

Special Report: Results for Measures Leveraging Electronic Clinical Data for HEDIS®

November 2022

This special report describes results for eleven HEDIS® measures that use the ***Electronic Clinical Data Systems reporting standard***.

Key Findings

- There was a large increase in reportable submissions for most measures across all product lines compared to previous years.
- There was an increase in the contributions of non-claims data sources (i.e., EHR, HIE/registry and case management data) for numerator reporting, particularly for the immunization measures.
- Generally, plans that used non-claims data sources had better performance than plans that only used claims data.

Background

About HEDIS

The Healthcare Effectiveness Data and Information Set® (HEDIS®¹) is a national measurement set that assesses how well Medicare, Medicaid, and commercial health insurance plans manage the care of their enrolled populations. HEDIS assesses performance using a set of metrics that range from preventive services to behavioral health care and chronic disease management.

HEDIS ECDS Reporting Standard

In 2015, the National Committee for Quality Assurance (NCQA) introduced the HEDIS ***Electronic Clinical Data Systems*** (ECDS) reporting standard, which permits use of structured data for HEDIS reporting from a variety of sources, including but not limited to electronic health records (EHRs), health information exchanges (HIE) and clinical registries, case management systems and administrative files. The use and sharing of electronic clinical data have the potential to enrich the information available to health care providers for clinical care, and to decrease the burden associated with measures that require manual record abstraction.

NCQA first introduced ECDS reporting for three depression measures to assess improvements in outcomes using information that are not found in claims. In the years since, NCQA added eight additional measures assessing immunizations, perinatal depression screening, alcohol screening, cancer screening and attention deficit hyperactivity disorder (ADHD) medication follow-up for children. This report summarizes reporting results for the 2021 measurement year (MY) for the eleven measures specified for ECDS reporting.

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance.

Traditional HEDIS Reporting Methods

Most measures in HEDIS have been reported using a plan's administrative data, such as claims for health care services and enrollment files (referred to as the Administrative Method). Some measure concepts cannot be evaluated using administrative data only; in these cases, plans pull a systematic sample of medical records and review information manually to ascertain whether health care services were provided (referred to as the Hybrid Method). For both of these methods, results are often enhanced by "supplemental data," or information coming from a variety of data sources plans collect and, in some cases, specifically create to help improve their quality scores. For MY 2021, ECDS reporting was available for three measures that were originally specified for traditional reporting methods: *Colorectal Cancer Screening (COL)*, *Breast Cancer Screening (BCS)*, *Follow-Up Care for Children Prescribed ADHD Medication (ADD)*. Allowing optional ECDS reporting for traditional HEDIS measures provides health plans an opportunity to gain experience with the reporting method using measures they are familiar with. This report summarizes and compares ECDS and traditional reporting results for these three measures.

Data Source and Methods

This report is based on data submitted to NCQA by health plans for the 11 measures that are reported using the HEDIS ECDS reporting standard (Box 1). Reporting and performance rates are calculated for the 2019², 2020, and 2021 measurement years. Key data elements (e.g., numerator) are reported by the data source category in which they were found. When a data element is found in more than one source, a hierarchy is used to assign it only one data source category for reporting. Plans are instructed to first assign data from EHRs, followed by HIE/registries, then case management registries and lastly administrative claims.³

We assessed the number of plans with a reportable rate, defined as rates meeting the minimum denominator criterion of 30 members (or deliveries in the case of the perinatal measures). These results were validated by an NCQA-certified auditor. We also completed an analysis of the reporting results by type of data source used. To understand variation in the

use of data sources and its contribution to differences in performance, we assessed the average contribution of each data source to the measure numerator over time across reportable submissions, as well as the performance among submissions that used only claims data compared to those that used any non-claims data. For the behavioral health measures, results included in this report reflect the 'total' rate, which does not stratify results by age. Reporting results for all eleven measures are in the Appendix.

Box 1. HEDIS Measures for ECDS Reporting

- Prenatal Immunization Status (PRS-E)
- Adult Immunization Status (AIS-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Colorectal Cancer Screening (COL-E)¹
- Breast Cancer Screening (BCS-E)¹
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)¹

¹Reported using both traditional and ECDS methods for MY 2021.

² The Centers for Medicare & Medicaid Services eliminated requirements for the collection of HEDIS 2020 (MY 2019) data for Medicare Advantage plans in response to the COVID-19 Public Health Emergency. Submissions in MY 2019 are for Commercial and Medicaid product lines. This does not apply to PRS-E, PDS-E, PND-E and ADD-E, which are not specified for the Medicare product line.

³ Refer to the ECDS reporting guidelines in the [HEDIS Volume 2](#) publication for more information.

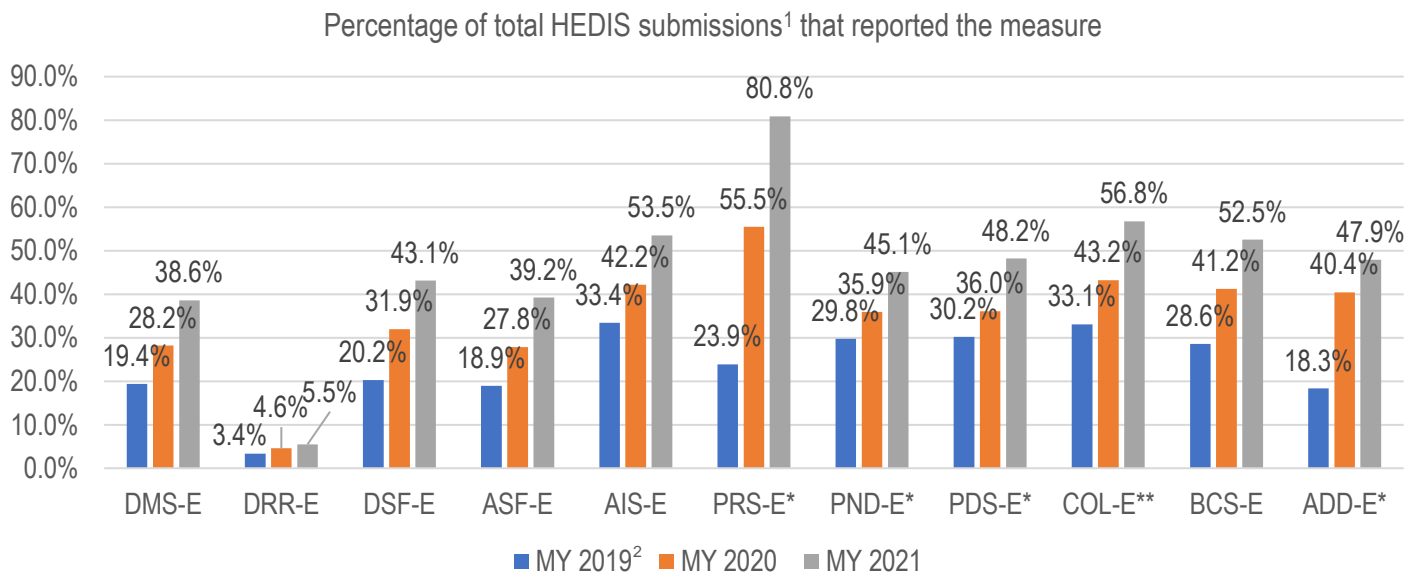
Findings

Below are the results on reporting trends over the last three years across all eleven measures, followed by performance and data source use results for immunization, behavioral health and cancer screening measures.

Reporting Trends

- There was a large increase in submissions for ECDS-reported measures for most measures across all product lines compared to previous years (Figure 1).
- In MY 2021, about 94 percent of commercial, 75 percent of Medicaid and 50 percent of Medicare plans participated in ECDS reporting. This is a large increase from MY 2020 where about 70 percent of commercial, 45 percent of Medicaid, 36 percent of Medicare plans participated.
- In MY 2021, about 88 percent of Commercial and 70 percent of Medicaid plans reported *Prenatal Immunization Status (PRS-E)*, which was the first ECDS-reported measure to be publicly reported (MY 2020) and incorporated into NCQA’s Health Plan Ratings program (MY 2021). See Table 1 in the Appendix for more detail on submissions by product line and measurement year.
- In MY 2021, between 40 and 70 percent of plans participated in ECDS reporting for the three measures originally specified for traditional reporting (Figure 1). Participation rates varied by product line; commercial plans had the highest participation rates.

Figure 1. Reportable submissions by measurement year



¹Percentage calculated out of the total number of plans that submitted HEDIS (MY 2019: Com. = 417, Medicaid = 265; MY 2020: Com. = 416, Medicaid = 272, Medicare = 649; MY 2021: Com. = 419, Medicaid = 270, Medicare = 714).

²The Centers for Medicare & Medicaid Services eliminated requirements for the collection of HEDIS 2020 (MY 2019) data for Medicare Advantage plans in response to the COVID-19 Public Health Emergency. Submissions in MY 2019 are for Commercial and Medicaid product lines.

**Prenatal Immunization Status (PRS-E)*, *Prenatal Depression Screening (PND-E)*, *Postpartum Depression Screening (PDS-E)*, and *Follow-up Care for Children Prescribed ADHD Medication (ADD-E)* are reported by Commercial and Medicaid plans only.

***Colorectal Cancer Screening (COL-E)* is reported by Commercial and Medicare plans only.

Immunization Measures

The *Adult Immunization Status (AIS-E)* and *Prenatal Immunization Status (PRS-E)* measures assess whether adults and pregnant people, respectively, received routine vaccines based on recommendations from the Advisory Committee on Immunization Practices.

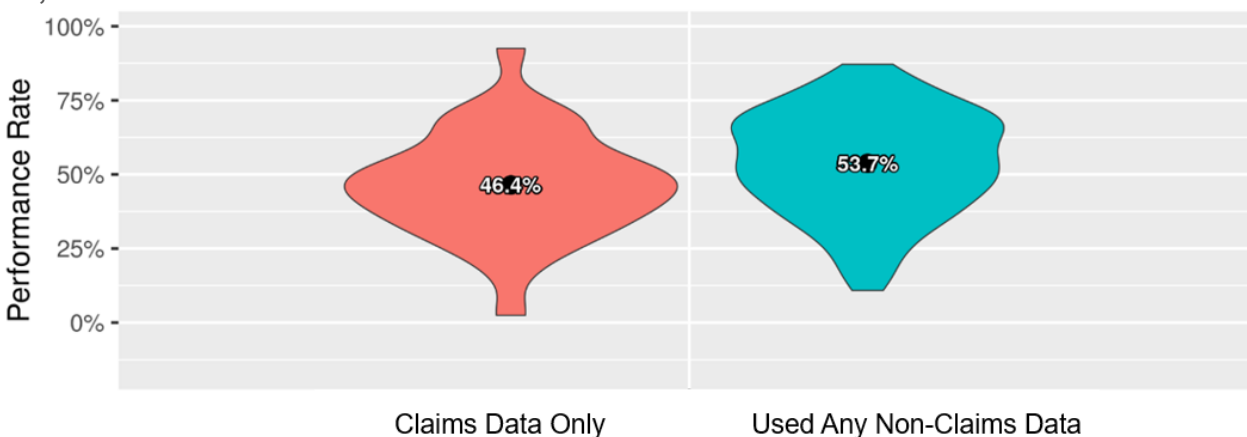
Overall Performance

- *PRS-E* performance increased across all indicators from MY 2019 to MY 2020 and remained stable in MY 2021. These performance rates are generally consistent with national prenatal vaccination rates reported using other data sources.⁴
- *AIS-E* performance rates were consistent and had slight increases for most indicators and product lines in MY 2021, except for a slight drop in the influenza vaccination rate among Medicaid plans (Table 2 in Appendix).

Performance Rates by Data Sources Used

- Performance rates for the immunization measures varied by data sources used for reporting.
- Average performance rates across indicators and product lines were higher among plans that used any non-claims data for numerator calculations when compared with the average performance among plans that used only claims data (Table 3 in Appendix). For example, the average performance among Medicaid plans that used only claims data for the *PRS-E* Tdap indicator was 46.4 percent, compared to 53.7 percent among plans that used any non-claims data (Figure 2).

Figure 2. Average Tdap performance rates for PRS-E by data source used, Medicaid product line, MY 2021

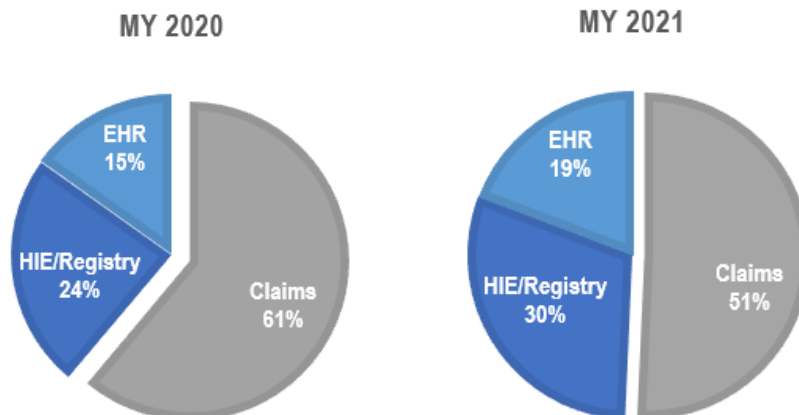


Contribution to the Numerator by Data Source

- Health plans' use of claims data to report immunizations has declined over time across indicators for both *Adult Immunization Status (AIS-E)* and *Prenatal Immunization Status (PRS-E)* measures. This trend is particularly pronounced for Medicaid plans where average contribution to the influenza vaccination numerator from claims data dropped about 10 percentage points from MY 2020 to MY 2021 (Table 4 in Appendix).
- Among Medicaid plans, the average contribution of HIE/Registry data for reporting prenatal influenza vaccination increased by 6.2 percentage points from MY 2020 to MY 2021. The average contribution of EHR data increased by 4.2 percentage points (Figure 3).

⁴ https://www.cdc.gov/mmwr/volumes/69/wr/mm6939a2.htm?s_cid=mm6939a2_w#T1_down

Figure 3. Average data source contribution to the PRS-E influenza numerator (Medicaid)



Behavioral Health Measures

There are six behavioral health measures specified for ECDS reporting that use patient-reported outcomes to link to clinical actions for follow-up care. These measures require clinical data that are not found in claims (e.g., results of a standardized tool to assess and monitor depression). Additionally, ECDS reporting was available for *Follow-up Care for Children Prescribed ADHD Medication*, which has traditionally used the administrative reporting method.

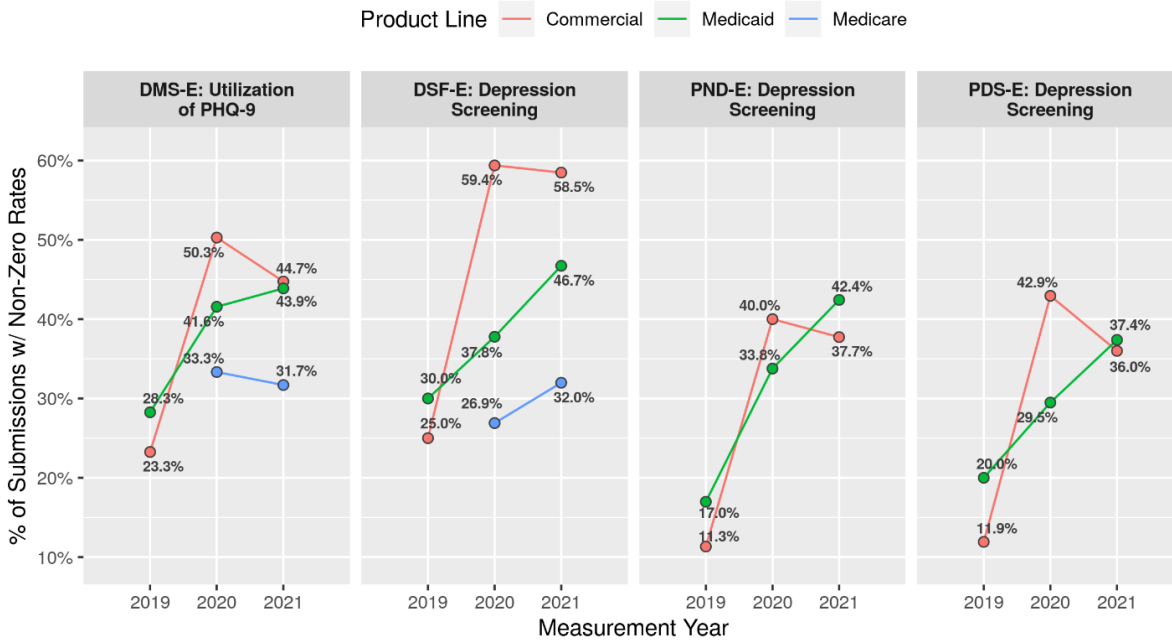
Overall Performance

- Most plans reported performance rates of zero percent for most of the behavioral health measures that assess screening, follow-up and routine symptom monitoring (Table 5 in Appendix).
- However, for the utilization of PHQ-9 and depression screening and follow-up measures, there was an increase in the proportion of Medicaid submissions with non-zero rates. Increases in the proportion of commercial non-zero submissions were observed from MY 2019 – MY 2020. The prenatal and postpartum depression screening measures experienced the largest increases, with nearly four times the number of non-zero rates in MY 2020 compared with MY 2019 (Figure 4).
- In MY 2021, there was a slight drop in the proportion of non-zero rates among commercial plans, which may be attributable to some plans being new reporters of the measures in MY 2021 (Figure 4).
- For the *DRR-E* measure, all submissions for MY 2021 (77 out of 77) reported a non-zero rate. Since clinical data are required to establish the denominator for this measure, it is expected that all health plan submissions have numerator data to report, resulting in a non-zero rate.

Performance Rates by Data Sources Used

- Performance rates for the behavioral health measures varied by data sources used for reporting.
- Nearly all plans that only used claims data had performance rates of “zero.” For example, all plans that only used claims data reported a performance rate of zero for the *PND-E* screening indicator, while plans that incorporated any electronic clinical data reported an average performance rate of 9.0 percent (commercial) and 15.7 percent (Medicaid). See Table 6 in the Appendix for detailed results.
- Among plans with non-zero rates, higher performance rates were observed for submissions that used any non-claims data sources when compared with submissions that used only claims data (Table 6 in Appendix).

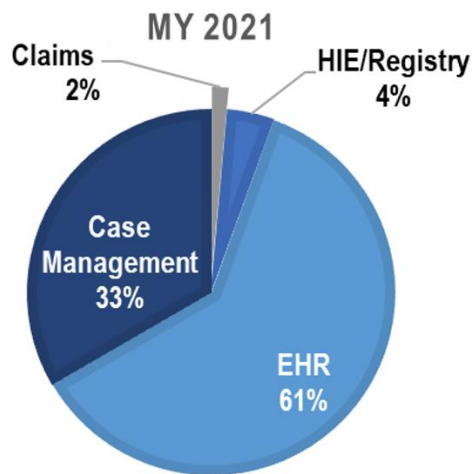
Figure 4. Percentage of submissions with rates greater than zero, MY 2019-2021



Contribution to the Numerator by Data Source

- Among plans with rates greater than zero, most screening information was reported using EHR or case management data (Figure 5). This was consistent with results from previous years.
- Across the behavioral health screening and follow-up measures, follow-up information was mostly reported using claims data (Table 7 in Appendix).

Figure 5. Average data source contribution to the DSF-E screening numerator (Commercial)



Cancer Screening Measures

There are two cancer screening measures available for ECDS reporting alongside traditional reporting methods: *Breast Cancer Screening* uses Administrative reporting; *Colorectal Cancer Screening* uses Administrative or Hybrid reporting. While reporting using the ECDS method was optional for these measures in MY 2020 and 2021, NCQA required that if health plans chose to use the ECDS method, they also had to report using the traditional method. This requirement allowed us to compare performance rates across reporting methods and assess how data source use impacted performance.

Overall Performance (ECDS vs. traditional reporting methods)

- For *Breast Cancer Screening*, ECDS and traditional reporting rates were nearly identical for most plans.
- For *Colorectal Cancer Screening*, traditional rates were higher than ECDS rates by an average of 6.2 percentage points for commercial plans and 9.3 percentage points for Medicare plans in MY 2021. For this measure, plans have historically relied on information found in medical chart review and/or supplemental data sources to access past screening information. Refer to Table 8 in the Appendix to see cancer screening performance rates by reporting method across MY 2020 – MY 2021.

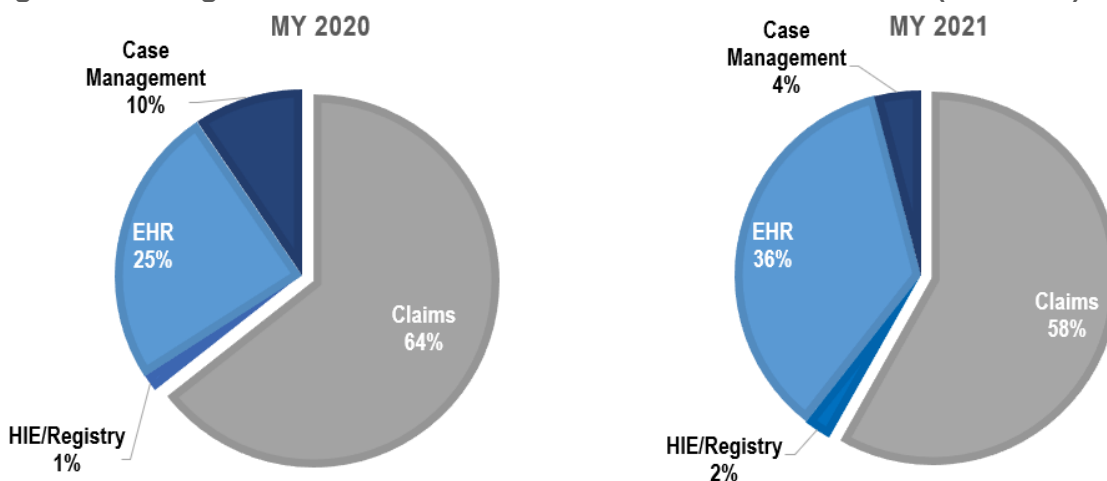
Performance Rates by Data Sources Used (ECDS reporting)

- For BCS-E, average performance among Medicare plans that used only claims data was comparable to the average performance among Medicare plans that used any non-claims data (Table 9 in Appendix).
- For COL-E, average performance among Medicare plans that used only claims data (48.3 percent) was significantly lower than the average performance among Medicare plans that used any non-claims data (63.1 percent) in MY 2021. The difference is likely due to the challenge of accessing longitudinal data to report the numerator (Table 9 in Appendix).

Contribution to the Numerator by Data Source (ECDS reporting)

- In MY 2021, a majority of numerator contributions for *BCS-E* came from claims data (74 percent on average among Medicare plans). However, 21 percent of numerator contributions, on average, came from EHR data, suggesting that plans are investing resources into collecting electronic clinical data for reporting (Table 10 in Appendix).
- In MY 2021, over one-third of numerator contributions for *COL-E*, on average, came from structured clinical data sources (Figure 6).

Figure 6. Average data source contribution to the COL-E numerator (Medicare)



Summary and Conclusions

Reporting results showed that there has been a steady increase in ECDS reporting. The contributions from EHR, HIE/registry and case management data sources continue to increase, demonstrating that more plans are seeking information beyond claims for quality measurement.⁵ However, challenges persist particularly regarding standardized data capture of behavioral health information at the point of care,⁶ and there may not be sharing of relevant information between health care systems.

Improved health plan reporting and measure performance are feasible with strategic multistakeholder approaches that drive better use and sharing of electronic clinical data.⁷ Public reporting of HEDIS measures using ECDS reporting is a critical step in the use of clinical data systems to measure quality. The PRS-E measure is the first publicly reported measure using the ECDS reporting standard for MY 2020. On October 4, 2022, NCQA announced that the eight other ECDS-reported measures will be publicly reported starting in MY 2022 and MY 2023.⁸

Acknowledgments

This report was written by Theresa Hwee, Chrissy Craig, Fern McCree, Emily Morden, Ryan Acton, Lindsey Roth and Sepheen Byron. The team would also like to thank NCQA staff for their review and input.

⁵ Byron SC, Roth L, Acton RM, Shen A. Harnessing electronic clinical data to report adult and prenatal immunization quality measures. *Journal of the American Medical Informatics Association*. 2021;28(10):2226-2232. doi:[10.1093/jamia/ocab125](https://doi.org/10.1093/jamia/ocab125)

⁶ Morden E, Byron S, Roth L, et al. Health Plans Struggle to Report on Depression Quality Measures that Require Clinical Data. *Academic Pediatrics*. Published online October 11, 2021. doi:[10.1016/j.acap.2021.09.022](https://doi.org/10.1016/j.acap.2021.09.022)

⁷ National Committee for Quality Assurance. "Leveraging Electronic Clinical Data for HEDIS: Insights and Opportunities." NCQA. May 2021. https://www.ncqa.org/wp-content/uploads/2021/05/20210526_Issue_Brief_Leveraging_Electronic_Clinical_Data_for_HEDIS.pdf

⁸ National Committee for Quality Assurance. "HEDIS Measurement Year (MY) 2021 Public Reporting Memo." NCQA. October 4, 2022. https://www.ncqa.org/wp-content/uploads/2022/10/HEDIS-Public-Reporting-Memo_October-2022.pdf

Appendix

Reporting Trends

Table 1. Reportable submissions for measures reported using ECDS method, MY 2019-2021

| Measure | Product Line | Number of Reportable Submissions | | |
|---------|--------------|----------------------------------|-------------|-------------|
| | | MY 2019 | MY 2020 (%) | MY 2021 (%) |
| AIS-E | Commercial | 166 | 258 (62.0) | 312 (74.5) |
| | Medicaid | 62 | 103 (37.9) | 122 (45.2) |
| | Medicare | No data ² | 203 (31.3) | 317 (44.4) |
| | Total | 228 | 564 | 751 |
| PRS-E | Commercial | 97 | 271 (65.1) | 369 (88.0) |
| | Medicaid | 66 | 111 (40.8) | 188 (69.6) |
| | Total | 163 | 382 | 557 |
| PND-E | Commercial | 150 | 170 (40.9) | 212 (50.6) |
| | Medicaid | 53 | 77 (28.3) | 99 (36.7) |
| | Total | 203 | 247 | 311 |
| PDS-E | Commercial | 151 | 170 (40.9) | 225 (53.7) |
| | Medicaid | 55 | 78 (28.7) | 107 (39.6) |
| | Total | 206 | 248 | 332 |
| DSF-E | Commercial | 88 | 192 (46.2) | 236 (56.3) |
| | Medicaid | 50 | 90 (33.1) | 122 (45.2) |
| | Medicare | No data ² | 145 (22.3) | 247 (34.6) |
| | Total | 138 | 427 | 605 |
| DMS-E | Commercial | 86 | 177 (42.5) | 219 (52.3) |
| | Medicaid | 46 | 77 (28.3) | 98 (36.4) |
| | Medicare | No data ² | 123 (19.0) | 224 (31.4) |
| | Total | 132 | 377 | 541 |
| DRR-E | Commercial | 18 | 27 (6.5) | 31 (7.4) |
| | Medicaid | 5 | 15 (5.5) | 22 (8.1) |
| | Medicare | No data ² | 19 (2.9) | 24 (3.4) |
| | Total | 23 | 61 | 77 |
| ASF-E | Commercial | 83 | 166 (39.9) | 213 (50.8) |
| | Medicaid | 46 | 75 (27.6) | 99 (36.7) |
| | Medicare | No data ² | 131 (20.2) | 238 (33.3) |
| | Total | 129 | 372 | 550 |
| ADD-E | Commercial | 73 | 195 (46.9) | 228 (54.4) |
| | Medicaid | 52 | 83 (30.5) | 102 (37.8) |
| | Total | 125 | 278 | 330 |
| BCS-E | Commercial | 136 | 267 (64.2) | 328 (78.3) |
| | Medicaid | 59 | 100 (36.8) | 117 (43.3) |
| | Medicare | No data ² | 184 (28.4) | 292 (40.9) |
| | Total | 195 | 551 | 737 |
| COL-E | Commercial | 138 | 267 (64.2) | 329 (78.5) |
| | Medicare | No data ² | 193 (29.7) | 314 (44.0) |
| | Total | 138 | 460 | 643 |

¹Percentage calculated out of the total number of plans that submitted HEDIS (MY 2020: Com. = 416, Medicaid = 272, Medicare = 649; MY 2021: Com. = 419, Medicaid = 270, Medicare = 714).

²The Centers for Medicare & Medicaid Services (CMS) eliminated requirements for the collection of HEDIS MY 2019 data for Medicare Advantage (MA) plans in response to the COVID-19 Public Health Emergency. MA plans were able to use NCQA's HEDIS data submission tool for internal quality improvement purposes. Therefore, submissions in MY 2019 are for commercial and Medicaid product lines only. The MY 2019 results could be impacted by both COVID-19 disruptions in data collection and the voluntary nature of the reporting.

Immunization Measures

Table 2. Average immunization performance rates, MY 2020-2021

| Measure | Product Line | Influenza | | Tdap/Td | | Herpes Zoster | | Pneumococcal | |
|---------|--------------|-----------|-----------|-----------|-----------|---------------|-----------|--------------|-----------|
| | | MY 2020 % | MY 2021 % | MY 2020 % | MY 2021 % | MY 2020 % | MY 2021 % | MY 2020 % | MY 2021 % |
| AIS-E | Commercial | 20.9 | 23.1 | 30.2 | 32.4 | 8.4 | 11.3 | N/A | N/A |
| | Medicaid | 18.3 | 16.4 | 33.8 | 34.6 | 3.9 | 6.0 | N/A | N/A |
| | Medicare | 32.6 | 33.0 | 19.7 | 21.4 | 9.5 | 12.9 | 26.2 | 29.7 |
| PRS-E | Commercial | 45.9 | 41.0 | 69.1 | 69.8 | N/A | N/A | N/A | N/A |
| | Medicaid | 33.8 | 27.2 | 53.9 | 52.5 | N/A | N/A | N/A | N/A |

Table 3. Average immunization performance rates by data source used, MY 2021

| Measure | Indicator | Data Source Use | Commercial | | Medicaid | | Medicare | |
|--------------|----------------|-----------------|-----------------|--------|-----------------|------------|-----------------|--------|
| | | | Submissions (%) | Mean % | Submissions (%) | Mean % | Submissions (%) | Mean % |
| AIS-E | Influenza | Claims Only | 21 (6.7) | 19.7 | 4 (3.3) | 10.9 | 69 (21.8) | 21.2 |
| | | Any Non-claims | 291 (93.3) | 23.4 | 118 (96.7) | 16.6 | 248 (78.2) | 36.3 |
| | Tdap/Tdap | Claims Only | 15 (4.8) | 25.6 | 6 (4.9) | 24.5 | 70 (22.1) | 8.1 |
| | | Any Non-claims | 297 (95.2) | 32.8 | 116 (95.1) | 35.1 | 247 (77.9) | 25.1 |
| | Herpes Zoster | Claims Only | 39 (12.5) | 7.8 | 12 (9.9) | 2.5 | 88 (27.8) | 1.6 |
| | | Any Non-claims | 273 (87.5) | 11.9 | 109 (90.1) | 6.4 | 229 (72.2) | 17.2 |
| Pneumococcal | Claims Only | N/A | N/A | N/A | N/A | 69 (21.8) | 12.8 | |
| | Any Non-claims | N/A | N/A | N/A | N/A | 248 (78.2) | 34.4 | |
| PRS-E | Influenza | Claims Only | 68 (18.4) | 38.2 | 22 (11.7) | 25.2 | N/A | N/A |
| | | Any Non-claims | 301 (81.6) | 41.6 | 166 (88.3) | 27.5 | N/A | N/A |
| | Tdap/Td | Claims Only | 70 (19.0) | 70.1 | 31 (16.5) | 46.4 | N/A | N/A |
| | | Any Non-claims | 299 (81.0) | 69.7 | 157 (83.5) | 53.7 | N/A | N/A |

Table 4. Average data source contribution to immunization numerators, MY 2021

| Measure | Indicator | Data Source | Mean % Data Source Contribution | | |
|---------|---------------|-----------------|---------------------------------|----------|----------|
| | | | Commercial | Medicaid | Medicare |
| AIS-E | Influenza | EHR | 7.9 | 18.0 | 14.8 |
| | | HIE/Registry | 23.9 | 37.4 | 20.4 |
| | | Case Management | 0.0 | 0.1 | 5.3 |
| | | Claims | 68.2 | 44.5 | 59.5 |
| | Tdap/Td | EHR | 6.8 | 16.1 | 13.5 |
| | | HIE/Registry | 23.1 | 40.4 | 23.0 |
| | | Case Management | 0.0 | 0.0 | 0.6 |
| | | Claims | 70.1 | 43.5 | 62.8 |
| | Herpes Zoster | EHR | 7.4 | 18.4 | 17.0 |
| | | HIE/Registry | 25.5 | 43.0 | 32.9 |
| | | Case Management | 0.0 | 0.0 | 9.8 |
| | | Claims | 67.2 | 38.6 | 40.3 |
| | Pneumococcal | EHR | N/A | N/A | 12.3 |
| | | HIE/Registry | N/A | N/A | 23.1 |
| | | Case Management | N/A | N/A | 6.0 |
| | | Claims | N/A | N/A | 58.5 |
| PRS-E | Influenza | EHR | 8.3 | 19.3 | N/A |
| | | HIE/Registry | 19.2 | 30.0 | N/A |
| | | Case Management | 0.0 | 0.0 | N/A |

| | | | | | |
|--|---------|-----------------|------|------|-----|
| | Tdap/Td | Claims | 72.5 | 50.7 | N/A |
| | | EHR | 8.8 | 17.1 | N/A |
| | | HIE/Registry | 16.3 | 24.5 | N/A |
| | | Case Management | 0.0 | 0.0 | N/A |
| | | Claims | 74.9 | 58.4 | N/A |

Behavioral Health Measures

Table 5. Average performance rates among submissions with rates greater than zero, MY 2020-2021

| Measure | Indicator | Product Line | MY 2020 | | MY 2021 | |
|--------------------|--------------|--------------|---------------------------------|--------|---------------------------------|--------|
| | | | Submissions >0 (%) ¹ | Mean % | Submissions >0 (%) ¹ | Mean % |
| PND-E | Screening | Commercial | 68 (40.0) | 7.0 | 80 (37.7) | 8.8 |
| | | Medicaid | 26 (33.8) | 14.0 | 42 (42.4) | 15.7 |
| | | Medicare | N/A | N/A | N/A | N/A |
| | Follow-up | Commercial | 9 (100.0) | 50.2 | 10 (100.0) | 56.0 |
| | | Medicaid | 8 (100.0) | 52.1 | 19 (100.0) | 49.7 |
| | | Medicare | N/A | N/A | N/A | N/A |
| PDS-E | Screening | Commercial | 73 (42.9) | 8.3 | 81 (36.0) | 11.1 |
| | | Medicaid | 23 (29.5) | 13.8 | 40 (37.4) | 16.5 |
| | | Medicare | N/A | N/A | N/A | N/A |
| | Follow-up | Commercial | 8 (100.0) | 65.6 | 9 (100.0) | 64.5 |
| | | Medicaid | 12 (100.0) | 55.4 | 19 (100.0) | 58.6 |
| | | Medicare | N/A | N/A | N/A | N/A |
| DSF-E ² | Screening | Commercial | 114 (59.4) | 2.9 | 138 (58.5) | 3.1 |
| | | Medicaid | 34 (37.8) | 5.7 | 57 (46.7) | 4.7 |
| | | Medicare | 39 (26.9) | 11.4 | 79 (32.0) | 10.8 |
| | Follow-up | Commercial | 47 (100.0) | 67.7 | 57 (100.0) | 65.5 |
| | | Medicaid | 22 (100.0) | 65.6 | 39 (100.0) | 62.1 |
| | | Medicare | 21 (100.0) | 66.8 | 33 (100.0) | 62.0 |
| DMS-E ² | Total | Commercial | 89 (50.3) | 6.0 | 98 (44.7) | 5.3 |
| | | Medicaid | 32 (41.6) | 7.7 | 43 (43.9) | 6.3 |
| | | Medicare | 41 (33.3) | 11.4 | 71 (31.7) | 5.8 |
| DRR-E ² | Remission | Commercial | 27 (100.0) | 6.9 | 30 (96.8) | 5.5 |
| | | Medicaid | 14 (93.3) | 8.2 | 20 (90.9) | 5.7 |
| | | Medicare | 17 (89.5) | 7.4 | 21 (87.5) | 6.7 |
| | Response | Commercial | 27 (100.0) | 11.4 | 30 (96.8) | 9.1 |
| | | Medicaid | 15 (100.0) | 11.5 | 22 (100.0) | 9.1 |
| | | Medicare | 19 (100.0) | 11.1 | 22 (91.7) | 10.7 |
| ASF-E ² | Screening | Commercial | 9 (5.4) | 6.2 | 15 (7.0) | 4.8 |
| | | Medicaid | 6 (8.0) | 0.4 | 6 (6.1) | 1.2 |
| | | Medicare | 9 (6.9) | 9.9 | 15 (6.3) | 8.7 |
| | Follow-up | Commercial | 7 (100.0) | 1.4 | 9 (90.0) | 1.5 |
| | | Medicaid | 1 (50.0) | 44.6 | 4 (100.0) | 9.8 |
| | | Medicare | 5 (100.0) | 3.1 | 5 (71.4) | 1.9 |
| ADD-E | Initiation | Commercial | 195 (100.0) | 40.0 | 228 (100.0) | 36.3 |
| | | Medicaid | 83 (100.0) | 44.9 | 102 (100.0) | 40.1 |
| | Continuation | Commercial | 113 (100.0) | 46.3 | 144 (100.0) | 43.9 |
| | | Medicaid | 75 (100.0) | 54.8 | 84 (100.0) | 51.3 |

¹ Submissions >0 includes only submissions with performance rates greater than zero. The percentage of the total number of submissions is also provided.

² Data reflect the measure's Total rate across all age groups.

Table 6. Average behavioral health performance rates by data source used, MY 2021

| Measure | Indicator | Data Source Use | Commercial | | Medicaid | | Medicare | |
|--------------------|--------------|-----------------|-------------|--------|-------------|--------|-------------|--------|
| | | | Submissions | Mean % | Submissions | Mean % | Submissions | Mean % |
| PND-E | Screening | Claims Only | 134 | 0.0 | 57 | 0.0 | N/A | N/A |
| | | Any Non-claims | 78 | 9.0 | 42 | 15.7 | N/A | N/A |
| | Follow-Up | Claims Only | 1 | 57.5 | 0 | N/A | N/A | N/A |
| | | Any Non-claims | 9 | 55.8 | 19 | 49.7 | N/A | N/A |
| PDS-E | Screening | Claims Only | 146 | 0.0 | 67 | 0.0 | N/A | N/A |
| | | Any Non-claims | 79 | 11.3 | 40 | 16.5 | N/A | N/A |
| | Follow-Up | Claims Only | 2 | 64.2 | 4 | 46.5 | N/A | N/A |
| | | Any Non-claims | 7 | 64.6 | 15 | 61.8 | N/A | N/A |
| DSF-E ¹ | Screening | Claims Only | 100 | 0.1 | 65 | 0.0 | 171 | 0.3 |
| | | Any Non-claims | 136 | 3.1 | 57 | 4.7 | 76 | 10.5 |
| | Follow-Up | Claims Only | 28 | 51.7 | 7 | 66.9 | 7 | 64.0 |
| | | Any Non-claims | 29 | 78.9 | 32 | 61.0 | 26 | 61.4 |
| DMS-E ¹ | Total | Claims Only | 123 | 0.0 | 55 | 0.0 | 155 | 0.0 |
| | | Any Non-claims | 96 | 5.4 | 43 | 6.3 | 69 | 6.0 |
| DRR-E ¹ | Remission | Claims Only | 3 | 0.8 | 3 | 0.9 | 3 | 0.0 |
| | | Any Non-claims | 28 | 5.8 | 19 | 5.8 | 21 | 6.7 |
| | Response | Claims Only | 3 | 1.6 | 1 | 5.0 | 2 | 0.0 |
| | | Any Non-claims | 28 | 9.6 | 21 | 9.3 | 22 | 10.7 |
| ASF-E ¹ | Screening | Claims Only | 198 | 0.0 | 93 | 0.0 | 223 | 0.0 |
| | | Any Non-claims | 15 | 4.8 | 6 | 1.2 | 15 | 8.7 |
| | Follow-Up | Claims Only | 6 | 1.0 | 3 | 10.2 | 5 | 0.7 |
| | | Any Non-claims | 4 | 2.0 | 1 | 8.3 | 2 | 3.0 |
| ADD-E | Initiation | Claims Only | 172 | 35.6 | 38 | 37.7 | N/A | N/A |
| | | Any Non-claims | 56 | 38.4 | 64 | 41.5 | N/A | N/A |
| | Continuation | Claims Only | 109 | 43.1 | 32 | 51.3 | N/A | N/A |
| | | Any Non-claims | 35 | 46.3 | 52 | 51.3 | N/A | N/A |

¹Data reflect the measure's Total rate across all age groups.

Table 7. Average data source contribution to behavioral health numerators, MY 2021

| Measure | Indicator | Data Source | Mean % Data Source Contribution | | |
|---------|-----------|-----------------|---------------------------------|----------|----------|
| | | | Commercial | Medicaid | Medicare |
| PND-E | Screening | EHR | 40.9 | 46.3 | N/A |
| | | HIE/Registry | 3.9 | 10.5 | N/A |
| | | Case Management | 52.6 | 42.2 | N/A |
| | | Claims | 2.5 | 1.0 | N/A |
| | Follow-up | EHR | 32.8 | 25.2 | N/A |
| | | HIE/Registry | 0.3 | 8.9 | N/A |
| | | Case Management | 1.0 | 15.3 | N/A |
| | | Claims | 65.9 | 50.6 | N/A |
| PDS-E | Screening | EHR | 40.1 | 45.9 | N/A |
| | | HIE/Registry | 4.8 | 7.7 | N/A |
| | | Case Management | 52.6 | 44.8 | N/A |
| | | Claims | 2.5 | 1.6 | N/A |
| | Follow-up | EHR | 28.9 | 18.0 | N/A |

| | | | | | |
|--------------------|--------------|-----------------|------|------|------|
| | | HIE/Registry | 0.0 | 14.4 | N/A |
| | | Case Management | 0.2 | 1.9 | N/A |
| | | Claims | 70.8 | 65.8 | N/A |
| DSF-E ¹ | Screening | EHR | 61.1 | 58.7 | 75.9 |
| | | HIE/Registry | 4.1 | 9.2 | 6.3 |
| | | Case Management | 33.4 | 31.0 | 14.0 |
| | | Claims | 1.4 | 1.1 | 3.8 |
| | Follow-up | EHR | 14.1 | 20.5 | 27.4 |
| | | HIE/Registry | 1.9 | 5.1 | 1.8 |
| | | Claims | 83.8 | 65.6 | 66.8 |
| DMS-E ¹ | Total | EHR | 56.8 | 65.0 | 84.0 |
| | | HIE/Registry | 2.0 | 8.8 | 5.4 |
| | | Case Management | 39.1 | 24.4 | 7.8 |
| | | Claims | 2.0 | 1.8 | 2.8 |
| DRR-E ¹ | Remission | EHR | 84.8 | 67.7 | 92.4 |
| | | HIE/Registry | 8.4 | 21.8 | 6.1 |
| | | Case Management | 0.1 | 5.5 | 1.5 |
| | | Claims | 6.7 | 5.0 | 0.0 |
| | Response | EHR | 85.2 | 67.0 | 91.6 |
| | | HIE/Registry | 8.0 | 19.1 | 6.8 |
| | | Claims | 6.7 | 4.5 | 0.0 |
| ASF-E ¹ | Screening | EHR | 80.0 | 83.3 | 73.3 |
| | | HIE/Registry | 0.0 | 0.0 | 0.0 |
| | | Case Management | 20.0 | 16.7 | 26.7 |
| | | Claims | 0.0 | 0.0 | 0.0 |
| | Follow-up | EHR | 20.6 | 18.8 | 25.2 |
| | | HIE/Registry | 0.0 | 0.0 | 0.0 |
| | | Claims | 79.4 | 81.3 | 74.8 |
| ADD-E | Initiation | EHR | 2.3 | 11.3 | N/A |
| | | HIE/Registry | 0.1 | 5.0 | N/A |
| | | Case Management | 0.0 | 0.0 | N/A |
| | | Claims | 97.6 | 83.6 | N/A |
| | Continuation | EHR | 4.3 | 10.3 | N/A |
| | | HIE/Registry | 0.4 | 6.5 | N/A |
| | | Claims | 95.3 | 83.2 | N/A |

¹Data reflect the measure's Total rate across all age groups.

Cancer Screening Measures

Table 8. Average cancer screening performance rates by reporting method, MY 2020-2021

| Measure | Product Line | Reporting Method | MY 2020 | | MY 2021 | |
|-----------------------------|--------------|------------------|-------------|--------|-------------|--------|
| | | | Submissions | Mean % | Submissions | Mean % |
| Breast Cancer Screening | Commercial | ECDS | 267 | 69.8 | 328 | 70.1 |
| | | Traditional | | 69.9 | | 70.2 |
| | Medicaid | ECDS | 99 | 54.1 | 117 | 51.7 |
| | | Traditional | | 54.3 | | 51.9 |
| | Medicare | ECDS | 184 | 71.1 | 292 | 69.8 |
| | | Traditional | | 71.4 | | 70.3 |
| Colorectal Cancer Screening | Commercial | ECDS | 267 | 54.4 | 329 | 56.1 |
| | | Traditional | | 60.1 | | 62.3 |
| | Medicare | ECDS | 193 | 60.5 | 314 | 61.5 |
| | | Traditional | | 70.7 | | 70.8 |

Table 9. Average cancer screening performance rates by data source used, MY 2021

| Measure | Data Source Use | Commercial | | Medicaid | | Medicare | |
|---------|-----------------|-----------------|--------|-----------------|--------|-----------------|--------|
| | | Submissions (%) | Mean % | Submissions (%) | Mean % | Submissions (%) | Mean % |
| BCS-E | Claims Only | 85 (25.9) | 70.2 | 19 (16.2) | 49.8 | 44 (15.1) | 69.3 |
| | Any Non-claims | 243 (74.1) | 70.1 | 98 (83.8) | 52.1 | 248 (84.9) | 69.9 |
| COL-E | Claims Only | 31 (9.4) | 52.9 | N/A | N/A | 34 (10.8) | 48.3 |
| | Any Non-claims | 298 (89.2) | 56.4 | N/A | N/A | 280(89.1) | 63.1 |

Table 10. Average data source contribution to cancer screening numerators, MY 2021

| Measure | Data Source | Mean % Data Source Contribution | | |
|---------|-----------------|---------------------------------|----------|----------|
| | | Commercial | Medicaid | Medicare |
| BCS-E | EHR | 9.7 | 16.1 | 21.1 |
| | HIE/Registry | 0.9 | 3.4 | 1.4 |
| | Case Management | 0.0 | 0.0 | 3.1 |
| | Claims | 89.4 | 80.4 | 74.3 |
| COL-E | EHR | 13.9 | N/A | 35.4 |
| | HIE/Registry | 0.9 | N/A | 2.4 |
| | Case Management | 0.1 | N/A | 4.0 |
| | Claims | 85.0 | N/A | 58.1 |