

## Quality Measure Performance and Targets for the AMH Measure Set

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## Introduction

To ensure delivery of high-quality care under the managed care delivery system, the Department has developed the North Carolina (NC) Medicaid Managed Care Quality Strategy and identified a set of quality metrics that it will use to assess Health Plans' performance across their populations. The Department has identified a subset of these measures for Health Plans to use to monitor Advanced Medical Home (AMH) performance and calculate AMH performance incentive payments, known as the AMH Measure Set. Measures were selected for their relevance to primary care and care coordination.

All quality measures that each Health Plan incorporates into its contracts with AMH practices (all Tiers) must be taken from the AMH Measure Set. While Health Plans are not required to use all of the AMH measures, any quality measure they choose must be drawn from this set. Health Plans are required to offer opportunities for performance incentive payments to Tier 3 AMHs, whereas offering incentives to Tier 1 and Tier 2 AMHs is optional. Incentive programs for non-AMH providers are not limited to this measure set. If Health Plans and AMHs choose to use measures for which clinical data are required (e.g., Glycemic Status Assessment for Patients With Diabetes) the Department encourages Health Plans to use consistent reporting approaches that will minimize burden on AMH practices.

**This document provides baseline data and statewide targets for NC Medicaid and for Standard Plans specifically. NC Medicaid-wide performance and targets were calculated for *all* NC Medicaid beneficiaries, regardless of service type. Standard Plan performance and targets were reported by the Standard Plans for their enrolled beneficiaries (i.e., a subset of the larger NC Medicaid population). NC Medicaid does NOT set targets for AMHs; these baseline data and targets are shared as a reference for AMHs. An AMH practice (National Provider Identifier (NPI) + location code) will have its own rate that may be above or below the baseline statewide rate and/or the Standard Plan rate. AMHs should negotiate target performance rates directly with Health Plans.**

Measurement for all Department-required quality incentive programs, including AMH programs, will be aligned with calendar years. The first quality performance period for AMHs began in January 2022. The Division of Health Benefits used 2019 statewide rates as the baseline for year 1 (CY 2022). 2020 data were not used as a baseline due to the COVID-19 pandemic. Quality measures are typically specified for measurement based on a calendar year, while the contract year for Health Plans begins July 1. Each contract year, Health Plans will submit quality performance data collected during the calendar year that began immediately before the contract year, e.g., early in contract year four (July 2024), Health Plans will submit quality performance data covering calendar year 2023.

For more information, see North Carolina's Medicaid Quality Measurement Technical Specifications Manual, available here: <https://medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-technical-specifications-manual/download?attachment>.

## Methodology

The subsequent tables provide performance and targets for three distinct populations:

1. Overall NC Medicaid (Table 1 and Table 8) - this includes *all* NC Medicaid beneficiaries enrolled during the measurement year that meet the inclusion criteria for the respective measure, limited benefits members are excluded from this population (MCS018, 20, 21, 23, 24, and 43).
2. Standard Plan Aggregate (Table 2 and Table 9) - this includes beneficiaries enrolled in a Standard Plan during the measurement year that meet continuous enrollment criteria with a plan based on each measure's specifications.
3. Individual Plan Performance (Tables 3-7 and Tables 10-14) - this includes beneficiaries enrolled in the specified Standard Plan during the measurement year that meet continuous enrollment criteria with that individual plan based on each measure's specifications.

2019 and 2021 data was department-calculated based on administrative claims and encounters, with supplemental data as acceptable from NC HealthConnex and the North Carolina Immunization Registry (NCIR). Standard Plans only existed for half of measurement year 2021 and, therefore, cannot be held totally accountable for 2021 performance. However, 2022 and 2023 Standard Plan data was plan-reported via operational reporting to the Department and validated by the Department's External Quality Review Organization (EQRO). This information was used to inform the 2022 and 2023 Standard Plan aggregates and 2022 and 2023 plan-specific performance and targets.

The Department has emphasized inclusion of plan-reported measures that can be reported using only administrative data. However, the hybrid reporting approach was accepted for measures when appropriate as indicated in the measure's specifications. The hybrid reporting method involves the use of both administrative data (such as claims/encounter data) and medical record review of a random sample of the population. A designation of *NR* appears in the plan-specific tables for measures where a hybrid rate was not reported, as it was not required for MY2022 and MY2023.

Each table should be read independently, as corresponding footnotes only apply to the associated table above. An asterisk (\*) symbol indicates that data is not yet available for the measure. A (†) symbol indicates that clinical data needed to accurately report the measure is not yet available.

8 out of 13 AMH measures will include members of the Expansion population in 2024 performance rates. The remaining measures are limited to previously-eligible/enrolled populations (i.e., children and pregnant enrollees).

### Targeting Methodology

The Department has developed a performance benchmarking approach for use in quality measurement. Performance benchmarks are used to drive plan and Department conversations around quality and performance. The overall target for each measure where reference-year line-of-business performance is available will be:  $(\text{Prior Year Line-of-Business Performance \%} * 1.05)$  for measures where a higher rate indicates better performance and  $(\text{Prior Year Line-of-Business Performance \%} * 0.95)$  for measures where a lower rate indicates better performance. This targeting methodology represents a 5% relative improvement in performance. Prior year performance refers to the most recent year of measure results that allow for 90-days of claims runout and 90-days for measure production/reporting. For example, measurement year 2022 data is used to set 2024 targets. **If performance has worsened during the prior year, the previous benchmark will be carried forward rather than adopting a new, less rigorous, standard.**

### Race and Ethnicity Comparison Methodology

The Department will identify selected measures with significant disparities, defined as greater than 10% relative difference in performance between the priority population and the reference group. Priority population targets will be set at a 10% relative improvement in performance for this group. The Department is not identifying disparities or setting disparities targets in instances where the priority is performing better than the reference group.

For measures where a higher rate indicates better performance, a disparity exists when:  $((\text{Reference Group Performance \%} - \text{Priority Population Performance \%}) / \text{Reference Group Performance \%})$  is greater than 10%. When a disparity is identified, the associated target for the priority population is:  $(\text{Priority Population's Performance \%} * 1.10)$ .

For measures where a lower rate indicates better performance, a disparity exists when:  $((\text{Priority Population Performance \%} - \text{Reference Group \%}) / \text{Reference Group Performance \%})$  is greater than 10%. When a disparity is identified, the associated target for the priority population is:  $(\text{Priority Population's Performance \%} * 0.9)$ .

Utilizing a single set of race strata that includes a multiracial field has historically led to underrepresentation of race groups with high rates of members that identify with multiple races, such as American Indian/Alaska Native. As such, the Department relies on additional binary race and ethnicity strata sets for three priority populations:

1. Black or African American
2. American Indian/Alaskan Native
3. Hispanic/Latino

The Department has determined that there are significant disparities for these populations and is committed to working towards meeting disparity targets.

**Table 1. Overall NC Medicaid Performance (2019-2023) and Targets (2022-2025) <sup>9</sup>**

CBE#	Measure Name	2019 Rate	2021 Rate	2022 Rate	2023 Rate	2023 Target	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>	43.82%	40.72%	38.47%	42.67%	46.01%	46.01%	44.80%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>	35.02%	34.30%	28.65%	24.54%	36.77%	36.77%	36.77%
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>1</sup></b>	N/A	47.80%	48.49%	51.51%	50.19%	50.19%	54.09%
0033	<b>Chlamydia Screening (CHL) <sup>2</sup></b>							
	Ages 16 to 20	54.93%	52.96%	53.04%	56.08%	57.67%	57.67%	58.88%
	Ages 21 to 24	63.89%	62.15%	61.16%	63.92%	67.08%	67.08%	67.12%
	Total (All Ages)	58.22%	56.79%	56.61%	59.50%	61.13%	61.13%	62.48%
0018	<b>Controlling High Blood Pressure (CBP)<sup>3</sup></b>	†	24.62%	40.92%	50.41%	25.85%	42.97%	52.93%
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>4</sup></b>							
	HbA1c Control (<8.0%)	†	†	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A	N/A
	HbA1c Poor Control (>9.0%)	†	†	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>	31.55%	30.29%	29.63%	29.73%	33.13%	33.13%	31.22%
1768	<b>Plan All-Cause Readmissions (PCR)<sup>5</sup></b>	0.93	0.93	0.77	0.77	0.88	0.73	0.73
1517	<b>Prenatal and Postpartum Care (PPC)<sup>6</sup></b>							
	Timeliness of Prenatal Care	35.53%	39.50%	41.86%	43.92%	N/A	43.95%	46.12%
	Postpartum Care	68.77%	53.73%	60.79%	60.71%	N/A	63.83%	68.83%
0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>							
	Ages 12 to 17	†	†	†	†	N/A	N/A	N/A
	Ages 18+	†	†	†	†	N/A	N/A	N/A
	Total (All Ages)	†	†	†	†	N/A	N/A	N/A
N/A	<b>Total Cost of Care<sup>7</sup></b>	*	*	*	*	N/A	N/A	N/A

1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>8</sup></b>							
	First 15 Months	65.71%	62.06%	61.56%	63.54%	68.99%	68.99%	66.72%
	15-30 Months	N/A	66.44%	66.75%	68.98%	69.76%	69.76%	72.43%

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries.

<sup>4</sup> This measure resulted from the separation of indicators that replaced the former *Comprehensive Diabetes Care (CDC)* measure in HEDIS MY2022. In MY2024, this measure will change to *Glycemic Status Assessment for Patients with Diabetes (GSD)*. This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, overall NC Medicaid performance using the administrative methodology for HbA1c Control (<8.0%) was 8.27% and for HbA1c Poor Control (>9.0%) was 90.82% - for the latter indicator, a lower rate indicates better performance. For 2023, overall NC Medicaid performance using the administrative methodology for HbA1c Control (<8.0%) was 8.48% and for HbA1c Poor Control (>9.0%) was 90.28% - for the latter indicator, a lower rate indicates better performance.

<sup>5</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>6</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>7</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' Total Cost of Care measure.

<sup>8</sup> Measure changed from W15 to W30 in HEDIS MY2020.

<sup>9</sup> MY2023 results excluded limited benefits members (MCS018,20,21,23,24,43)

\* Symbol is used when data are not yet available for the measure.

† Symbol is used when clinical data needed to produce measure are not available.

**Table 2. Aggregate Standard Plan Performance (2021-2023) and Targets (2023-2025)<sup>1</sup>**

CBE#	Measure Name	2021 Rate	2022 Rate	2023 Rate	2023 Target	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>	52.42%	49.03%	53.66%	55.04%	55.04%	56.34%
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>2</sup></b>	48.46%	50.77%	53.94%	50.88%	53.31%	56.64%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>	34.15%	26.44%	25.11%	35.85%	35.85%	35.85%
0033	<b>Chlamydia Screening (CHL)<sup>3</sup></b>						
	Ages 16 to 20	52.90%	54.05%	58.16%	55.55%	55.55%	61.07%
	Ages 21 to 24	65.73%	64.38%	66.88%	69.02%	69.02%	70.22%
	Total (All Ages)	57.73%	58.24%	61.52%	60.62%	61.15%	64.60%
0018	<b>Controlling High Blood Pressure (CBP)<sup>4</sup></b>	24.51%	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A	N/A
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>5</sup></b>						
	HbA1c Control (<8.0%)	†	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A	N/A
	HbA1c Poor Control (>9.0%)	†	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>	29.94%	29.34%	29.94%	31.44%	31.44%	31.44%
1768	<b>Plan All-Cause Readmission (PCR)<sup>6</sup></b>	N/A	0.81	0.79	N/A	0.77	0.75
1517	<b>Prenatal and Postpartum Care (PPC)<sup>7</sup></b>						
	Timeliness of Prenatal Care	39.21%	51.82%	53.07%	41.17%	54.41%	55.72%
	Postpartum Care	53.84%	64.59%	66.25%	56.53%	67.82%	69.56%
0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>						
	Ages 12 to 17	†	†	†	N/A	N/A	N/A
	Ages 18+	†	†	†	N/A	N/A	N/A
	Total (All Ages)	†	†	†	N/A	N/A	N/A

N/A	Total Cost of Care (TCOC) <sup>8</sup>	*	*	*	N/A	N/A	N/A
1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>9</sup></b>						
	First 15 Months	62.23%	63.02%	66.44%	65.34%	66.17%	69.76%
	15-30 Months	66.10%	69.05%	70.76%	69.41%	72.50%	74.30%

<sup>1</sup> 2021 data was department-calculated based on administrative claims and encounters, with the option of using supplemental data from NC HealthConnex and the North Carolina Immunization Registry (NCIR). Standard Plans only existed for half of measurement year 2021 and, therefore, cannot be held fully accountable for MY2021 performance. MY2022 and MY2023 data was plan-reported via operational reporting to the Department. The Standard Plan aggregates in this table represent the sum of all Standard Plan reported data.

<sup>2</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>3</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>4</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2021, the Standard Plan aggregate for Controlling High Blood Pressure (CBP) using the administrative methodology was 24.51%. For 2022, the Standard Plan aggregate for *Controlling High Blood Pressure (CBP)* using the administrative methodology was 22.06%. For 2023, the Standard Plan aggregate for Controlling High Blood Pressure (CBP) using the administrative methodology was 33.78%.

<sup>5</sup> This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, the Standard Plan aggregate using the administrative methodology for HbA1c Control (<8.0%) was 21.08% and for HbA1c Poor Control (>9.0%) was 76.57% - for the latter indicator, a lower rate indicates better performance. For 2023, the Standard Plan aggregate using the administrative methodology for HbA1c Control (<8.0%) was 30.44% and for HbA1c Poor Control (>9.0%) was 65.23% - for the latter indicator, a lower rate indicates better performance.

<sup>6</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>7</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>8</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' Total Cost of Care measure.

<sup>9</sup> Measure changed from W15 to W30 in HEDIS MY2020.

† Symbol is used when clinical data needed to produce measure is not available.

\* Symbol is used when data is not yet available for the measure.

**Table 3. Amerihealth 2022-2023 Performance and 2024-2025 Targets<sup>1</sup>**

CBE#	Measure Name	2022 Rate	2023 Rate	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>				
	Administrative Methodology	45.88%	54.14%	48.17%	56.85%
	Hybrid Methodology	55.23%	57.99%	N/A	N/A
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>2</sup></b>	50.15%	53.61%	52.66%	56.29%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>				
	Administrative Methodology	23.90%	23.45%	25.10%	25.10%
	Hybrid Methodology	NR	NR	N/A	N/A
0033	<b>Chlamydia Screening (CHL)<sup>3</sup></b>				
	Ages 16 to 20	54.31%	58.97%	57.03%	61.92%
	Ages 21 to 24	65.03%	67.81%	68.28%	71.20%
	Total (All Ages)	58.34%	61.46%	61.26%	64.53%
0018	<b>Controlling High Blood Pressure (CBP)<sup>4</sup></b>				
	Administrative Methodology	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A
	Hybrid Methodology	48.42%	59.85%	N/A	N/A
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>5</sup></b>				
	HbA1c Control (<8.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Poor Control (>9.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Control (<8.0%) - Hybrid Methodology	33.82%	45.26%	N/A	N/A
	HbA1c Poor Control (>9.0%) - Hybrid Methodology	58.88%	47.69%	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>				
	Administrative Methodology	27.27%	28.13%	28.63%	29.54%
	Hybrid Methodology	30.66%	NR	N/A	
1768	<b>Plan All-Cause Readmissions (PCR)<sup>6</sup></b>	0.85	0.80	0.81	0.76
1517	<b>Prenatal and Postpartum Care (PPC)<sup>7</sup></b>				
	Timeliness of Prenatal Care - Administrative Methodology	55.66%	58.21%	58.44%	61.12%
	Postpartum Care - Administrative Methodology	64.97%	67.37%	68.22%	70.74%
	Timeliness of Prenatal Care - Hybrid Methodology	69.10%	72.75%	N/A	N/A
	Postpartum Care - Hybrid Methodology	74.70%	74.70%	N/A	N/A

0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>				
	Ages 12 to 17	†	†	N/A	N/A
	Ages 18+	†	†	N/A	N/A
	Total (All Ages)	†	†	N/A	N/A
N/A	<b>Total Cost of Care (TCOC)<sup>8</sup></b>	*	*	N/A	N/A
1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>9</sup></b>				
	First 15 Months	62.01%	66.32%	65.11%	69.64%
	15-30 Months	66.76%	70.30%	70.10%	73.82%

NR indicates that the rate using the hybrid methodology was not reported. Hybrid reporting was not required for MY2022 or MY2023.

<sup>1</sup> Though preliminary data was shared with Standard Plans in 2021, this was based solely on department-calculated data. 2022 and 2023 data was plan-reported via operational reporting to the Department. As such, 2024 targets were reset based on Standard Plan's 2022 performance. In future years the typical targeting methodology will apply, carrying forth the previous benchmark if performance has worsened during the prior year, rather than adopting a new, less rigorous, standard.

<sup>2</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>3</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>4</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, Amerihealth's performance for *Controlling High Blood Pressure (CBP)* using the administrative methodology was 18.34%. For 2023, Amerihealth's performance for Controlling High Blood Pressure (CBP) using the administrative methodology was 38.77%.

<sup>5</sup> This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, Amerihealth's performance using the administrative methodology for HbA1c Control (<8.0%) was 23.66% and for HbA1c Poor Control (>9.0%) was 72.93% - for the latter indicator, a lower rate indicates better performance. For 2023, Amerihealth's performance using the administrative methodology for HbA1c Control (<8.0%) was 31.53% and for HbA1c Poor Control (>9.0%) was 63.91% - for the latter indicator, a lower rate indicates better performance.

<sup>6</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>7</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>8</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' *Total Cost of Care* measure.

<sup>9</sup> Measure changed from W15 to W30 in HEDIS MY2020.

† Symbol is used when clinical data needed to produce measure is not available.

\* Symbol is used when data is not yet available for the measure.

**Table 4. Carolina Complete Health 2022-2023 Performance and 2024-2025 Targets<sup>1</sup>**

NQF#	Measure Name	2022 Rate	2023 Rate	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>				
	Administrative Methodology	50.93%	54.14%	53.48%	56.85%
	Hybrid Methodology	55.23%	60.10%	N/A	N/A
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>2</sup></b>	50.33%	54.03%	52.85%	56.73%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>				
	Administrative Methodology	27.06%	25.04%	28.41%	28.41%
	Hybrid Methodology	28.47%	23.84%	N/A	N/A
0033	<b>Chlamydia Screening (CHL)<sup>3</sup></b>				
	Ages 16 to 20	58.02%	62.54%	60.92%	65.67%
	Ages 21 to 24	65.33%	68.89%	68.60%	72.33%
	Total (All Ages)	61.07%	64.39%	64.12%	67.61%
0018	<b>Controlling High Blood Pressure (CBP)<sup>4</sup></b>				
	Administrative Methodology	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A
	Hybrid Methodology	41.85%	57.42%	N/A	N/A
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>5</sup></b>				
	HbA1c Control (<8.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Poor Control (>9.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Control (<8.0%) - Hybrid Methodology	36.01%	47.69%	N/A	N/A
	HbA1c Poor Control (>9.0%) - Hybrid Methodology	57.42%	43.80%	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>				
	Administrative Methodology	31.60%	32.28%	33.18%	33.89%
	Hybrid Methodology	32.85%	29.44%	N/A	N/A
1768	<b>Plan All-Cause Readmissions (PCR)<sup>6</sup></b>	0.83	0.79	0.79	0.75
1517	<b>Prenatal and Postpartum Care (PPC)<sup>7</sup></b>				
	Timeliness of Prenatal Care - Administrative Methodology	51.88%	55.13%	54.47%	57.89%
	Postpartum Care - Administrative Methodology	63.33%	65.58%	66.50%	68.86%
	Timeliness of Prenatal Care - Hybrid Methodology	61.80%	66.67%	N/A	N/A
	Postpartum Care - Hybrid Methodology	69.59%	75.67%	N/A	N/A

0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>				
	Ages 12 to 17	†	†	N/A	N/A
	Ages 18+	†	†	N/A	N/A
	Total (All Ages)	†	†	N/A	N/A
N/A	<b>Total Cost of Care (TCOC)<sup>8</sup></b>	*	*	N/A	N/A
1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>9</sup></b>				
	First 15 Months	64.62%	67.11%	67.85%	70.47%
	15-30 Months	68.64%	69.92%	72.07%	73.42%

NR indicates that the rate using the hybrid methodology was not reported. Hybrid reporting was not required for MY2022 or MY2023.

<sup>1</sup> Though preliminary data was shared with Standard Plans in 2021, this was based solely on department-calculated data. 2022 and 2023 data was plan-reported via operational reporting to the Department. As such, 2024 targets were reset based on Standard Plan's 2022 performance. In future years the typical targeting methodology will apply, carrying forth the previous benchmark if performance has worsened during the prior year, rather than adopting a new, less rigorous, standard.

<sup>2</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>3</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>4</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, Carolina Complete Health's performance for *Controlling High Blood Pressure (CBP)* using the administrative methodology was 23.39%. For 2023, Carolina Complete's performance for Controlling High Blood Pressure (CBP) using the administrative methodology was 28.75%.

<sup>5</sup> This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, Carolina Complete Health's performance using the administrative methodology for HbA1c Control (<8.0%) was 23.13% and for HbA1c Poor Control (>9.0%) was 72.65% - for the latter indicator, a lower rate indicates better performance. For 2023, Carolina Complete Health's performance using the administrative methodology for HbA1c Control (<8.0%) was 25.89% and for HbA1c Poor Control (>9.0%) was 70.23% - for the latter indicator, a lower rate indicates better performance.

<sup>6</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>7</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>8</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' *Total Cost of Care* measure.

<sup>9</sup> Measure changed from W15 to W30 in HEDIS MY2020.

† Symbol is used when clinical data needed to produce measure is not available.

\* Symbol is used when data is not yet available for the measure.

**Table 5. Healthy Blue 2022-2023 Performance and 2024-2025 Targets<sup>1</sup>**

NQF#	Measure Name	2022 Rate	2023 Rate	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>				
	Administrative Methodology	50.04%	52.50%	52.54%	55.13%
	Hybrid Methodology	NR	59.85%	N/A	N/A
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>2</sup></b>	53.69%	55.43%	56.37%	58.20%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>				
	Administrative Methodology	26.48%	25.30%	27.80%	27.80%
	Hybrid Methodology	NR	22.87%	N/A	N/A
0033	<b>Chlamydia Screening (CHL)<sup>3</sup></b>				
	Ages 16 to 20	51.86%	57.53%	54.45%	60.41%
	Ages 21 to 24	63.50%	66.48%	66.68%	69.80%
	Total (All Ages)	56.56%	60.21%	59.39%	63.22%
0018	<b>Controlling High Blood Pressure (CBP)<sup>4</sup></b>				
	Administrative Methodology	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A
	Hybrid Methodology	NR	59.12%	N/A	N/A
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>5</sup></b>				
	HbA1c Control (<8.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Poor Control (>9.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Control (<8.0%) - Hybrid Methodology	NR	52.55%	N/A	N/A
	HbA1c Poor Control (>9.0%) - Hybrid Methodology	NR	37.47%	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>				
	Administrative Methodology	30.91%	30.13%	32.46%	32.46%
	Hybrid Methodology	NR	29.93%	N/A	N/A
1768	<b>Plan All-Cause Readmissions (PCR)<sup>6</sup></b>	0.73	0.74	0.69	0.69
1517	<b>Prenatal and Postpartum Care (PPC)<sup>7</sup></b>				
	Timeliness of Prenatal Care - Administrative Methodology	51.64%	53.43%	54.22%	56.10%
	Postpartum Care - Administrative Methodology	64.44%	64.80%	67.66%	68.04%
	Timeliness of Prenatal Care - Hybrid Methodology	75.27%	77.86%	N/A	N/A
	Postpartum Care - Hybrid Methodology	81.00%	78.10%	N/A	N/A

0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>				
	Ages 12 to 17	†	†	N/A	N/A
	Ages 18+	†	†	N/A	N/A
	Total (All Ages)	†	†	N/A	N/A
N/A	<b>Total Cost of Care (TCOC)<sup>8</sup></b>	*	*	N/A	N/A
1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>9</sup></b>				
	First 15 Months	65.34%	67.68%	68.61%	71.06%
	15-30 Months	71.21%	72.45%	74.77%	76.07%

NR indicates that the rate using the hybrid methodology was not reported. Hybrid reporting was not required for MY2022 or MY2023.

<sup>1</sup> Though preliminary data was shared with Standard Plans in 2021, this was based solely on department-calculated data. 2022 and 2023 data was plan-reported via operational reporting to the Department. As such, 2024 targets were reset based on Standard Plan's 2022 performance. In future years the typical targeting methodology will apply, carrying forth the previous benchmark if performance has worsened during the prior year, rather than adopting a new, less rigorous, standard.

<sup>2</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>3</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>4</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, Healthy Blue's performance for *Controlling High Blood Pressure (CBP)* using the administrative methodology was 22.02%. For 2023, Healthy Blue's performance for Controlling High Blood Pressure (CBP) using the administrative methodology was 32.80%.

<sup>5</sup> This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, Healthy Blue's performance using the administrative methodology for HbA1c Control (<8.0%) was 15.80% and for HbA1c Poor Control (>9.0%) was 82.41% - for the latter indicator, a lower rate indicates better performance. For 2023, Healthy Blue's performance using the administrative methodology for HbA1c Control (<8.0%) was 29.85% and for HbA1c Poor Control (>9.0%) was 65.96% - for the latter indicator, a lower rate indicates better performance.

<sup>6</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>7</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>8</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' *Total Cost of Care* measure.

<sup>9</sup> Measure changed from W15 to W30 in HEDIS MY2020.

† Symbol is used when clinical data needed to produce measure is not available.

\* Symbol is used when data is not yet available for the measure.

**Table 6. United Healthcare 2022-2023 Performance and 2024-2025 Targets<sup>1</sup>**

NQF#	Measure Name	2022 Rate	2023 Rate	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>				
	Administrative Methodology	45.73%	53.22%	48.02%	55.88%
	Hybrid Methodology	54.99%	62.53%	N/A	N/A
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>2</sup></b>	46.70%	52.15%	49.04%	54.76%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>				
	Administrative Methodology	25.77%	24.67%	27.06%	27.06%
	Hybrid Methodology	26.03%	27.01%	N/A	N/A
0033	<b>Chlamydia Screening (CHL)<sup>3</sup></b>				
	Ages 16 to 20	53.26%	57.02%	55.92%	59.87%
	Ages 21 to 24	63.66%	68.66%	66.84%	72.09%
	Total (All Ages)	57.65%	60.50%	60.53%	63.53%
0018	<b>Controlling High Blood Pressure (CBP)<sup>4</sup></b>				
	Administrative Methodology	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A
	Hybrid Methodology	62.04%	59.61%	N/A	N/A
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>5</sup></b>				
	HbA1c Control (<8.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Poor Control (>9.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Control (<8.0%) - Hybrid Methodology	51.34%	54.50%	N/A	N/A
	HbA1c Poor Control (>9.0%) - Hybrid Methodology	40.88%	35.77%	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>				
	Administrative Methodology	26.36%	28.01%	27.68%	29.41%
	Hybrid Methodology	29.93%	NR	N/A	N/A
1768	<b>Plan All-Cause Readmissions (PCR)<sup>6</sup></b>	0.87	0.82	0.83	0.78
1517	<b>Prenatal and Postpartum Care (PPC)<sup>7</sup></b>				
	Timeliness of Prenatal Care - Administrative Methodology	48.42%	49.82%	50.84%	52.31%
	Postpartum Care - Administrative Methodology	62.63%	66.13%	65.76%	69.44%
	Timeliness of Prenatal Care - Hybrid Methodology	77.86%	72.51%	N/A	N/A
	Postpartum Care - Hybrid Methodology	78.83%	75.91%	N/A	N/A

0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>				
	Ages 12 to 17	†	†	N/A	N/A
	Ages 18+	†	†	N/A	N/A
	Total (All Ages)	†	†	N/A	N/A
N/A	<b>Total Cost of Care (TCOC)<sup>8</sup></b>	*	*	N/A	N/A
1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>9</sup></b>				
	First 15 Months	58.37%	63.91%	61.29%	67.11%
	15-30 Months	66.34%	68.42%	69.66%	71.84%

NR indicates that the rate using the hybrid methodology was not reported. Hybrid reporting was not required for MY2022 or MY2023.

<sup>1</sup> Though preliminary data was shared with Standard Plans in 2021, this was based solely on department-calculated data. 2022 and 2023 data was plan-reported via operational reporting to the Department. As such, 2024 targets were reset based on Standard Plan's 2022 performance. In future years the typical targeting methodology will apply, carrying forth the previous benchmark if performance has worsened during the prior year, rather than adopting a new, less rigorous, standard.

<sup>2</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>3</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>4</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, United Healthcare's performance for *Controlling High Blood Pressure (CBP)* using the administrative methodology was 20.74%. For 2023, United Healthcare's performance for Controlling High Blood Pressure (CBP) using the administrative methodology was 29.89%.

<sup>5</sup> This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, United Healthcare's performance using the administrative methodology for HbA1c Control (<8.0%) was 24.19% and for HbA1c Poor Control (>9.0%) was 71.76% - for the latter indicator, a lower rate indicates better performance. For 2023, United Healthcare's performance using the administrative methodology for HbA1c Control (<8.0%) was 30.01% and for HbA1c Poor Control (>9.0%) was 65.63% - for the latter indicator, a lower rate indicates better performance.

<sup>6</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>7</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>8</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' *Total Cost of Care* measure.

<sup>9</sup> Measure changed from W15 to W30 in HEDIS MY2020.

† Symbol is used when clinical data needed to produce measure is not available.

\* Symbol is used when data is not yet available for the measure.

**Table 7. WellCare 2022-2023 Performance and 2024-2025 Targets<sup>1</sup>**

NQF#	Measure Name	2022 Rate	2023 Rate	2024 Target	2025 Target
0032	<b>Cervical Cancer Screening (CCS)</b>				
	Administrative Methodology	52.86%	55.34%	55.50%	58.11%
	Hybrid Methodology	56.69%	59.61%	N/A	N/A
1516	<b>Child and Adolescent Well-Care Visits (WCV)<sup>2</sup></b>	52.11%	53.76%	54.72%	56.45%
0038	<b>Childhood Immunization Status (CIS) -- Combination 10</b>				
	Administrative Methodology	28.60%	26.44%	30.03%	30.03%
	Hybrid Methodology	30.66%	27.49%	N/A	N/A
0033	<b>Chlamydia Screening (CHL)<sup>3</sup></b>				
	Ages 16 to 20	55.34%	60.07%	58.11%	63.07%
	Ages 21 to 24	65.44%	68.77%	68.71%	72.21%
	Total (All Ages)	59.38%	62.73%	62.35%	65.87%
0018	<b>Controlling High Blood Pressure (CBP)<sup>4</sup></b>				
	Administrative Methodology	See footnote <sup>4</sup>	See footnote <sup>4</sup>	N/A	N/A
	Hybrid Methodology	56.83%	64.48%	N/A	N/A
0059/ 0575	<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)<sup>5</sup></b>				
	HbA1c Control (<8.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Poor Control (>9.0%) - Administrative Methodology	See footnote <sup>5</sup>	See footnote <sup>5</sup>	N/A	N/A
	HbA1c Control (<8.0%) - Hybrid Methodology	53.04%	57.91%	N/A	N/A
	HbA1c Poor Control (>9.0%) - Hybrid Methodology	46.96%	34.06%	N/A	N/A
1407	<b>Immunizations for Adolescents (IMA) -- Combination 2</b>				
	Administrative Methodology	30.79%	31.55%	32.33%	33.13%
	Hybrid Methodology	31.63%	32.60%	N/A	N/A
1768	<b>Plan All-Cause Readmissions (PCR)<sup>6</sup></b>	0.80	0.81	0.76	0.76
1517	<b>Prenatal and Postpartum Care (PPC)<sup>7</sup></b>				
	Timeliness of Prenatal Care - Administrative Methodology	53.48%	50.62%	56.15%	56.15%
	Postpartum Care - Administrative Methodology	67.72%	67.99%	71.11%	71.39%
	Timeliness of Prenatal Care - Hybrid Methodology	66.67%	76.89%	N/A	N/A
	Postpartum Care - Hybrid Methodology	73.97%	81.75%	N/A	N/A

0418/ 0418e	<b>Screening for Depression and Follow-Up Plan (CDF)</b>				
	Ages 12 to 17	†	†	N/A	N/A
	Ages 18+	†	†	N/A	N/A
	Total (All Ages)	†	†	N/A	N/A
N/A	<b>Total Cost of Care (TCOC)<sup>8</sup></b>	*	*	N/A	N/A
1392	<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>9</sup></b>				
	First 15 Months	64.56%	66.79%	67.79%	70.13%
	15-30 Months	71.22%	71.59%	74.78%	75.17%

NR indicates that the rate using the hybrid methodology was not reported. Hybrid reporting was not required for MY2022 or MY2023.

<sup>1</sup> Though preliminary data was shared with Standard Plans in 2021, this was based solely on department-calculated data. 2022 and 2023 data was plan-reported via operational reporting to the Department. As such, 2024 targets were reset based on Standard Plan's 2022 performance. In future years the typical targeting methodology will apply, carrying forth the previous benchmark if performance has worsened during the prior year, rather than adopting a new, less rigorous, standard.

<sup>2</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>3</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>4</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, WellCare's performance for *Controlling High Blood Pressure (CBP)* using the administrative methodology was 25.96%. For 2023, WellCare's performance for Controlling High Blood Pressure (CBP) using the administrative methodology was 38.67%.

<sup>5</sup> This measure requires clinical data in the form of hemoglobin A1c lab values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries. For 2022, WellCare's performance using the administrative methodology for HbA1c Control (<8.0%) was 30.22% and for HbA1c Poor Control (>9.0%) was 69.78% - for the latter indicator, a lower rate indicates better performance. For 2023, WellCare's performance using the administrative methodology for HbA1c Control (<8.0%) was 33.59% and for HbA1c Poor Control (>9.0%) was 61.80% - for the latter indicator, a lower rate indicates better performance.

<sup>6</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, the target is a 5% relative decrease from the baseline.

<sup>7</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>8</sup> The Department released an interactive dashboard in April 2024 for providers to access total cost of care information based on HealthPartners' *Total Cost of Care* measure.

<sup>9</sup> Measure changed from W15 to W30 in HEDIS MY2020.

† Symbol is used when clinical data needed to produce measure is not available.

\* Symbol is used when data is not yet available for the measure.

**Table 8. Overall NC Medicaid Race and Ethnicity Comparison**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (All NC Medicaid)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	46.42%	39.85%	-16.49%	No	–
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	49.05%	53.12%	7.66%	No	–
Childhood Immunization Status (CIS) -- Combination 10	18.41%	28.47%	35.34%	Yes	20.25%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	62.36%	51.96%	-20.02%	No	–
Ages 21 to 24	71.90%	57.82%	-24.35%	No	–
Total (All Ages)	66.73%	54.43%	-22.60%	No	–
Controlling High Blood Pressure (CBP) <sup>3</sup>	45.66%	55.00%	16.98%	Yes	50.23%
Immunizations for Adolescents (IMA) -- Combination 2	27.45%	31.24%	12.13%	Yes	30.20%
Plan All-Cause Readmission (PCR) <sup>4</sup>	0.77	0.76	1.32%	No	-
Prenatal and Postpartum Care (PPC) <sup>5</sup>					
Timeliness of Prenatal Care	42.86%	44.63%	3.97%	No	–
Postpartum Care	58.00%	62.54%	7.26%	No	–
Well-Child Visits in the First 30 Months of Life (W30) <sup>6</sup>					
First 15 Months	58.53%	66.73%	12.29%	Yes	64.38%
15-30 Months	63.83%	72.41%	11.85%	Yes	70.21%

Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Native Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	46.15%	42.59%	-8.36%	No	–
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	49.99%	51.54%	3.01%	No	–
Childhood Immunization Status (CIS) -- Combination 10	20.65%	24.62%	16.13%	Yes	22.72%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	59.40%	56.00%	-6.07%	No	–
Ages 21 to 24	66.24%	63.86%	-3.73%	No	–
Total (All Ages)	62.46%	59.43%	-5.10%	No	–
Controlling High Blood Pressure (CBP) <sup>3</sup>	50.25%	50.41%	0.32%	No	–
Immunizations for Adolescents (IMA) -- Combination 2	40.13%	29.45%	-36.26%	No	–
Plan All-Cause Readmission (PCR) <sup>4</sup>	0.80	0.77	3.90%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>5</sup></b>					
Timeliness of Prenatal Care	32.96%	44.23%	25.48%	Yes	36.26%
Postpartum Care	54.72%	60.88%	10.12%	Yes	60.19%
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>6</sup></b>					
First 15 Months	62.24%	63.57%	2.09%	No	–
15-30 Months	64.13%	69.09%	7.18%	No	–

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (All NC Medicaid)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	47.06%	42.26%	-11.36%	No	–
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	59.36%	49.18%	-20.70%	No	–
Childhood Immunization Status (CIS) -- Combination 10	35.68%	20.97%	-70.15%	No	–
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	62.21%	54.53%	-14.08%	No	–
Ages 21 to 24	63.67%	63.97%	0.47%	No	–
Total (All Ages)	62.77%	58.76%	-6.82%	No	–
Controlling High Blood Pressure (CBP) <sup>3</sup>	52.43%	50.31%	-4.21%	No	–
Immunizations for Adolescents (IMA) -- Combination 2	40.69%	26.31%	-54.66%	No	–
Plan All-Cause Readmission (PCR) <sup>4</sup>	0.70	0.77	-9.09%	No	-
Prenatal and Postpartum Care (PPC) <sup>5</sup>					
Timeliness of Prenatal Care	45.76%	43.59%	-4.98%	No	–
Postpartum Care	67.46%	59.52%	-13.34%	No	–
Well-Child Visits in the First 30 Months of Life (W30) <sup>6</sup>					
First 15 Months	68.35%	61.84%	-10.53%	No	–
15-30 Months	76.59%	66.69%	-14.84%	No	–

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries.

<sup>4</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>5</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>6</sup> Measure changed from W15 to W30 in HEDIS MY2020.

**Table 9: Standard Plan Aggregate Priority Population Improvement Targets**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (Standard Plan Aggregate)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.55%	51.44%	-9.93%	No	–
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	50.94%	55.83%	8.76%	No	–
Childhood Immunization Status (CIS) -- Combination 10	18.24%	29.35%	37.85%	Yes	20.06%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	65.31%	54.59%	-19.64%	No	–
Ages 21 to 24	75.56%	62.05%	-21.77%	No	–
Total (All Ages)	68.55%	56.71%	-20.88%	No	–
Controlling High Blood Pressure (CBP) <sup>3</sup>	30.30%	36.92%	17.93%	Yes	33.33%
Immunizations for Adolescents (IMA) -- Combination 2	26.81%	31.92%	16.01%	Yes	29.49%
Plan All-Cause Readmission (PCR) <sup>4</sup>	0.79	0.80	-1.25%	No	–
<b>Prenatal and Postpartum Care (PPC)<sup>5</sup></b>					
Timeliness of Prenatal Care	51.53%	54.09%	4.73%	No	–
Postpartum Care	62.43%	68.77%	9.22%	No	–
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>6</sup></b>					
First 15 Months	61.19%	69.67%	12.17%	Yes	67.31%
15-30 Months	65.27%	74.28%	12.13%	Yes	71.80%

Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	54.95%	53.64%	-2.44%	No	–
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	55.54%	53.91%	-3.02%	No	–
Childhood Immunization Status (CIS) -- Combination 10	18.66%	25.22%	26.01%	Yes	20.53%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	66.18%	58.68%	-12.78%	No	–
Ages 21 to 24	75.81%	67.75%	-11.90%	No	–
Total (All Ages)	69.05%	61.37%	-12.51%	No	–
Controlling High Blood Pressure (CBP) <sup>3</sup>	24.65%	33.98%	27.46%	Yes	27.12%
Immunizations for Adolescents (IMA) -- Combination 2	38.38%	29.78%	-28.88%	No	–
Plan All-Cause Readmission (PCR) <sup>4</sup>	0.86	0.79	8.86%	No	–
<b>Prenatal and Postpartum Care (PPC)<sup>5</sup></b>					
Timeliness of Prenatal Care	35.79%	53.40%	32.98%	Yes	39.37%
Postpartum Care	58.35%	66.40%	12.12%	Yes	64.19%
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>6</sup></b>					
First 15 Months	68.71%	66.40%	-3.48%	No	–
15-30 Months	68.99%	70.79%	2.54%	No	–

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (Standard Plan Aggregate)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	58.15%	53.17%	-9.37%	No	–
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	60.40%	51.79%	-16.62%	No	–
Childhood Immunization Status (CIS) -- Combination 10	36.98%	21.16%	-74.76%	No	–
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	63.35%	57.51%	-10.15%	No	–
Ages 21 to 24	65.33%	68.44%	4.54%	No	–
Total (All Ages)	63.84%	60.90%	-4.83%	No	–
Controlling High Blood Pressure (CBP) <sup>3</sup>	33.22%	33.81%	1.75%	No	–
Immunizations for Adolescents (IMA) -- Combination 2	41.04%	25.97%	-58.03%	No	–
Plan All-Cause Readmission (PCR) <sup>4</sup>	0.63	0.80	-21.25%	No	–
Prenatal and Postpartum Care (PPC) <sup>5</sup>					
Timeliness of Prenatal Care	53.81%	52.93%	-1.66%	No	–
Postpartum Care	71.45%	65.25%	-9.50%	No	–
Well-Child Visits in the First 30 Months of Life (W30) <sup>6</sup>					
First 15 Months	69.58%	65.32%	-6.52%	No	–
15-30 Months	76.97%	68.82%	-11.84%	No	–

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> This measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance. The Department continues to work with NC HealthConnex to stand up the necessary systems to capture this data for NC Medicaid beneficiaries.

<sup>4</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>5</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>6</sup> Measure changed from W15 to W30 in HEDIS MY2020.

**Table 10. Amerihealth Race and Ethnicity Comparison**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (Amerihealth)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	57.25%	51.71%	-10.71%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	50.61%	55.62%	9.01%	No	-
Childhood Immunization Status (CIS) -- Combination 10	16.69%	27.75%	39.86%	Yes	18.36%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	66.02%	54.26%	-21.67%	No	-
Ages 21 to 24	75.82%	61.39%	-23.51%	No	-
Total (All Ages)	69.00%	56.16%	-22.86%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	24.44%	30.60%	20.13%	Yes	26.88%
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.78	0.82	-4.88%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	55.18%	60.24%	8.40%	No	-
Postpartum Care	63.48%	69.97%	9.28%	No	-
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>5</sup></b>					
First 15 Months	59.43%	70.46%	15.65%	Yes	65.37%
15-30 Months	64.32%	74.51%	13.68%	Yes	70.75%
Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Native Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	52.61%	54.16%	2.86%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	54.29%	53.60%	-1.29%	No	-
Childhood Immunization Status (CIS) -- Combination 10	16.26%	23.54%	30.93%	Yes	17.89%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	56.90%	58.99%	3.54%	No	-
Ages 21 to 24	75.86%	67.70%	-12.05%	No	-
Total (All Ages)	63.22%	61.44%	-2.90%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	30.97%	28.10%	-10.21%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.69	0.81	-14.81%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	38.30%	58.56%	34.60%	Yes	42.13%
Postpartum Care	67.02%	67.37%	0.52%	No	-
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>5</sup></b>					
First 15 Months	66.39%	66.32%	-0.11%	No	-
15-30 Months	62.86%	70.39%	10.70%	Yes	69.15%

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (Amerihealth)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	59.85%	53.45%	-11.97%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	61.55%	50.55%	-21.76%	No	-
Childhood Immunization Status (CIS) -- Combination 10	36.62%	18.35%	-99.56%	No	-
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	62.81%	57.70%	-8.86%	No	-
Ages 21 to 24	64.73%	68.52%	5.53%	No	-
Total (All Ages)	63.25%	60.93%	-3.81%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	39.85%	23.31%	-70.96%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.72	0.81	-11.11%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	60.86%	57.64%	-5.59%	No	-
Postpartum Care	72.58%	66.24%	-9.57%	No	-
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>5</sup></b>					
First 15 Months	71.17%	64.29%	-10.70%	No	-
15-30 Months	77.52%	67.79%	-14.35%	No	-

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>4</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>5</sup> Measure changed from W15 to W30 in HEDIS MY2020.

**Table 11. Carolina Complete Health Race and Ethnicity Comparison**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (Carolina Complete Health)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.80%	51.65%	-9.97%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	50.88%	56.37%	9.74%	No	-
Childhood Immunization Status (CIS) -- Combination 10	16.70%	31.12%	46.34%	Yes	18.37%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	66.47%	59.58%	-11.56%	No	-
Ages 21 to 24	75.26%	63.14%	-19.20%	No	-
Total (All Ages)	69.22%	60.56%	-14.30%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	27.13%	36.32%	25.30%	Yes	29.84%
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.83	0.76	9.21%	No	-
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	55.91%	54.48%	-2.62%	No	-
Postpartum Care	61.57%	68.88%	10.61%	Yes	67.73%
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	63.28%	69.93%	9.51%	No	-
15-30 Months	64.31%	74.09%	13.20%	Yes	70.74%
Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Native Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.72%	54.09%	-4.86%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	55.80%	53.99%	-3.35%	No	-
Childhood Immunization Status (CIS) -- Combination 10	16.04%	25.25%	36.48%	Yes	17.64%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	69.95%	62.35%	-12.19%	No	-
Ages 21 to 24	75.68%	68.74%	-10.10%	No	-
Total (All Ages)	71.48%	64.22%	-11.30%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	46.28%	32.02%	-44.53%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	1.00	0.79	26.58%	Yes	0.95
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	34.04%	55.58%	38.75%	Yes	37.44%
Postpartum Care	54.26%	65.83%	17.58%	Yes	59.69%
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	65.38%	67.15%	2.64%	No	-
15-30 Months	67.40%	69.98%	3.69%	No	-

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (Carolina Complete Health)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.94%	53.79%	-5.86%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	61.59%	50.97%	-20.84%	No	-
Childhood Immunization Status (CIS) -- Combination 10	38.73%	19.13%	-102.46%	No	-
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	67.20%	60.82%	-10.49%	No	-
Ages 21 to 24	64.61%	70.05%	7.77%	No	-
Total (All Ages)	66.56%	63.66%	-4.56%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	42.79%	27.88%	-53.48%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.64	0.81	-20.99%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	55.36%	55.07%	-0.53%	No	-
Postpartum Care	72.82%	63.98%	-13.82%	No	-
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>5</sup></b>					
First 15 Months	70.32%	65.68%	-7.06%	No	-
15-30 Months	77.58%	66.81%	-16.12%	No	-

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>4</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>5</sup> Measure changed from W15 to W30 in HEDIS MY2020.

**Table 12. Healthy Blue Race and Ethnicity Comparison**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (Healthy Blue)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	55.72%	50.01%	-11.42%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	53.00%	56.95%	6.94%	No	-
Childhood Immunization Status (CIS) -- Combination 10	19.30%	29.17%	33.84%	Yes	21.23%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	64.30%	53.06%	-21.18%	No	-
Ages 21 to 24	74.85%	60.24%	-24.25%	No	-
Total (All Ages)	67.61%	55.13%	-22.64%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	28.34%	31.26%	9.34%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.69	0.77	-10.39%	No	-
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	51.77%	54.54%	5.08%	No	-
Postpartum Care	61.68%	66.87%	7.76%	No	-
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	63.23%	70.59%	10.43%	Yes	69.55%
15-30 Months	67.28%	75.82%	11.26%	Yes	74.01%
Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Native Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	54.02%	52.47%	-2.95%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	56.74%	55.41%	-2.40%	No	-
Childhood Immunization Status (CIS) -- Combination 10	20.16%	25.38%	20.57%	Yes	22.18%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	67.03%	57.35%	-16.88%	No	-
Ages 21 to 24	70.13%	66.41%	-5.60%	No	-
Total (All Ages)	67.95%	60.06%	-13.14%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	41.11%	29.93%	-37.35%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	1.07	0.73	46.58%	Yes	1.02
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	39.58%	53.68%	26.27%	Yes	43.54%
Postpartum Care	55.73%	64.96%	14.21%	Yes	61.30%
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	74.09%	67.58%	-9.63%	No	-
15-30 Months	70.49%	72.48%	2.75%	No	-

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (Healthy Blue)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.68%	52.09%	-8.81%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	62.53%	53.54%	-16.79%	No	-
Childhood Immunization Status (CIS) -- Combination 10	36.04%	22.51%	-60.11%	No	-
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	62.07%	56.49%	-9.88%	No	-
Ages 21 to 24	66.38%	66.50%	0.18%	No	-
Total (All Ages)	63.19%	59.57%	-6.08%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	41.68%	26.80%	-55.52%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.51	0.75	-32.00%	No	-
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	53.77%	53.40%	-0.69%	No	-
Postpartum Care	69.19%	64.08%	-7.97%	No	-
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	72.21%	66.44%	-8.68%	No	-
15-30 Months	80.50%	70.44%	-14.28%	No	-

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>4</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>5</sup> Measure changed from W15 to W30 in HEDIS MY2020.

**Table 13. United Healthcare Race and Ethnicity Comparison**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (United Healthcare)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.05%	51.00%	-9.90%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	48.89%	54.29%	9.95%	No	-
Childhood Immunization Status (CIS) -- Combination 10	18.40%	28.64%	35.75%	Yes	20.24%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	64.25%	52.22%	-23.04%	No	-
Ages 21 to 24	75.24%	63.51%	-18.47%	No	-
Total (All Ages)	67.76%	55.44%	-22.22%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	25.55%	29.62%	13.74%	Yes	28.11%
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.77	0.85	-9.41%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	47.13%	51.62%	8.70%	No	-
Postpartum Care	60.80%	69.71%	12.78%	Yes	66.88%
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>5</sup></b>					
First 15 Months	58.80%	67.22%	12.53%	Yes	64.68%
15-30 Months	63.57%	71.67%	11.30%	Yes	69.93%
Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Native Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	56.44%	53.14%	-6.21%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	54.46%	52.10%	-4.53%	No	-
Childhood Immunization Status (CIS) -- Combination 10	19.55%	24.79%	21.14%	Yes	21.51%
<b>Chlamydia Screening (CHL)<sup>2</sup></b>					
Ages 16 to 20	65.32%	56.81%	-14.98%	No	-
Ages 21 to 24	80.88%	68.33%	-18.37%	No	-
Total (All Ages)	70.21%	60.25%	-16.53%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	33.81%	27.85%	-21.40%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.69	0.82	-15.85%	No	-
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	34.55%	50.26%	31.26%	Yes	38.01%
Postpartum Care	61.78%	66.26%	6.76%	No	-
<b>Well-Child Visits in the First 30 Months of Life (W30)<sup>5</sup></b>					
First 15 Months	65.18%	63.89%	-2.02%	No	-
15-30 Months	65.06%	68.50%	5.02%	No	-

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (United Healthcare)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	58.08%	52.70%	-10.21%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	57.44%	50.40%	-13.97%	No	-
Childhood Immunization Status (CIS) -- Combination 10	35.91%	20.99%	-71.08%	No	-
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	61.30%	55.81%	-9.84%	No	-
Ages 21 to 24	65.44%	69.33%	5.61%	No	-
Total (All Ages)	62.34%	60.02%	-3.87%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	38.58%	24.37%	-58.31%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.66	0.83	-20.48%	No	-
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	50.14%	49.76%	-0.76%	No	-
Postpartum Care	70.07%	65.40%	-7.14%	No	-
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	64.97%	63.54%	-2.25%	No	-
15-30 Months	72.51%	67.20%	-7.90%	No	-

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>4</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is the claims-year running from January 2024 through December 2024.

<sup>5</sup> Measure changed from W15 to W30 in HEDIS MY2020.

**Table 14. WellCare Race and Ethnicity Comparison**

2023 Race Comparison to Inform 2025 Priority Population Improvement Targets (WellCare)					
Measure Name	2023 Black/African American Rate	2023 Not Black/African American Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	57.79%	53.73%	-7.56%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	50.32%	55.57%	9.45%	No	-
Childhood Immunization Status (CIS) -- Combination 10	18.95%	30.28%	37.42%	Yes	20.85%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	66.60%	56.40%	-18.09%	No	-
Ages 21 to 24	76.97%	63.25%	-21.69%	No	-
Total (All Ages)	70.02%	58.39%	-19.92%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	27.92%	33.42%	16.46%	Yes	30.71%
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.88	0.76	15.79%	Yes	0.84
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	49.45%	51.28%	3.57%	No	-
Postpartum Care	64.96%	69.67%	6.76%	No	-
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	60.59%	69.94%	13.37%	Yes	66.65%
15-30 Months	65.69%	74.59%	11.93%	Yes	72.26%
Measure Name	2023 American Indian/Alaskan Native Rate	2023 Not American Indian/Alaskan Native Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	54.50%	55.35%	1.54%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	55.91%	53.73%	-4.06%	No	-
Childhood Immunization Status (CIS) -- Combination 10	19.58%	26.54%	26.22%	Yes	21.54%
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	67.58%	59.97%	-12.69%	No	-
Ages 21 to 24	78.38%	68.64%	-14.19%	No	-
Total (All Ages)	70.70%	62.62%	-12.90%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	40.96%	31.40%	-30.45%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.80	0.81	-0.74%	No	-
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	29.79%	50.87%	41.44%	Yes	32.77%
Postpartum Care	52.13%	68.18%	23.54%	Yes	57.34%
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	71.04%	66.73%	-6.46%	No	-
15-30 Months	78.09%	71.50%	-9.22%	No	-

2023 Ethnicity Comparison to Inform 2025 Priority Population Improvement Targets (WellCare)					
Measure Name	2023 Hispanic/Latino Rate	2023 Not Hispanic/Latino Rate	Relative Difference	Disparity (Y/N)	2025 Priority Population Target
Cervical Cancer Screening (CCS)	59.85%	54.83%	-9.16%	No	-
Child and Adolescent Well-Care Visits (WCV) <sup>1</sup>	58.84%	51.97%	-13.22%	No	-
Childhood Immunization Status (CIS) -- Combination 10	37.88%	22.55%	-67.98%	No	-
Chlamydia Screening (CHL) <sup>2</sup>					
Ages 16 to 20	64.45%	58.70%	-9.80%	No	-
Ages 21 to 24	64.85%	69.60%	6.82%	No	-
Total (All Ages)	64.54%	62.22%	-3.73%	No	-
Immunizations for Adolescents (IMA) -- Combination 2	42.37%	27.36%	-54.86%	No	-
Plan All-Cause Readmission (PCR) <sup>3</sup>	0.63	0.82	-23.17%	No	-
Prenatal and Postpartum Care (PPC) <sup>4</sup>					
Timeliness of Prenatal Care	50.82%	50.58%	-0.47%	No	-
Postpartum Care	73.55%	66.85%	-10.02%	No	-
Well-Child Visits in the First 30 Months of Life (W30) <sup>5</sup>					
First 15 Months	69.21%	65.88%	-5.05%	No	-
15-30 Months	76.24%	70.04%	-8.85%	No	-

<sup>1</sup> Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV) and Adolescent Well-Care Visits (AWC).

<sup>2</sup> Measure name changed in HEDIS in MY2025 from *Chlamydia Screening in Women* to *Chlamydia Screening*

<sup>3</sup> For this measure, a lower observed to expected ratio indicates better performance. As such, a disparity target is a 10% relative decrease from the baseline.

<sup>4</sup> This measure was added to the AMH Measure Set in the 2023 Tech Specs. As such, the first measurement year in which this measure can be incentivized as an AMH

<sup>5</sup> Measure changed from W15 to W30 in HEDIS MY2020.