Our Standard of Quality

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

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

We also believe that healing involves promoting and improving the health of our communities. To demonstrate our commitment to providing the highest quality of care and service, Sanford Health Plan would like to present our HEDIS® [Healthcare Effectiveness Data and Information Set] 2019 commercial HMO report including quality improvement activities implemented by the Plan. This data provides you - our customer - with the information you need to judge our success in meeting our goals in various performance areas.

Along with Sanford Health, Sanford Health Plan’s very foundation is quality. Reporting HEDIS rates will assist the Plan in identifying our strong points and areas where improvements need to be made. The Plan believes that the only way to achieve continuous quality improvement is to have its entire organization embrace a well-defined quality improvement program and annual work plan in its day to day activities. With this being our 18th year of reporting, we are able to compare our rates to those of previous years to determine where we did or did not make progress. We look forward to future reporting years, which will allow us to continue to monitor and evaluate improvements that can be made in all aspects of our care and service delivery.

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

Timothy Donelan, MD
Vice President, Medical Officer
Sanford Health Plan
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Introduction

About Sanford Health Plan

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

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

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

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

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

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

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

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

This report provides you with Sanford Health Plan’s HEDIS 2019 commercial HMO results [based on calendar year 2018 data] and the programs and activities designed to improve the health care and services the Plan provides to its members. The HEDIS measures, which are reported on an annual basis, are divided into domains that reflect different aspects of care. An arrow is presented, along with the rates in this report, to indicate whether a specific rate is higher or lower than the NCQA 2019 Quality Compass® National HMO Average. Quality Compass® is NCQA’s comprehensive national database of health plans’ HEDIS and CAHPS® results.

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

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

2The source for certain health plan measure rates and benchmark [averages and percentiles] data ("the Data") is Quality Compass® 2019 and is used with the permission of the National Committee for Quality Assurance ("NCQA"). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA.

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

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CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

3NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).
Effectiveness of Care Domain

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

The Effectiveness of Care measures included in this report are:

Prevention and Screening:

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

Respiratory Conditions:

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

Cardiovascular Conditions:

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

Diabetes:

- Comprehensive Diabetes Care
- Statin Therapy for Patients With Diabetes

Behavioral Health:

- Antidepressant Medication Management
- Follow-Up Care for Children Prescribed ADHD Medication
- Follow-Up After Hospitalization for Mental Illness
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

Overuse/Appropriateness:

- Appropriate Treatment for Children With Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
- Use of Imaging Studies for Low Back Pain

Measures Collected Through the CAHPS® Health Plan Survey:

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

According to the Centers for Disease Control and Prevention (CDC), the prevalence of obesity in adults in the U.S. in 2015–2016 was 39.8%. Obesity can significantly increase the risk for serious health conditions and results in high medical costs. Body mass index (BMI) is widely considered the most useful tool for assessment of overweight and obesity.

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

### ABA: Adult BMI Assessment

<table>
<thead>
<tr>
<th>BMI Assessed in Last 2 Years</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average³</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.52%</td>
<td>93.28%</td>
<td>91.67%</td>
<td>92.52%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

³Refer to footnote p. 7
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

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

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

<table>
<thead>
<tr>
<th>WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher↑/Lower↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI Percentile in Measurement Year</td>
<td>73.72%</td>
<td>75.67%</td>
<td>77.78%</td>
<td>77.89%</td>
<td>↑</td>
</tr>
<tr>
<td>Counseling for Nutrition in Measurement Year</td>
<td>53.77%</td>
<td>57.91%</td>
<td>66.42%</td>
<td>67.63%</td>
<td>↑</td>
</tr>
<tr>
<td>Counseling for Physical Activity in Measurement Year</td>
<td>53.77%</td>
<td>56.45%</td>
<td>64.69%</td>
<td>66.32%</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7

Childhood and Adolescent Immunization Status

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

Childhood Immunization Status involves measuring the percentage of enrolled children who turned two years old during the measurement year, who were continuously enrolled for 12 months preceding their second birthday and who were identified as having the recommended vaccinations by their second birthday.

<table>
<thead>
<tr>
<th>CIS: Childhood Immunization Status</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher↑/Lower↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 DTaP</td>
<td>91.52%</td>
<td>89.80%</td>
<td>86.98%</td>
<td>92.37%</td>
<td>↑</td>
</tr>
<tr>
<td>3 IPV</td>
<td>94.44%</td>
<td>94.39%</td>
<td>95.05%</td>
<td>97.18%</td>
<td>↑</td>
</tr>
<tr>
<td>1 MMR</td>
<td>94.74%</td>
<td>95.15%</td>
<td>93.75%</td>
<td>96.33%²</td>
<td>↑</td>
</tr>
<tr>
<td>3 HiB</td>
<td>95.03%</td>
<td>94.39%</td>
<td>94.27%</td>
<td>96.61%</td>
<td>↑</td>
</tr>
<tr>
<td>3 Hepatitis B</td>
<td>95.32%</td>
<td>92.35%</td>
<td>93.75%</td>
<td>96.61%</td>
<td>↑</td>
</tr>
<tr>
<td>1 VZV</td>
<td>94.44%</td>
<td>94.39%</td>
<td>92.19%</td>
<td>95.48%²</td>
<td>↑</td>
</tr>
<tr>
<td>4 Pneumococcal</td>
<td>91.23%</td>
<td>90.56%</td>
<td>90.10%</td>
<td>94.07%</td>
<td>↑</td>
</tr>
<tr>
<td>1 Hepatitis A</td>
<td>84.21%</td>
<td>91.07%</td>
<td>90.63%</td>
<td>93.79%²</td>
<td>↑</td>
</tr>
<tr>
<td>2 or 3 Rotavirus</td>
<td>85.38%</td>
<td>84.44%</td>
<td>85.42%</td>
<td>88.98%</td>
<td>↑</td>
</tr>
<tr>
<td>2 Influenza</td>
<td>77.19%</td>
<td>73.47%</td>
<td>78.91%</td>
<td>78.25%</td>
<td>↑</td>
</tr>
<tr>
<td>Combo10: All immunizations listed above</td>
<td>61.11%</td>
<td>63.52%</td>
<td>69.01%</td>
<td>70.62%²</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7  ²Trending between HEDIS 2019 and prior years should be considered with caution due to measure timeframe changes.
Immunizations for Adolescents involves measuring the percentage of enrolled adolescents who turned 13 years old during the measurement year, who were continuously enrolled for 12 months preceding their thirteenth birthday and who were identified as having the recommended vaccinations by their thirteenth birthday.

<table>
<thead>
<tr>
<th>IMA: Immunizations for Adolescents</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Meningococcal</td>
<td>52.80%</td>
<td>79.08%</td>
<td>88.32%</td>
<td>93.67%</td>
<td>↑</td>
</tr>
<tr>
<td>1 Td/Tdap</td>
<td>61.80%</td>
<td>81.02%</td>
<td>89.78%</td>
<td>93.67%</td>
<td>↑</td>
</tr>
<tr>
<td>2 or 3 HPV</td>
<td></td>
<td></td>
<td>41.85%²</td>
<td>48.66%</td>
<td>↑</td>
</tr>
<tr>
<td>Combo1: Mening &amp; Tdap</td>
<td>49.88%</td>
<td>77.37%</td>
<td>87.35%</td>
<td>92.21%</td>
<td>↑</td>
</tr>
<tr>
<td>Combo2: Mening, Tdap &amp; HPV</td>
<td>41.36%²</td>
<td>47.20%</td>
<td></td>
<td></td>
<td>↑</td>
</tr>
</tbody>
</table>

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

Immunization Guidelines

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

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

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

A new activity started last year is a mailer to adolescents who have not yet completed their HPV vaccination series reminding them to do so.
Colorectal Cancer Screening

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

This measure looks at the percentage of adults 50–75 years of age who were continuously enrolled during the measurement year and prior year, and who had appropriate screening for colorectal cancer, which includes any one of the following:

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

<table>
<thead>
<tr>
<th>COL: Colorectal Cancer Screening</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher↑/Lower↓ than 2019 Quality Compass National HMO Average1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>63.42%</td>
<td>65.89%</td>
<td>59.31%</td>
<td>66.83%2</td>
<td>↑</td>
</tr>
</tbody>
</table>

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

Colorectal Cancer Screening Activities

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>BCS: Breast Cancer Screening</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram in Last 2 Years, 3 Months - Ages 50 to 74</td>
<td>77.15%²</td>
<td>80.14%³</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
²Rate is not trendable to prior to 2018 due to a change in the numerator criteria
³Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions.

Breast Health Initiative

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

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

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

This measure looks at the percentage of women ages 21 through 64 years, who were continuously enrolled during the measurement year and the two years prior and who had a Pap test during one of those years or, if they were between 30 and 64, had a Pap test in the last five years with an HPV test.

<table>
<thead>
<tr>
<th>CCS: Cervical Cancer Screening</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap Test in Last 3 Years; Or in Last 5 Years With HPV Test</td>
<td>72.16%</td>
<td>69.85%</td>
<td>69.88%</td>
<td>70.08%</td>
<td>↓</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7

**Cervical Cancer Screening Activities**

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

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

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

**Chlamydia Screening in Women**

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

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

<table>
<thead>
<tr>
<th>CHL: Chlamydia Screening</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 16 to 20</td>
<td>24.17%</td>
<td>27.15%</td>
<td>27.34%</td>
<td>25.60%</td>
<td>↓</td>
</tr>
<tr>
<td>Ages 21 to 24</td>
<td>35.31%</td>
<td>34.92%</td>
<td>36.63%</td>
<td>38.64%</td>
<td>↓</td>
</tr>
<tr>
<td>Total: Ages 16 to 24</td>
<td>30.28%</td>
<td>31.47%</td>
<td>32.59%</td>
<td>32.77%</td>
<td>↓</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
Chlamydia Screening Activities

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

Appropriate Testing for Children with Pharyngitis

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

This measure looks at the percentage of children 3–18 years of age who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus test for the episode. A higher rate indicates appropriate testing.

<table>
<thead>
<tr>
<th>CWP: Appropriate Testing for Children with Pharyngitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Antibiotic and Received Strep Test</td>
</tr>
<tr>
<td>HEDIS 2016</td>
</tr>
<tr>
<td>77.29%</td>
</tr>
</tbody>
</table>

↑/Lower than 2019 Quality Compass National HMO Average

Trend between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.

Use of Spirometry Testing in the Assessment & Diagnosis of COPD

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

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

<table>
<thead>
<tr>
<th>SPR: Use of Spirometry Testing in the Assessment &amp; Diagnosis of COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Spirometry Testing</td>
</tr>
<tr>
<td>HEDIS 2016</td>
</tr>
<tr>
<td>34.29%</td>
</tr>
</tbody>
</table>

↑/Lower than 2019 Quality Compass National HMO Average

Trend between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.
Pharmacotherapy Management of COPD Exacerbation

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

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

<table>
<thead>
<tr>
<th>PCE: Pharmacotherapy Management of COPD Exacerbation</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑ /Lower ↓ than 2019 Quality Compass National HMO Average(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensed a Systemic Corticosteroid Within 14 Days of Event</td>
<td>84.85%</td>
<td>65.00%</td>
<td>89.66%</td>
<td>81.36%</td>
<td>↑</td>
</tr>
<tr>
<td>Dispensed a Bronchodilator Within 30 Days of Event</td>
<td>90.91%</td>
<td>78.33%</td>
<td>86.21%</td>
<td>83.05%</td>
<td>↑</td>
</tr>
</tbody>
</table>

\(^1\)Refer to footnote p. ?

Asthma

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

Medication Management for People with Asthma

This measure identifies members 5–64 years of age who were identified as having persistent asthma and who were dispensed appropriate medications. Then two rates are reported:

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

<table>
<thead>
<tr>
<th>MMA: Medication Management for People with Asthma</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑ /Lower ↓ than 2019 Quality Compass National HMO Average(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% Med Compliance - Ages 5 to 11</td>
<td>77.50%</td>
<td>72.09%</td>
<td>72.55%</td>
<td>81.18%(^4)</td>
<td></td>
</tr>
<tr>
<td>50% Med Compliance - Ages 12 to 18</td>
<td>NA(^2)</td>
<td>NA(^2)</td>
<td>60.87%</td>
<td>64.74%(^4)</td>
<td></td>
</tr>
<tr>
<td>50% Med Compliance - Ages 19 to 50</td>
<td>66.12%</td>
<td>74.07%</td>
<td>76.24%</td>
<td>77.52%(^4)</td>
<td></td>
</tr>
<tr>
<td>50% Med Compliance - Ages 51 to 64</td>
<td>82.61%</td>
<td>76.29%</td>
<td>80.78%</td>
<td>80.77%(^4)</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)Refer to footnote p. ?

\(^2\)NA: Not Available

\(^4\)Refer to footnote p. ?
Asthma Medication Ratio

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 5 to 11</td>
<td>95.12%</td>
<td>81.40%</td>
<td>75.49%</td>
<td>97.08%</td>
<td>↑</td>
</tr>
<tr>
<td>Ages 12 to 18</td>
<td>NA^2</td>
<td>NA^2</td>
<td>77.31%</td>
<td>87.08%</td>
<td>↑</td>
</tr>
<tr>
<td>Ages 19 to 50</td>
<td>67.15%</td>
<td>62.82%</td>
<td>70.19%</td>
<td>82.71%</td>
<td>↑</td>
</tr>
<tr>
<td>Ages 51 to 64</td>
<td>84.47%</td>
<td>80.00%</td>
<td>79.21%</td>
<td>85.84%</td>
<td>↑</td>
</tr>
<tr>
<td>Total: Ages 5 to 64</td>
<td>74.63%^3</td>
<td>85.81%^4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Refer to footnote p. 7
2NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
3For HEDIS 2018, the total age band was changed from 5 to 85 to 5 to 64 so these total rates are not trendable to prior years.
4Trending between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.

Improving Asthma Management

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

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

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

<table>
<thead>
<tr>
<th>CBP: Controlling High Blood Pressure</th>
<th>HEDIS 2019</th>
<th>Higher ↑ /Lower ↓ than 2019 Quality Compass National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled Blood Pressure</td>
<td></td>
<td>81.27%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 7
2Due to significant changes to the measure criteria in HEDIS 2019, this rate is not trendable to prior years.

Monitoring Blood Pressure Management

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

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

Persistence of Beta Blocker Treatment After a Heart Attack

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

<table>
<thead>
<tr>
<th>PBH: Persistence of Beta Blocker Treatment After a Heart Attack</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑ /Lower ↓ than 2019 Quality Compass National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta Blocker Treatment At Least 6 Months After Discharge for Heart Attack</td>
<td>NA²</td>
<td>71.43%</td>
<td>84.38%</td>
<td>87.64%³</td>
<td></td>
</tr>
</tbody>
</table>

1Refer to footnote p. 7
2NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
3Trending between HEDIS 2019 and prior years should be considered with caution due to added exclusions.
Heart Disease Management

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

Statin Therapy for Patients With Cardiovascular Disease

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

1. Received Statin Therapy. Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.

2. Statin Adherence 80%. Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

<table>
<thead>
<tr>
<th>SPC: Statin Therapy for Patients with Cardiovascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEDIS 2016</strong></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Received Statin Therapy: Males 21 to 75</td>
</tr>
<tr>
<td>Received Statin Therapy: Females 40 to 75</td>
</tr>
<tr>
<td>Received Statin Therapy: Total</td>
</tr>
<tr>
<td>Statin Adherence 80%: Males 21 to 75</td>
</tr>
<tr>
<td>Statin Adherence 80%: Females 40 to 75</td>
</tr>
<tr>
<td>Statin Adherence 80%: Total</td>
</tr>
</tbody>
</table>

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

Comprehensive Diabetes Care

Diabetes is a costly, highly prevalent chronic disease which, if not controlled, can result in serious complications including amputations, blindness, kidney failure, heart disease, nerve damage and more. According to the American Diabetes Association, in 2015 an estimated 30.3 million people had this disease (9.4% of the U.S. population). Many complications of diabetes can be prevented if detected and addressed in the early stages.

This measure looks at the percentage of members with diabetes ages 18 through 75 years old, who were continuously enrolled during the measurement year, who received the following aspects of diabetes care (except where noted, these are based on the most recent date of service in the measurement year):

1. Hemoglobin A1c (HbA1c) Tested

2. HbA1c Poor Control >9.0%

3. HbA1c Control <8.0%
4. Eye Exam [Retinal] performed in the measurement year [or in the year prior to the measurement year with a negative retinopathy diagnosis]

5. Medical Attention for Nephropathy [Includes any of the following: evidence of treatment for nephropathy, a nephrologist visit, a urine macroalbumin or urine microalbumin test or evidence of ACE Inhibitor/ARB drug therapy]

6. Blood Pressure Control <140/90 mm Hg

<table>
<thead>
<tr>
<th>CDC: Comprehensive Diabetes Care</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average1</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Testing</td>
<td>96.90%</td>
<td>94.16%</td>
<td>93.19%</td>
<td>93.19%</td>
<td>↑</td>
</tr>
<tr>
<td>HbA1c Poor Control &gt;9.0% (Lower rate indicates better performance)</td>
<td>17.15%</td>
<td>20.07%</td>
<td>16.85%</td>
<td>17.76%</td>
<td>↑</td>
</tr>
<tr>
<td>HbA1c Control &lt;8.0%</td>
<td>66.79%</td>
<td>66.24%</td>
<td>70.07%</td>
<td>72.75%</td>
<td>↑</td>
</tr>
<tr>
<td>Eye Exam [Retinal]</td>
<td>63.32%</td>
<td>62.41%</td>
<td>65.95%</td>
<td>69.10%</td>
<td>↑</td>
</tr>
<tr>
<td>Medical Attention for Nephropathy</td>
<td>93.25%</td>
<td>92.70%</td>
<td>89.78%</td>
<td>89.78%</td>
<td>↓</td>
</tr>
<tr>
<td>Blood Pressure Control (&lt;140/90)</td>
<td>82.12%</td>
<td>85.58%</td>
<td>81.36%</td>
<td>86.62%</td>
<td>↑</td>
</tr>
</tbody>
</table>

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

Improving Diabetes Management

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

To accomplish this, members who are noncompliant with the recommended care guidelines are sent an educational letter with information on the risks of complications and the importance of getting needed tests and regular doctor visits. Members are also reminded via mailers that their annual diabetic eye exam with a participating eye care professional is covered under their medical benefit.

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

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

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

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

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

<table>
<thead>
<tr>
<th>SPD: Statin Therapy for Patients with Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEDIS 2016</strong></td>
</tr>
<tr>
<td>Received Statin Therapy</td>
</tr>
<tr>
<td>Statin Adherence 80%</td>
</tr>
</tbody>
</table>

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

Follow-Up Care for Children Prescribed ADHD Medication

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

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

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

<table>
<thead>
<tr>
<th>ADD: Follow-Up Care for Children Prescribed ADHD/ADD Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEDIS 2016</strong></td>
</tr>
<tr>
<td>Initiation Phase</td>
</tr>
<tr>
<td>Continuation &amp; Maintenance Phase</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
³Trend with caution prior to HEDIS 2018 due to the addition of telehealth in 2018.
Improving ADHD Management

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

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

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

Antidepressant Medication Management

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

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

1. Effective Acute Phase Treatment

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

2. Effective Continuation Phase Treatment

   The percentage of members ages 18 years and older, who were diagnosed with major depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least 180 days (six months). This measures the effectiveness of clinical management (follow-up visits) in achieving medication compliance (taking medications as long as prescribed) for the Continuation Phase Treatment Period.

### AMM: Antidepressant Medication Management

<table>
<thead>
<tr>
<th></th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Acute Phase Treatment</td>
<td>73.11%</td>
<td>76.71%</td>
<td>77.55%²</td>
<td>77.96%</td>
</tr>
<tr>
<td>Effective Continuation Phase Treatment</td>
<td>54.48%</td>
<td>60.07%</td>
<td>60.70%²</td>
<td>62.24%</td>
</tr>
<tr>
<td>Higher/Lower than 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Compass National HMO Average¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
²Trend with caution prior to HEDIS 2018 due to the addition of telehealth in 2018.
Improving Mental Health Medication Management

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

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

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

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

Follow-Up After Hospitalization for Mental Illness

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

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

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

| FUH: Follow Up After Hospitalization for Mental Illness |
|-----------------------------------------------|-----------------|-------------------|
| Ambulatory Follow-Up Within 7 Days after Discharge | HEDIS 2018 37.07% | HEDIS 2019 45.03% | Higher↑/Lower↓ than 2019 Quality Compass National HMO Average¹ |
| Ambulatory Follow-Up Within 30 Days after Discharge | 69.83%² | 72.25%³ | |

¹Refer to footnote p. 7
²Rate is not trendable prior to 2018 due to a change in the numerator criteria.
³Trending between HEDIS 2019 and prior years should be considered with caution due to measure criteria changes.
Improving Timeliness of Follow-Up after Hospitalization for Mental Illness

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

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

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics

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

This measure looks at the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions during the measurement year and had both of the following metabolic tests done during the measurement year:

- At least one test for blood glucose or HbA1c
- At least one test for LDL-C or cholesterol

### APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

<table>
<thead>
<tr>
<th></th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher/Lower than 2019 Quality Compass National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 1 to 5</td>
<td>NA²</td>
<td>NA²</td>
<td>NA²</td>
<td>NA²</td>
<td></td>
</tr>
<tr>
<td>Ages 6 to 11</td>
<td>NA²</td>
<td>39.02%</td>
<td>34.29%</td>
<td>44.16%</td>
<td>↑</td>
</tr>
<tr>
<td>Ages 12 to 17</td>
<td>NA²</td>
<td>37.65%</td>
<td>45.36%</td>
<td>45.38%</td>
<td>↑</td>
</tr>
<tr>
<td>Total: Ages 1 to 17</td>
<td>33.33%</td>
<td>38.28%</td>
<td>42.11%</td>
<td>44.29%</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.

Metabolic Monitoring Activities

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

A HEDIS Guide and Toolkit was also published for providers which includes information on performance measures, common deficiencies and tips to improve quality of care.
**Appropriate Treatment for Children with Upper Respiratory Infection**

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

This measure looks at the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the date the child was seen by the doctor for the URI. Not being prescribed an antibiotic in this situation indicates appropriate treatment.

<table>
<thead>
<tr>
<th>URI: Appropriate Treatment for Children with URI</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic Not Dispensed (Indicates Appropriate Treatment)</td>
<td>77.53%</td>
<td>81.84%</td>
<td>78.39%</td>
<td>78.11%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 7

**Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**

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

This measure looks at the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or three days after the diagnosis of acute bronchitis. Not being prescribed an antibiotic in this situation indicates appropriate treatment.

<table>
<thead>
<tr>
<th>AAB: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate avoidance of antibiotics</td>
<td>16.84%</td>
<td>19.68%</td>
<td>23.19%</td>
<td>29.11%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 7

2Trending between HEDIS 2019 and prior years should be considered with caution due to addition of telehealth.

**Improving Appropriate Antibiotic Utilization**

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

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

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

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

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

<table>
<thead>
<tr>
<th>LBP: Use of Imaging Studies for Low Back Pain</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging Studies Did Not Occur (Appropriate Treatment)</td>
<td>85.62%</td>
<td>86.36%</td>
<td>89.22%</td>
<td>89.83%</td>
</tr>
</tbody>
</table>

↑/Lower than 2019 Quality Compass National HMO Average

1Refer to footnote p. 7
2Trend with caution prior to HEDIS 2018 due to the addition of telehealth in 2018.

Flu Shots for Adults Ages 18-64

The number of influenza cases each year is high. The flu shot is meant to prevent it. This measure assesses the percentage of members ages 18-64 years who received an influenza vaccination as of July 1 of the measurement year. Sanford Health Plan publishes yearly newsletter articles to remind members to get their flu shots and that flu shots are covered under their preventive health benefits.

<table>
<thead>
<tr>
<th>FVA: Flu Shot or Spray for Adults Ages 18 to 64</th>
<th>CAHPS®2016</th>
<th>CAHPS®2017</th>
<th>CAHPS®2018</th>
<th>CAHPS®2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Shot or Spray for Adults Ages 18 to 64</td>
<td>60.19%</td>
<td>59.31%</td>
<td>59.66%</td>
<td>74.10%</td>
</tr>
</tbody>
</table>

↑/Lower than 2019 Quality Compass National HMO Average

1Refer to footnote p. 7
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Medical Assistance with Smoking and Tobacco Use Cessation

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

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

<table>
<thead>
<tr>
<th><strong>CAHPS® Member Experience Survey Measure</strong></th>
<th><strong>CAHPS®2016</strong></th>
<th><strong>CAHPS®2017</strong></th>
<th><strong>CAHPS®2018</strong></th>
<th><strong>CAHPS®2019</strong></th>
<th><strong>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers &amp; Tobacco Users to Quit</td>
<td>77.69%</td>
<td>76.79%</td>
<td>70.65%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td>43.80%</td>
<td>43.36%</td>
<td>51.16%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td>42.37%</td>
<td>40.00%</td>
<td>46.15%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 7  2NA rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

### Tobacco Cessation Activities

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

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

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

- **South Dakota QuitLine**: (866) SD-QUITS or (866) 737-8487 / sdquitline.com
- **North Dakota Quits**: (800) QUIT-NOW or (800) 784-8669 / ndhealth.gov/ndquits
- **Iowa Quitline**: (800) QUIT-NOW or (800) 784-8669 / iowa.quitlogix.org
- **Minnesota QUITPLAN**: (888) 354-PLAN or (888) 354-7526 / quitplan.com
- **Smokefree.gov**: (877) 44U-QUIT or (877) 448-7848 / smokefree.gov

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

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

The Access and Availability measures include:

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

Adults’ Access to Preventive/ Ambulatory Health Services

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

<table>
<thead>
<tr>
<th>Ages</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 20 to 44</td>
<td>93.94%</td>
<td>93.21%</td>
<td>93.01%</td>
<td>93.72%²</td>
<td>↑</td>
</tr>
<tr>
<td>Ages 45 to 64</td>
<td>96.07%</td>
<td>95.58%</td>
<td>95.53%</td>
<td>96.26%²</td>
<td>↑</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>97.92%</td>
<td>99.04%</td>
<td>97.75%</td>
<td>97.66%²</td>
<td>↑</td>
</tr>
<tr>
<td>Total: 20+</td>
<td>95.17%</td>
<td>94.65%</td>
<td>94.48%</td>
<td>95.16%²</td>
<td>↑</td>
</tr>
</tbody>
</table>

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

Adult Wellness Visit Guidelines

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

Children and Adolescents’ Access to Primary Care Practitioners

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

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

Prenatal and Postpartum Care

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

Care for the mother after delivery is also important. To give providers the chance to offer advice and assistance, the American College of Obstetricians and Gynecologists recommends that women see their health care practitioner at least once between four and six weeks after giving birth to have a physical examination and an opportunity for members to ask questions and to receive nutrition and family planning guidance.

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

1. Prenatal care should be provided in the first trimester of pregnancy, or if the member enrolled after the first trimester, within 42 days of the member’s enrollment date. Documentation of prenatal care visits should include screening tests, obstetrical history or risk assessment, counseling and education or an ultrasound.

2. Postpartum care should be delivered on or between 21 and 56 days after delivery and should include a physical exam with either a pelvic exam or an evaluation of weight, blood pressure, breasts and abdomen. Below are Sanford Health Plan’s rates for this measure.

PPC: Prenatal and Postpartum Care

<table>
<thead>
<tr>
<th></th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher↑/Lower↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness of Prenatal Care</td>
<td>94.69%</td>
<td>95.65%</td>
<td>93.75%</td>
<td>95.41%</td>
<td></td>
</tr>
<tr>
<td>Timeliness of Postpartum Care</td>
<td>86.47%</td>
<td>83.57%</td>
<td>87.92%</td>
<td>88.78%</td>
<td></td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
Maternity Care Benefits and the Healthy Pregnancy Program

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

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

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

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

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

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

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

Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.

<table>
<thead>
<tr>
<th>IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiation of AOD Treatment:</strong> Ages 13+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse or Dependence</td>
<td>37.42%³</td>
<td>36.24%</td>
<td>↓</td>
</tr>
<tr>
<td>Opioid Abuse or Dependence</td>
<td>45.00%³</td>
<td>33.33%</td>
<td>↓</td>
</tr>
<tr>
<td>Other Drug Abuse or Dependence</td>
<td>40.38%³</td>
<td>36.03%</td>
<td>↓</td>
</tr>
<tr>
<td>Initiation of AOD Treatment Total</td>
<td>37.45%³</td>
<td>35.54%</td>
<td>↑</td>
</tr>
</tbody>
</table>
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

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

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

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

<table>
<thead>
<tr>
<th>Age 1 to 5</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 6 to 11</td>
<td>NA²</td>
<td>NA²</td>
<td>NA²</td>
<td>NA²</td>
<td>NA</td>
</tr>
<tr>
<td>Ages 12 to 17</td>
<td>NA²</td>
<td>60%</td>
<td>56.76%</td>
<td>63.64%</td>
<td>↑</td>
</tr>
<tr>
<td>Total: Ages 1 to 17</td>
<td>NA²</td>
<td>60%</td>
<td>48.98%</td>
<td>59.15%</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
²NA HEDIS rates indicate that the Plan collected and reported the rate but the population was too small to report a valid rate.
³Rate is not trendable prior to 2018 due to a change in the numerator criteria.

Use of First-Line Psychosocial Care Activities

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

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

## HEDIS/CAHPS® 5.0H Adult Member Experience Survey

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

<table>
<thead>
<tr>
<th>CAHPS® Member Experience Survey Measure</th>
<th>CAHPS®2016</th>
<th>CAHPS®2017</th>
<th>CAHPS®2018</th>
<th>CAHPS®2019</th>
<th>Higher↑/Lower↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS/CAHPS® 5.0H Adult Overall Ratings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Responding: 8, 9, 10 (Scale from 0-10, where 0 is worst and 10 is best)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Plan Overall</td>
<td>51.35%</td>
<td>50.91%</td>
<td>50.16%</td>
<td>47.99%</td>
<td>↓</td>
</tr>
<tr>
<td>Health Care Overall</td>
<td>78.57%</td>
<td>74.63%</td>
<td>77.13%</td>
<td>76.15%</td>
<td>↓</td>
</tr>
<tr>
<td>Personal Doctor Overall</td>
<td>88.69%</td>
<td>89.12%</td>
<td>82.76%</td>
<td>89.05%</td>
<td>↑</td>
</tr>
<tr>
<td>Specialist Overall</td>
<td>80.31%</td>
<td>85.11%</td>
<td>82.35%</td>
<td>78.03%</td>
<td>↓</td>
</tr>
<tr>
<td>HEDIS/CAHPS® 5.0H Composite Ratings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Responding: &quot;Not a Problem&quot; or &quot;Always or Usually&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Needed Care</td>
<td>88.07%</td>
<td>86.48%</td>
<td>88.59%</td>
<td>87.02%</td>
<td>↑</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>82.40%</td>
<td>83.68%</td>
<td>85.08%</td>
<td>86.11%</td>
<td>↑</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>98.07%</td>
<td>96.92%</td>
<td>97.22%</td>
<td>98.00%</td>
<td>↑</td>
</tr>
<tr>
<td>Customer Service</td>
<td>NA²</td>
<td>NA²</td>
<td>NA²</td>
<td>NA²</td>
<td>NA</td>
</tr>
<tr>
<td>Claims Processing</td>
<td>86.47%</td>
<td>85.38%</td>
<td>91.50%</td>
<td>85.90%</td>
<td>↓</td>
</tr>
<tr>
<td>Plan Information on Costs</td>
<td>59.03%</td>
<td>54.43%</td>
<td>NA²</td>
<td>NA²</td>
<td>NA</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>84.77%</td>
<td>83.45%</td>
<td>81.74%</td>
<td>84.75%</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
²The average number of responses was too low to report a rate

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Utilization and Risk Adjusted Utilization Domain

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

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

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

Well-Child Visits in the First 15 Months of Life

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

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

<table>
<thead>
<tr>
<th>W15: Well Child Visits in the First 15 Months of Life</th>
<th>HEDIS 2016</th>
<th>HEDIS 2017</th>
<th>HEDIS 2018</th>
<th>HEDIS 2019</th>
<th>Higher ↑/Lower ↓ than 2019 Quality Compass National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Visits</td>
<td>0.65%</td>
<td>1.15%</td>
<td>1.43%</td>
<td>1.78%</td>
<td>↓</td>
</tr>
<tr>
<td>1 Visit</td>
<td>1.29%</td>
<td>2.80%</td>
<td>1.54%</td>
<td>0.78%</td>
<td>↓</td>
</tr>
<tr>
<td>2 Visits</td>
<td>0.65%</td>
<td>1.48%</td>
<td>1.32%</td>
<td>1.35%</td>
<td>↓</td>
</tr>
<tr>
<td>3 Visits</td>
<td>1.94%</td>
<td>3.62%</td>
<td>1.87%</td>
<td>2.35%</td>
<td>↑</td>
</tr>
<tr>
<td>4 Visits</td>
<td>8.39%</td>
<td>11.04%</td>
<td>4.63%</td>
<td>4.06%</td>
<td>↓</td>
</tr>
<tr>
<td>5 Visits</td>
<td>17.10%</td>
<td>23.89%</td>
<td>16.65%</td>
<td>11.97%</td>
<td>↑</td>
</tr>
<tr>
<td>6+ Visits</td>
<td>70.00%</td>
<td>56.01%</td>
<td>72.55%</td>
<td>77.71%</td>
<td>↑</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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

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

<table>
<thead>
<tr>
<th>Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2016</td>
</tr>
<tr>
<td>Well Child Visits</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7

Well-Baby and Well-Child Visit Guidelines

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

Adolescent Well-Care Visits

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

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

<table>
<thead>
<tr>
<th>Adolescent Well Care Visits (Ages 12 to 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2016</td>
</tr>
<tr>
<td>Well Care Visits</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 7

Adolescent Health Activities

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

In an effort to increase the number of adolescent well-care visits, Back-To-School Checkup Time notices are published in the Member Messenger newsletter on a yearly basis.
The Plan encourages parents and adolescents to visit the website at sanfordhealthplan.com and access the KidsHealth link for valuable health information for parents, kids and teens. The parent information topics include general health, infections, emotions and behavior, growth and development, recipes, medical problems, question and answer section, positive parenting, first aid and safety, and doctors and hospitals. Kids and teens will also enjoy the information provided specifically for them on this site.

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

Quality Programs and Activities

Sanford Health Plan conducts, at a minimum, two quality improvement activities each year. The following are the quality evaluation and reporting steps utilized by the Plan:

- Problem identification through the ongoing monitoring of process, structure, and outcomes of patient care or clinical performance and the evaluation of the data collected to identify potential problems.

- Selection of problems warranting corrective action or focused studies based on the prevalence of the problem or the severity of the problem’s impact on patient care and professional practices.
  
  - Topics for focused studies and quality improvement activities may be based on one of many factors:
    - Demographic characteristics, including age and sex of the member
    - Areas of high volume
    - Areas of high risk
    - Areas demonstrating over or under utilization
    - Areas that can be corrected or where prevention may have an impact
    - Areas where complaints or dissatisfaction have occurred

- Once the topic is selected, the following sources may be used to identify eligible members for the program or activity:
  - Claims data (medical and pharmacy)
  - Health appraisal data, if applicable
  - Laboratory results, if applicable
  - Data collected through the Case Management, Corporate Wellness team or Utilization Management process, if applicable
  - Information from electronic health records, if available
  - Member, practitioner (also includes health coaches) or Plan staff (i.e., Utilization Management, Complex Case Management, Worksite Wellness, my Sanford Nurse Line) referrals

- Documenting corrective action steps including measurable objectives for each action, time frames, and the persons responsible for implementing the corrective action.

- After action steps are implemented and time has passed for the steps to take effect, a re-evaluation of the problem area is completed.

- Information about the Quality Improvement Program and the results of quality improvement activities/surveys are published at year-end for practitioner, provider and member information by way of newsletters and special mailings.
Case Management Services

Sanford Health Plan offers medical and behavioral health case management services to all members of insured employer groups in order to assist in controlling health care costs. The case manager facilitates communication and coordination between members and practitioners. By involving all members of the health care team in the decision-making process, fragmentation of the health care delivery system is minimized. The case managers educate members about wellness, health conditions, community resources for both medical and behavioral health, insurance benefits, cost factors and other issues of concern. Case managers serve as the link between members, practitioners, payers and the community. They advocate for the appropriate use of medical cost effectiveness on a case-by-case basis.

Complex Case Management Program

Sanford Health Plan’s Complex Case Management Program is available at no cost to qualifying Health Plan Members and their families. Complex case management (CCM) is the coordination of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the health care system to facilitate appropriate delivery of care and services. The goal of CCM is to assist members in regaining optimum health or improved functional capability by monitoring their care to ensure it follows evidence based clinical standards to promote care gap closure, appropriate use of health care resources, assessment of social determinants and cost-effectiveness. It involves the comprehensive assessment of the member’s condition and social determinants of health; determination of available benefits and resources; and development and implementation of a case management plan with performance goals, monitoring and follow-up.

A designated case manager is responsible for managing these complex cases to ensure high quality, cost-effective and appropriate utilization of health services. Case managers, who are registered nurses, work with a behavioral health team to act as member advocates, seeking and coordinating creative solutions to health care needs without compromising quality health outcomes for selected medical diagnoses. The case manager contacts our members by phone and mail and acts as a resource, educator and coordinator of medical care.

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

Preventive Health Guidelines

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

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

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

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

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

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

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

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

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

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

Credentialing Committee
The Credentialing Committee is responsible for reviewing participating providers and determining the status of requests from practitioners asking to be in Sanford Health Plan’s network. The Committee reviews new credentialing files and re-credentialing files of participating practitioners at least every three years. If the Plan becomes aware of any serious quality deficiencies where the welfare of a Plan member may be affected, it is the responsibility of the Credentialing Committee to determine if the status of that provider needs to be altered. The determinations of the Committee regarding participation status of all providers, as well as any alterations to a practitioner’s status, are reviewed and approved the Sanford Health Plan Board of Directors. The monthly Credentialing Committee consists of physician members of various specialty backgrounds.
Member and Practitioner Communications

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

**Member Messenger Newsletter**

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

**Provider Newsletters**

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

**Sanford Health Plan Website**

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

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

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

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

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

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

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

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

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

Contact Us

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

Sources

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