans. Please contact customer service for more information at (800) 752-5863. For NDPERS benefit information, call (800) 499-3416.

Additional cessation resources are available to members. The state quit lines and the U.S. Department of Health and Human Services offer guides and opportunities for counseling and medication therapy:

South Dakota QuitLine: (866) SD-QUITS or (866) 737-8487 / sdquitline.com

North Dakota Quits: (800) QUIT-NOW or (800) 784-8669 / ndhealth.gov/ndquits

Iowa Quitline: (800) QUIT-NOW or (800) 784-8669 / iowa.quitlogix.org

Minnesota QUITPLAN: (888) 354-PLAN or (888) 354-7526 / quitplan.com

Smokefree.gov: (877) 44U-QUIT or (877) 448-7848 / smokefree.gov

The specifications for the above CAHPS® measures are consistent with recommendations from the clinical practice guidelines adopted and recommended on a yearly basis by the Plan. Newsletter articles continue to be published concerning current clinical practice guidelines for the treatment of tobacco use and dependence. These guidelines are also available on the Plan's website at sanfordhealthplan.com.

Access and Availability of Care Domain







The Access and Availability of Care domain contains measures that assess Sanford Health Plan members' access to health care providers. Most of these measures include some form of continuous enrollment criteria. These criteria ensure only members enrolled in the Plan for enough time to receive services and education from the Plan are eligible for the measures' final population.

The Access and Availability measures include:

- Adults' Access to Preventive/Ambulatory Health Services
- Children and Adolescents' Access to Primary Care Practitioners
- Prenatal and Postpartum Care
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Adults' Access to Preventive/Ambulatory Health Services

This measure determines whether adults have had preventive or ambulatory visits with their physician. This measure also shows how many adults are not accessing the health care system and therefore are not receiving any preventive care or counseling on diet, exercise, smoking cessation, seat belt use and other risky behaviors. Specifically, this measure looks at the percentage of members ages 20 years and older who had an ambulatory or preventive care visit during that time.

AAP: Adult's Access to Preventive/Ambulatory Health Services					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  / Lower  than 2020 Quality Compass National HMO Average ¹
Ages 20 to 44	93.21%	93.01%	93.72% ²	93.89%	
Ages 45 to 64	95.58%	95.53%	96.26% ²	96.23%	
Ages 65+	99.04%	97.75%	97.66% ²	97.55%	
Total: 20+	94.65%	94.48%	95.16% ²	95.19%	

¹Refer to footnote p. 7
²Trending between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.

Adult Wellness Visit Guidelines

Preventive Health Guidelines, including yearly physical exam benefits, are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Plan's website at sanfordhealthplan.com.

Children and Adolescents' Access to Primary Care Practitioners

This measure assesses general access to care for children and adolescents and determines if they have had a visit with a primary care provider. Specifically, this measure looks at the percentage of enrollees ages 12 months through 24 months and 25 months through 6 years who had a visit with a primary care practitioner during the measurement year. Also measured is the percentage of enrollees ages seven years through 11 years, and 12 years through 19 years who had a visit with a primary care practitioner during the measurement year or the year prior to the measurement year.

CAP: Children's Access to Primary Care Practitioners					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑ / Lower ↓ than 2020 Quality Compass National HMO Average ¹
Ages 12 to 24 months	99.06%	98.83%	98.88%	98.83% ²	↑
Ages 25 months to 6 yrs	89.36%	88.85%	90.54%	91.16% ²	↓
Ages 7 to 11 yrs	88.73%	88.26%	90.24%	91.01% ²	↓
Ages 12 to 19 yrs	90.63%	91.03%	91.57%	92.02% ²	↑

¹Refer to footnote p. 7
²Trending between HEDIS 2020 and prior years should be considered with caution due to addition of telehealth.

Children and Adolescent Wellness Visit Guidelines

Preventive Health Guidelines, including yearly physical exam and well-baby visit benefits, are published in the member and provider newsletters yearly, are included in new member enrollment packets and are available on the Plan's website at sanfordhealthplan.com.

Prenatal and Postpartum Care

Early and regular prenatal care is essential in keeping mom and baby healthy. Mothers who do not receive regular prenatal care are more likely to have problems such as low birth weight and/or premature babies. Many health problems, if found early, can be prevented, treated or cured. Prenatal care visits provide the practitioner the opportunity to discuss proper nutrition, counseling, vitamin supplements, risk factors and health promotion.

Care for the mother after delivery is also important. To give providers the chance to offer advice and assistance, the American College of Obstetricians and Gynecologists recommends that women see their health care practitioner within three weeks of giving birth and schedule follow-up visits as necessary, including a comprehensive visit no later than 12 weeks postpartum.

This measure evaluates timely access to prenatal and postpartum care for Sanford Health Plan members.

1. Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the Plan.
2. Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

PPC: Prenatal and Postpartum Care					
				HEDIS 2020	Higher ↑ / Lower ↓ than 2020 Quality Compass National HMO Average ¹
Timeliness of Prenatal Care				97.81% ²	↑
Timeliness of Postpartum Care				95.62% ²	↑

¹Refer to footnote p. 7 ²Rate is not trendable prior to HEDIS 2020 due to significant changes to the measure specifications.

Maternity Care Benefits and the Healthy Pregnancy Program

Sanford Health Plan provides maternity care benefits from prenatal through postpartum care. The Plan also encourages pregnant mothers to join the Healthy Pregnancy Program during their first trimester of pregnancy.

The Healthy Pregnancy Program focuses on education and awareness. The main objective is to assist a member in identifying concerns early so she and her health care provider can take steps to prevent or minimize any problems and ensure a healthy pregnancy. The American College of Obstetricians and Gynecologists (ACOG) guidelines state that medical, obstetric and lifestyle factors can complicate a pregnancy. Through regular prenatal care, women can take action to increase their chance of having a healthy baby. The member's health care practitioner continues to be the primary caregiver who provides the member with medical services and advice. Plan members may enroll in the program by calling the Plan or enrolling online. Members will receive a program packet. Enrolled members receive educational information, applicable to pregnant women. A Care Management nurse calls members whose pregnancy is considered high risk.

If you are a Sanford Health Plan member who is pregnant and would like information on enrolling in this program, please call the Plan at (888) 315-0884 or visit sanfordhealthplan.com.







For providers, the program offers notification of patients participating in the program. Sanford Health Plan has adopted guidelines for prenatal care and practitioners are made aware of these guidelines yearly through the Provider Perspective newsletter. The guidelines are available on the Plan's website at sanfordhealthplan.com.

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

These rates measure the degree to which members initiate and continue alcohol and other drug (AOD) abuse or dependence treatment once the need is identified.

Initiation of AOD Treatment: The percentage of members with a new episode of alcohol or other drug abuse or dependence who initiated treatment through either an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.

Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional AOD services or MAT (as described above) or telephone visits within 34 days of the initiation visit.

IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment					
		HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  / Lower  than 2020 Quality Compass National HMO Average ¹
Initiation of AOD Treatment: Ages 13+					
Alcohol Abuse or Dependence		37.42% ²	36.24%	41.39%	
Opioid Abuse or Dependence		45.00% ²	33.33%	48.68%	
Other Drug Abuse or Dependence		40.38% ²	36.03%	37.98%	
Initiation of AOD Treatment Total		37.45% ²	35.54%	39.64%	

	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
Engagement of AOD Treatment: Ages 13+				
Alcohol Abuse or Dependence	19.02% ²	16.95%	17.21%	↑
Opioid Abuse or Dependence	16.25% ²	19.23%	28.95%	↑
Other Drug Abuse or Dependence	20.66% ²	19.87%	18.69%	↑
Engagement of AOD Treatment Total	18.31% ²	17.25%	17.54%	↑
¹ Refer to footnotes p. 7				
² Rate is not trendable prior to HEDIS 2018 due to a change in the numerator criteria.				

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

When a child or adolescent has a behavioral health diagnosis and is prescribed a medication for the condition, it is key to monitor their care plan and treatment. In collaboration with the child or adolescent’s doctor, scheduling lab work and yearly wellness exams ensures that baseline measurements are obtained and the child or adolescent’s condition is closely monitored. Additionally, parents/guardians may benefit from education and guidance in adjusting to the behavior that can come with a child’s mental health diagnosis. Behavioral health practitioners can offer counseling in a variety of settings: play therapy, individual, group, family therapy and school based counseling.

This measure looks at the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication during the measurement year and had documentation of psychosocial care as first-line treatment sometime between 90 days prior to the first fill of the medication and 30 days after.

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics					Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	
Ages 1 to 11				NA ²	
Ages 12 to 17	60%	56.76%	63.64%	67.35% ³	↑
Total: Ages 1 to 17	60%	48.98%	59.15%	61.64% ³	↑
¹ Refer to footnotes p. 7					
² NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.					
³ Trending between HEDIS 2020 and prior years should be considered with caution due to measure specification changes.					

Use of First-Line Psychosocial Care Activities
















Sanford Health Plan sent a letter to parents of children and adolescents on an antipsychotic medication that explains the importance of baseline measurements and follow-ups with their doctor. The mailing included a journal, lab test flow chart and questions to ask their doctor.

A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.

Experience of Care Domain

HEDIS/CAHPS® 5.0H Adult Member Experience Survey

This domain includes rates from the yearly member experience survey. It is conducted by an independent survey vendor and provides information on the experiences of Health Plan members and how well the Plan meets their expectations. There are four overall ratings of experience in addition to four more focused composite scores which summarize survey responses in key areas.

CAHPS® 5.0H Commercial Adult Member Experience Survey Measures					
	CAHPS®2017	CAHPS®2018	CAHPS®2019	CAHPS®2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
OVERALL RATINGS Percentage Responding: 9 or 10 (Scale from 0-10, where 0 is worst and 10 is best)					
Health Plan Overall	22.1%	26.9%	21.6%	29.3%	
Health Care Overall	45.5%	46.5%	46.0%	51.9%	
Personal Doctor Overall	66.5%	65.5%	69.5%	73.8%	
Specialist Overall	64.5%	69.1%	59.8%	60.3%	
OVERALL RATINGS Percentage Responding: 8, 9, 10 (Scale from 0-10, where 0 is worst and 10 is best)					
Health Plan Overall	50.9%	50.2%	48.0%	59.9%	
Health Care Overall	74.6%	77.1%	76.2%	78.3%	
Personal Doctor Overall	89.1%	82.8%	89.0%	89.1%	
Specialist Overall	85.1%	82.4%	78.0%	80.2%	
COMPOSITE RATINGS (Percentage Responding: "Not a Problem" or "Always or Usually")					
Getting Needed Care	86.48%	88.59%	87.02%	85.8%	
Getting Care Quickly	83.68%	85.08%	86.11%	85.6%	
Coordination of Care	80.2%	81.8%	86.3%	82.6%	
How Well Doctors Communicate	96.9%	97.2%	98.0%	96.6%	
Claims Processing	85.38%	91.50%	85.90%	84.9%	
Customer Service	NA ²	NA ²	NA ²	NA ²	NA

¹Refer to footnote p. 7

²The average number of responses was too low to report a rate
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Utilization and Risk Adjusted Utilization Domain

The Utilization and Risk Adjusted Utilization Domain measures provide information about how the organization manages and expends resources, and provide information about how efficiently and effectively the organization uses available health services and resources.

The domain measures included in this report are related to well-care visits:

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life
- Adolescent Well-Care Visits

Well-Child Visits in the First 15 Months of Life

Well-child visits, or well-baby checks, are recommended frequently in the first year of life when a child's development is most rapid. These visits include a complete physical examination and immunizations. The visits also feature counseling to parents regarding developmental milestones, safety, nutrition, sleep, infectious diseases and more. Frequent well-child visits can assist in early detection of growth and developmental problems.

The American Academy of Pediatrics recommends eight well-child visits in the first 15 months of life: the first three to five days after birth and then at one, two, four, six, nine, 12 and 15 months of age. The well-child visits for Sanford Health Plan members were reported as the percentage of 15 month old members receiving zero to six or more visits with a primary care provider.




W15: Well Child Visits in the First 15 Months of Life					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher ↑/Lower ↓ than 2020 Quality Compass National HMO Average ¹
0 Visits	1.15%	1.43%	1.78%	0.78%	
1 Visit	2.80%	1.54%	0.78%	0.85%	
2 Visits	1.48%	1.32%	1.35%	1.06%	
3 Visits	3.62%	1.87%	2.35%	0.99%	
4 Visits	11.04%	4.63%	4.06%	3.46%	
5 Visits	23.89%	16.65%	11.97%	11.28%	↑
6+ Visits	56.01%	72.55%	77.71%	81.59%	↑

¹Refer to footnote p. 7

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Well-child visits during the third through sixth years of life should include (but not be limited to) a complete physical examination and an evaluation of hearing and vision, an update of immunizations, discussion of nutrition, assessment of language development, assessment of developmental milestones and assessment of social and behavioral development.

The American Academy of Pediatrics recommends annual well-child visits for children ages three to six years of age. The rates below show the percentage of Plan member's ages three to six years who had a well-child visit with a primary care practitioner during the measurement year.

W34: Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Well Child Visits	59.54%	61.55%	69.17%	71.15%	
¹ Refer to footnote p. 7					




Well-Baby and Well-Child Visit Guidelines

Preventive Health Guidelines, including well-baby visit benefits and yearly well-child wellness exams, are published in the member and provider newsletters yearly, are included in new member enrollment packets and are available on the Plan's website at sanfordhealthplan.com.

Adolescent Well-Care Visits


Adolescents experience many physical and emotional changes in their transition from childhood to adulthood. Adolescents are at risk for sexually transmitted disease, substance abuse, pregnancy, behavioral problems, obesity, accidents, homicide and suicide. The American Medical Association's Guidelines for Adolescent Preventive Services, the federal government's Bright Futures program and the American Academy of Pediatrics guidelines all recommend yearly well-care visits for adolescents. Well-care visits provide the opportunity to address risk issues and to promote healthy behaviors.

The adolescent well-care visit rates for Sanford Health Plan were reported for members in the 12 to 21 year old age group having had at least one well-care visit with a primary care practitioner during the measurement year.

AWC: Adolescent Well Care Visits (Ages 12 to 21)					
	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	Higher  /Lower  than 2020 Quality Compass National HMO Average ¹
Well Care Visits	38.43%	38.35%	42.32%	44.14%	
¹ Refer to footnote p. 7					

Adolescent Health Activities

Sanford Health Plan encourages every adolescent to develop an open and trusting relationship with a physician. Yearly visits offer this opportunity and the opportunity to reinforce health promotion messages for both adolescents and their parents. These visits will also identify adolescents who may have health risk behaviors or who are in the early stages of a physical or emotional disorder.



In an effort to increase the number of adolescent well-care visits, Back-To-School Checkup Time notices are published in the member newsletter on a yearly basis.

The Plan encourages parents and adolescents to visit the website at sanfordhealthplan.com and access the KidsHealth link for valuable health information for parents, kids and teens. The parent information topics include general health, infections, emotions and behavior, growth and development, recipes, medical problems, question and answer section, positive parenting, first aid and safety, and doctors and hospitals. Kids and teens will also enjoy the information provided specifically for them on this site.

Over the past few years the Health Plan has communicated with practitioners regarding preventive visits for adolescents and fostering these relationships. Preventive Health Guidelines and immunization guidelines are communicated yearly through the Provider Perspective newsletters and the Health Plan encourages input from practitioners regarding the guidelines. The guidelines are available on the Plan's website at sanfordhealthplan.com.

Quality Programs and Activities

The following are the quality evaluation and reporting steps utilized by Sanford Health Plan:

- Problem identification through the ongoing monitoring of process, structure, and outcomes of patient care or clinical performance and the evaluation of the data collected to identify potential problems.
- Selection of problems warranting corrective action or focused studies based on the prevalence of the problem or the severity of the problem's impact on patient care and professional practices.
 - Topics for focused studies and quality improvement activities may be based on one of many factors:
 - Demographic characteristics, including age and sex of the member
 - Areas of high volume
 - Areas of high risk
 - Areas demonstrating over or under utilization
 - Areas that can be corrected or where prevention may have an impact
 - Areas where complaints or dissatisfaction have occurred
 - Once the topic is selected, the following sources may be used to identify eligible members for the program or activity:
 - Claims data (medical and pharmacy)
 - Health appraisal data, if applicable
 - Laboratory results, if applicable
 - Data collected through the Case Management, Corporate Wellness or Utilization Management process, if applicable
 - Information from electronic health records, if available
 - Member, practitioner (also includes health coaches or health guides) or Plan staff (i.e., Utilization Management, Complex Case Management, Worksite Wellness, my Sanford Nurse Line) referrals
- Documenting corrective action steps including measurable objectives for each action, time frames, and the persons responsible for implementing the corrective action.
- After action steps are implemented and time has passed for the steps to take effect, a re-evaluation of the problem area is completed.
- Information about the Quality Improvement Program and the results of quality improvement activities/surveys are published at year-end for practitioner, provider and member information by way of newsletters and special mailings.

Care Management Program

Sanford Health Plan has care management services available to our members to assist in controlling health care costs, impact quality of care and improving member experience. Our intent is to ensure the care and approach with our members is holistic and addresses all member needs. To meet this goal, our clinical team includes both medical and behavioral health case managers and social workers. The case managers serve as member advocates and facilitate communication and coordination of care between the member and practitioners. By involving all members of the health care team in the decision-making process, fragmentation of health care will be minimized.

Upon enrollment in the program, a comprehensive assessment of the member's condition and social determinants of health is completed to develop and implement a case management plan. This plan will include goals developed in conjunction with the member and includes a self-management plan. The case management plan will include education on health conditions, medications, lifestyle changes and available insurance benefits. The case managers will also refer to our social work team to address identified social needs as well as to assist in coordinating available community resources. If specific questions related to medications or wellness programs are identified, additional referrals are placed to a pharmacist or to our wellness team.

The Sanford Health Plan Care Management program includes case management programs to address the health needs of our members and to regain optimum health or improved functional capability. The first program, Care Transitions, focuses on members with a recent inpatient stay for a medical or behavioral health condition. The program works to ensure there is understanding of the discharge plan, follow-up appointments are made and the member has services in place to be successful at home. Specialty Case Management programs are offered and includes specific programs for End Stage Renal Disease, Behavioral Health, Oncology, Transplant, NICU or High Risk Pregnancy. In addition, the Complex Case Management program is available for members who have experienced a critical event or diagnosis that requires the extensive use of resources and need help navigating the health care system. For those members who have experienced a catastrophic event, which requires a high level of healthcare services, we offer a very high-risk program.

If you would like more information about any of the programs, and whether you or one of your patients meet the criteria to participate in the program, please contact our Care Management Team at (888) 315-0884 or shpcasemanagement@sanfordhealth.org.

Preventive Health Guidelines

Health promotion and disease prevention is the best opportunity to reduce the ever-increasing resources spent to treat preventable illnesses and impairments. The Health Plan strives to educate members on how to cut health care costs, prevent premature onset of disease and disability and achieve healthier, more productive lives.

Preventive Health Guidelines are age-specific and describe prevention or early detection interventions. They also recommend frequency and the conditions under which the interventions are required. Appropriate practitioners are involved in the development of preventive health guidelines (i.e., practitioners who are from specialties that would use the guidelines). Practitioners adapt the guidelines from a variety of sources including the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention, and Bright Futures.

Members of Sanford Health Plan are encouraged to use preventive health services, health education and health promotion. The Plan publicizes preventive health services and other articles on prevention in special mailings or in the member newsletter.

Current Preventive Health Guidelines are available at sanfordhealthplan.com for both members and providers. A paper copy is available by calling the Sanford Health Plan at (605) 328-6800 or (800) 752-5863.



Sanford Health Plan Quality Improvement Committees

Physician Quality Committee

The Physician Quality Committee consists of physician members from various specialties of care. This Committee is charged with supporting the Plan's Board of Directors and Senior Medical Director or designee in meeting quality improvement goals on issues of care. The committee's responsibilities include, but are not limited to:

- Developing and continually evaluating the review criteria used in the evaluation of appropriate utilization
- Development and implementation of medical policies and procedures
- Evaluation of quality programs and activities

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee consists of practicing physicians and pharmacists. This Committee is charged with supporting the Plan's Board of Directors and Senior Medical Director designee in meeting quality improvement goals on pharmaceutical coverage. The committee's responsibilities include, but are not limited to:

- Oversee, review and approve the Plan's pharmaceutical management procedures and formulary decisions
- Provide prescription education to physicians and pharmacists

Health Plan Quality Improvement Committee

The Health Plan Quality Improvement Committee is made up of Plan directors, managers and staff and is charged with supporting the Plan's Board of Directors and Senior Medical Director or designee in meeting quality assurance goals on issues of service.

The purpose of the QI Committee is to provide comprehensive review of all health care issues affecting patients and facilitating the peer review process. The Committee is also responsible for quality activities by establishing, reviewing, and instituting needed actions and ensuring follow-up as appropriate. The committee will make recommendations regarding changes to Plan policies and procedures to improve quality based on member and provider experience surveys, evaluation of complaint and appeal data and quality improvement activities or processes. This Committee also ensures that appropriate practices are in place for the protection of member information.

Credentialing Committee

The Credentialing Committee is responsible for reviewing all issues regarding participating practitioners and will give thoughtful consideration to the credentialing elements before making recommendations about a practitioner's ability to deliver care. The Committee reviews new credentialing files and re-credentialing files of participating practitioners at least every three years. If the Plan becomes aware of any serious quality deficiencies where the welfare of a Plan member may be affected, it is the responsibility of the Credentialing Committee to determine if the status of that provider needs to be altered. The determinations of the Committee regarding participation status of all providers, as well as any alterations to a practitioner's status, are reviewed and approved the Sanford Health Plan Board of Directors. The monthly Credentialing Committee consists of physician members of various specialty backgrounds.

Member and Practitioner Communications

Sanford Health Plan uses the following tools for timely and accurate communications with members and practitioners alike.

Member Newsletter

This newsletter is published for Sanford Health Plan members three times a year. It provides information on preventive health and quality improvement activities. It also answers commonly asked questions and contains various educational articles, member experience survey results, changes to Plan policies and procedures, ways to access the provider directory, pharmacy benefit information and much more. Members are also directed to use the Plan's website, but ensured that if they do not have internet access, all information is available by calling the Plan.

Provider Newsletters

Sanford Health Plan uses multiple methods to keep our participating providers up-to-date which include a focused website, provider manual, portal and two newsletters. The Fast Facts electronic newsletter contains quick articles that often relate to communications around billing and claims information, upcoming audits, regulation & policy updates etc. The Provider Perspective is also an electronic newsletter with focus on preventive health, quality improvement activities and clinical practice guidelines, satisfaction survey results and much more. Our material is available online, but we ensure that if Providers do not have internet access, all information is available by calling the Plan.

Sanford Health Plan Website

To further improve communication, the Plan has a website which includes information for members, providers, employers and visitors. Whenever members are directed to the website, they are also reminded that if they do not have internet access, they can call the Plan to request the same information.

The website also includes a link to the Plan's online member portal, *mySanfordHealthPlan*. *mySanfordHealthPlan* allows members access to their medical and pharmacy claims and benefit information, check the status of claim payments, access their flexible spending account, ask questions, order ID cards, submit health related questions, access educational information on a variety of health conditions and much more.

The online wellness portal, another feature of *mySanfordHealthPlan*, is a secure, interactive health and well-being website that provides members the tools and information they need to better manage their health and to help make informed health care decisions.

Available 24/7 from any computer with internet access or through the mobile app, the wellness portal gives members the opportunity to privately evaluate and manage their health by:

- Learning about personal health risks by completing the Health Assessment
- Improving health habits by making small changes through participating in various programs covering all areas of health and well-being
- Keeping track of important preventive exams and screenings essential to staying well
- Tracking healthy behaviors such as exercise or fruits and vegetable consumption through rotating challenges

Visit sanfordhealthplan.com/memberlogin to create an account and explore what a great resource *mySanfordHealthPlan* and the online wellness portal can be!



Conclusion

This report is provided to show Sanford Health Plan's commitment to the clients, agents, providers and members it serves. The Health Plan is dedicated to providing cost effective, quality care and service. Sanford Health Plan uses the data included in this report internally to identify opportunities for improvement and areas in need of quality improvement initiatives.

Due to the changing nature of many of the HEDIS measures, employer groups and practitioners are advised to use HEDIS measures with care as a basis to initiate discussions with the Plan regarding our delivery system and quality of care and service being provided to members.

The measures presented in this report have been audited by a certified HEDIS compliance auditor. Any questions regarding definitions of measures, data sources, information system specifications or quality projects should be directed to the Sanford Health Plan Care Management Department at (888) 315-0884.

Contact Us

For benefit information, contact Customer Service at (800) 752-5862, Monday through Friday, 8 a.m. to 5 p.m. CST. For NDPERS benefit information, call (800) 499-3416, Monday through Friday, 8 a.m. to 5:30 p.m. TTY/TDD: (877) 652-1844. For help in a language other than English, call (800) 892-0675.

Sources

¹Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

