

# **HMO HEDIS® Quality Measures**

**Measurement Year 2023** 

## **UnitedHealthcare Community Plan**

Report Generated: 11/7/2025

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### **General Information / Disclaimers**

#### • Special Needs Basic Care

Special Needs Basic Care (SNBC) is a voluntary managed care program for people with disabilities who are 18-64 years old and have Medical Assistance

- Special Needs Plan (SNP) The plan integrates and provides both Medicaid and Medicare services.
- Non-Special Needs Plan (Non-SNP) The plan provides Medicaid services only and Medicare is provided fee for service.

#### Audit Designation & Rate Status

HEDIS Compliance Audits result in audited rates or calculations at the measure and indicator level, and indicate if the measures can be publicly reported. All measures selected for public reporting must have a final, audited result. The auditor approves the rate or report status of each measure and survey included in the audit, as shown below.

| Rate/<br>Result | Comment   |
|-----------------|---|
| R               | Reportable. A reportable rate was submitted for the measure.  |
| NA              | Small Denominator. The organization followed the specifications, but the denominator was too small (<1) to report a valid rate.  a. For EOC and EOC-like measures, when the denominator is fewer than 30; and for HAI, when Total Inpatient Discharges is fewer than 30.  b. For utilization measures that count member months, when the denominator is fewer than 360 member months.  c. For all risk-adjusted utilization measures, except PCR and HPC, when the denominator is fewer than 150. |
| NB              | No Benefit. The organization did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).   |
| NR              | Not Reported . The organization chose not to report the measure.  |
| NQ              | Not Required. The organization was not required to report the measure.  |
| BR              | Biased Rate. The calculated rate was materially biased.   |
| UN              | Unaudited. The organization chose to report a measure that is not required to be audited. This result applies only to a limited set of measures (e.g., Board Certification, ECDS measures).   |

#### • Disclaimers

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

#### Commercial

| Data Flamonta  | BMI Percentage |            |       | Co        | Counseling for Nutrition |       |           | Counseling for Physical Activity |       |  |
|--|----------------|------------|-------|-----------|--------------------------|-------|-----------|----------------------------------|-------|--|
| Data Elements -  | Ages 3-11      | Ages 12-17 | Total | Ages 3-11 | Ages 12-17               | Total | Ages 3-11 | Ages 12-17                       | Total |  |
| Data Collection Methodology                                |                |            |       |           |                          |       |           |                                  |       |  |
| Eligible Member Population                                 |                |            |       |           |                          |       |           |                                  |       |  |
| Number of Administrative Data Records<br>Excluded          |                |            |       |           |                          |       |           |                                  |       |  |
| Numerator events by admin data in eligible population      |                |            |       |           |                          |       |           |                                  |       |  |
| Current Year's Admin Rate                                  |                |            |       |           |                          |       |           |                                  |       |  |
| Minimum Required Sample Size                               |                |            |       |           |                          |       |           |                                  |       |  |
| Oversampling Rate  |                |            |       |           |                          |       |           |                                  |       |  |
| Number of oversample records                               |                |            |       |           |                          |       |           |                                  |       |  |
| Number of Records Excluded Because of<br>Valid Data Errors |                |            |       |           |                          |       |           |                                  |       |  |
| Number of employee/dependent records excluded              |                |            |       |           |                          |       |           |                                  |       |  |
| Records Added from the Oversample List                     |                |            |       |           |                          |       |           |                                  |       |  |
| Denominator  |                |            |       |           |                          |       |           |                                  |       |  |
| Numerator  |                |            |       |           |                          |       |           |                                  |       |  |
| Numerator Events by Admin Data                             |                |            |       |           |                          |       |           |                                  |       |  |
| Numerator Events by Medical Record                         |                |            |       |           |                          |       |           |                                  |       |  |
| Numerator Events by Supplemental Data                      |                |            |       |           |                          |       |           |                                  |       |  |
| Reported Rate  |                |            |       |           |                          |       |           |                                  |       |  |

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

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Flaments   |           | BMI Percentage |        | Co        | unseling for Nutrit | ion    | Couns     | eling for Physical | Activity |
|---|-----------|----------------|--------|-----------|---------------------|--------|-----------|--------------------|----------|
| Data Elements   | Ages 3-11 | Ages 12-17     | Total  | Ages 3-11 | Ages 12-17          | Total  | Ages 3-11 | Ages 12-17         | Total    |
| Data Collection Methodology                             | Н         | Н              | Н      | Н         | Н                   | Н      | Н         | Н                  | Н        |
| Eligible Member Population                              | 3203      | 1536           | 4739   | 3203      | 1536                | 4739   | 3203      | 1536               | 4739     |
| Number of Administrative Data Records<br>Excluded       | 0         | 5              | 5      | 0         | 5                   | 5      | 0         | 5                  | 5        |
| Numerator events by admin data in eligible population   | 921       | 503            | 1424   | 28        | 31                  | 59     | 2         | 40                 | 42       |
| Current Year's Admin Rate                               |           |                | 30.05% |           |                     | 1.24%  |           |                    | 0.89%    |
| Minimum Required Sample Size                            |           |                |        |           |                     |        |           |                    |          |
| Oversampling Rate                                       |           |                |        |           |                     |        |           |                    |          |
| Number of oversample records                            |           |                |        |           |                     |        |           |                    |          |
| Number of Records Excluded Because of Valid Data Errors | 0         | 0              | 0      | 0         | 0                   | 0      | 0         | 0                  | 0        |
| Number of employee/dependent records excluded           |           |                |        |           |                     |        |           |                    |          |
| Records Added from the Oversample List                  |           |                |        |           |                     |        |           |                    |          |
| Denominator   | 285       | 126            | 411    | 285       | 126                 | 411    | 285       | 126                | 411      |
| Numerator   | 247       | 115            | 362    | 134       | 65                  | 199    | 127       | 62                 | 189      |
| Numerator Events by Admin Data                          | 21        | 14             | 35     | 3         | 3                   | 6      | 0         | 2                  | 2        |
| Numerator Events by Medical Record                      | 164       | 76             | 240    | 131       | 61                  | 192    | 127       | 60                 | 187      |
| Numerator Events by Supplemental Data                   | 62        | 25             | 87     | 0         | 1                   | 1      | 0         | 0                  | 0        |
| Reported Rate   | 86.67%    | 91.27%         | 88.08% | 47.02%    | 51.59%              | 48.42% | 44.56%    | 49.21%             | 45.99%   |

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

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Flamousta   | BMI Percentage |            |        | Co        | unseling for Nutri | tion  | Counseling for Physical Activity |            |       |
|--|----------------|------------|--------|-----------|--------------------|-------|----------------------------------|------------|-------|
| Data Elements  | Ages 3-11      | Ages 12-17 | Total  | Ages 3-11 | Ages 12-17         | Total | Ages 3-11                        | Ages 12-17 | Total |
| Data Collection Methodology                                | Α              | Α          | Α      | Α         | A                  | Α     | Α                                | А          | А     |
| Eligible Member Population                                 | 16             | 7          | 23     | 16        | 7                  | 23    | 16                               | 7          | 23    |
| Number of Administrative Data Records<br>Excluded          | 0              | 0          | 0      | 0         | 0                  | 0     | 0                                | 0          | 0     |
| Numerator events by admin data in eligible population      |                |            |        |           |                    |       |                                  |            |       |
| Current Year's Admin Rate                                  |                |            |        |           |                    |       |                                  |            |       |
| Minimum Required Sample Size                               |                |            |        |           |                    |       |                                  |            |       |
| Oversampling Rate  |                |            |        |           |                    |       |                                  |            |       |
| Number of oversample records                               |                |            |        |           |                    |       |                                  |            |       |
| Number of Records Excluded Because of<br>Valid Data Errors |                |            |        |           |                    |       |                                  |            |       |
| Number of employee/dependent records excluded              |                |            |        |           |                    |       |                                  |            |       |
| Records Added from the Oversample List                     |                |            |        |           |                    |       |                                  |            |       |
| Denominator  | 16             | 7          | 23     | 16        | 7                  | 23    | 16                               | 7          | 23    |
| Numerator  | 6              | 4          | 10     | 0         | 0                  | 0     | 0                                | 0          | 0     |
| Numerator Events by Admin Data                             | 1              | 1          | 2      | 0         | 0                  | 0     | 0                                | 0          | 0     |
| Numerator Events by Medical Record                         |                |            |        |           |                    |       |                                  |            |       |
| Numerator Events by Supplemental Data                      | 5              | 3          | 8      | 0         | 0                  | 0     | 0                                | 0          | 0     |
| Reported Rate  | 37.50%         | 57.14%     | 43.48% | 0.00%     | 0.00%              | 0.00% | 0.00%                            | 0.00%      | 0.00% |

### **Childhood Immunization Status**

### Commercial (1 of 2)

| Data Elements  | DTaP | IPV | MMR | HiB | Hepatitis B | VZV | Pneumo-<br>coccal<br>Conjugate | Hepatitis A | Rotavirus | Influenza |
|--|------|-----|-----|-----|-------------|-----|--------------------------------|-------------|-----------|-----------|
| Data Collection Methodology                              |      |     |     |     |             |     |                                |             |           |           |
| Eligible Member Population                               |      |     |     |     |             |     |                                |             |           |           |
| Number of Administrative Data Records<br>Excluded        |      |     |     |     |             |     |                                |             |           |           |
| Numerator Events by Admin Data in<br>Eligible Population |      |     |     |     |             |     |                                |             |           |           |
| Current Year's Admin Rate                                |      |     |     |     |             |     |                                |             |           |           |
| Minimum Required Sample Size                             |      |     |     |     |             |     |                                |             |           |           |
| Oversampling Rate  |      |     |     |     |             |     |                                |             |           |           |
| Number of Oversample Records                             |      |     |     |     |             |     |                                |             |           |           |
| Number of Records Excluded Because of Valid Data Errors  |      |     |     |     |             |     |                                |             |           |           |
| Number of Employee/Dependent Records Excluded            |      |     |     |     |             |     |                                |             |           |           |
| Records Added from the Oversample List                   |      |     |     |     |             |     |                                |             |           |           |
| Denominator  |      |     |     |     |             |     |                                |             |           |           |
| Numerator Events by Administrative Data                  |      |     |     |     |             |     |                                |             |           |           |
| Numerator Events by Medical Record                       |      |     |     |     |             |     |                                |             |           |           |
| Numerator Events by Supplemental Data                    |      |     |     |     |             |     |                                |             |           |           |
| Reported Rate  |      | _   |     |     |             |     |                                |             |           |           |

### **Childhood Immunization Status**

### Commercial (2 of 2)

|  |         |         | :       |
|--|---------|---------|---------|
| Data Elements  | Combo 3 | Combo 7 | Combo10 |
| Data Collection Methodology                              |         |         |         |
| Eligible Member Population                               |         |         |         |
| Number of Administrative Data Records<br>Excluded        |         |         |         |
| Numerator Events by Admin Data in<br>Eligible Population |         |         |         |
| Current Year's Admin Rate                                |         |         |         |
| Minimum Required Sample Size                             |         |         |         |
| Oversampling Rate  |         |         |         |
| Number of Oversample Records                             |         |         |         |
| Number of Records Excluded Because of Valid Data Errors  |         |         |         |
| Number of Employee/Dependent Records Excluded            |         |         |         |
| Records Added from the Oversample List                   |         |         |         |
| Denominator  |         |         |         |
| Numerator Events by Administrative Data                  |         |         |         |
| Numerator Events by Medical Record                       |         |         |         |
| Numerator Events by Supplemental Data                    |         |         |         |
| Reported Rate  |         |         |         |

### **Childhood Immunization Status**

### Minnesota Health Care Programs - Managed Care (Families and Children) (1 of 2)

| Data Elements  | DTaP   | IPV    | MMR    | HiB    | Hepatitis B | VZV    | Pneumo-<br>coccal<br>Conjugate | Hepatitis A | Rotavirus | Influenza |
|--|--------|--------|--------|--------|-------------|--------|--------------------------------|-------------|-----------|-----------|
| Data Collection Methodology                              | Н      | Н      | Н      | Н      | Н           | Н      | Н                              | Н           | Н         | Н         |
| Eligible Member Population                               | 496    | 496    | 496    | 496    | 496         | 496    | 496                            | 496         | 496       | 496       |
| Number of Administrative Data Records Excluded           | 4      | 4      | 4      | 4      | 4           | 4      | 4                              | 4           | 4         | 4         |
| Numerator Events by Admin Data in<br>Eligible Population | 340    | 384    | 363    | 379    | 414         | 367    | 337                            | 358         | 366       | 239       |
| Current Year's Admin Rate                                | 68.55% | 77.42% | 73.19% | 76.41% | 83.47%      | 73.99% | 67.94%                         | 72.18%      | 73.79%    | 48.19%    |
| Minimum Required Sample Size                             |        |        |        |        |             |        |                                |             |           |           |
| Oversampling Rate  |        |        |        |        |             |        |                                |             |           |           |
| Number of Oversample Records                             |        |        |        |        |             |        |                                |             |           |           |
| Number of Records Excluded Because of Valid Data Errors  | 0      | 0      | 0      | 0      | 0           | 0      | 0                              | 0           | 0         | 0         |
| Number of Employee/Dependent Records Excluded            |        |        |        |        |             |        |                                |             |           |           |
| Records Added from the Oversample List                   |        |        |        |        |             |        |                                |             |           |           |
| Denominator  | 411    | 411    | 411    | 411    | 411         | 411    | 411                            | 411         | 411       | 411       |
| Numerator Events by Administrative Data                  | 8      | 20     | 245    | 39     | 12          | 175    | 9                              | 237         | 12        | 76        |
| Numerator Events by Medical Record                       | 47     | 78     | 19     | 65     | 87          | 42     | 46                             | 17          | 45        | 10        |
| Numerator Events by Supplemental Data                    | 229    | 228    | 46     | 217    | 250         | 95     | 228                            | 47          | 250       | 113       |
| Reported Rate  | 69.10% | 79.32% | 75.43% | 78.10% | 84.91%      | 75.91% | 68.86%                         | 73.24%      | 74.70%    | 48.42%    |

### **Childhood Immunization Status**

### Minnesota Health Care Programs - Managed Care (Families and Children) (2 of 2)

| Data Elements  | Combo 3 | Combo 7 | Combo10 |
|--|---------|---------|---------|
| Data Collection Methodology                              | Н       | Н       | Н       |
| Eligible Member Population                               | 496     | 496     | 496     |
| Number of Administrative Data Records<br>Excluded        | 4       | 4       | 4       |
| Numerator Events by Admin Data in<br>Eligible Population | 314     | 291     | 203     |
| Current Year's Admin Rate                                | 63.31%  | 58.67%  | 40.93%  |
| Minimum Required Sample Size                             |         |         |         |
| Oversampling Rate  |         |         |         |
| Number of Oversample Records                             |         |         |         |
| Number of Records Excluded Because of Valid Data Errors  | 0       | 0       | 0       |
| Number of Employee/Dependent Records Excluded            |         |         |         |
| Records Added from the Oversample List                   |         |         |         |
| Denominator  | 411     | 411     | 411     |
| Numerator Events by Administrative Data                  | 2       | 2       | 0       |
| Numerator Events by Medical Record                       | 38      | 23      | 2       |
| Numerator Events by Supplemental Data                    | 228     | 222     | 168     |
| Reported Rate  | 65.21%  | 60.10%  | 41.36%  |

### **Childhood Immunization Status**

### Minnesota Health Care Programs - Managed Care (MN Care) (1 of 2)

| Data Elements  | DTaP    | IPV     | MMR     | HiB     | Hepatitis B | VZV     | Pneumo-<br>coccal<br>Conjugate | Hepatitis A | Rotavirus | Influenza |
|--|---------|---------|---------|---------|-------------|---------|--------------------------------|-------------|-----------|-----------|
| Data Collection Methodology                              | Α       | А       | Α       | Α       | Α           | Α       | Α                              | Α           | Α         | Α         |
| Eligible Member Population                               | 3       | 3       | 3       | 3       | 3           | 3       | 3                              | 3           | 3         | 3         |
| Number of Administrative Data Records Excluded           | 0       | 0       | 0       | 0       | 0           | 0       | 0                              | 0           | 0         | 0         |
| Numerator Events by Admin Data in<br>Eligible Population |         |         |         |         |             |         |                                |             |           |           |
| Current Year's Admin Rate                                |         |         |         |         |             |         |                                |             |           |           |
| Minimum Required Sample Size                             |         |         |         |         |             |         |                                |             |           |           |
| Oversampling Rate  |         |         |         |         |             |         |                                |             |           |           |
| Number of Oversample Records                             |         |         |         |         |             |         |                                |             |           |           |
| Number of Records Excluded Because of Valid Data Errors  |         |         |         |         |             |         |                                |             |           |           |
| Number of Employee/Dependent Records Excluded            |         |         |         |         |             |         |                                |             |           |           |
| Records Added from the Oversample List                   |         |         |         |         |             |         |                                |             |           |           |
| Denominator  | 3       | 3       | 3       | 3       | 3           | 3       | 3                              | 3           | 3         | 3         |
| Numerator  | 3       | 3       | 3       | 3       | 3           | 3       | 3                              | 2           | 3         | 2         |
| Numerator Events by Administrative Data                  | 0       | 0       | 3       | 1       | 0           | 1       | 0                              | 2           | 0         | 1         |
| Numerator Events by Medical Record                       |         |         |         |         |             |         |                                |             |           |           |
| Numerator Events by Supplemental Data                    | 3       | 3       | 0       | 2       | 3           | 2       | 3                              | 0           | 3         | 1         |
| Reported Rate  | 100.00% | 100.00% | 100.00% | 100.00% | 100.00%     | 100.00% | 100.00%                        | 66.67%      | 100.00%   | 66.67%    |

### **Childhood Immunization Status**

### Minnesota Health Care Programs - Managed Care (MN Care) (2 of 2)

| Data Elements  | Combo 3 | Combo 7 | Combo10 |
|--|---------|---------|---------|
| Data Collection Methodology                              | Α       | Α       | Α       |
| Eligible Member Population                               | 3       | 3       | 3       |
| Number of Administrative Data Records<br>Excluded        | 0       | 0       | 0       |
| Numerator Events by Admin Data in<br>Eligible Population |         |         |         |
| Current Year's Admin Rate                                |         |         |         |
| Minimum Required Sample Size                             |         |         |         |
| Oversampling Rate  |         |         |         |
| Number of Oversample Records                             |         |         |         |
| Number of Records Excluded Because of Valid Data Errors  |         |         |         |
| Number of Employee/Dependent Records<br>Excluded         |         |         |         |
| Records Added from the Oversample List                   |         |         |         |
| Denominator  | 3       | 3       | 3       |
| Numerator  | 3       | 2       | 1       |
| Numerator Events by Administrative Data                  | 0       | 0       | 0       |
| Numerator Events by Medical Record                       |         |         |         |
| Numerator Events by Supplemental Data                    | 3       | 2       | 1       |
| Reported Rate  | 100.00% | 66.67%  | 33.33%  |

#### **Immunizations for Adolescents**

### Commercial

| Data Elements  | Meningococcal | Tdap | Combo 1 | Combo 2 | HPV |
|--|---------------|------|---------|---------|-----|
| Data Collection Methodology                              |               |      |         |         |     |
| Eligible Member Population                               |               |      |         |         |     |
| Number of Administrative Data Records Excluded           |               |      |         |         |     |
| Numerator Events by Admin Data on<br>Eligible Population |               |      |         |         |     |
| Current Year's Admin Rate                                |               |      |         |         |     |
| Minimum Required Sample Size                             |               |      |         |         |     |
| Oversampling Rate  |               |      |         |         |     |
| Number of oversample records                             |               |      |         |         |     |
| Records Excluded because of Valid Data Errors            |               |      |         |         |     |
| Number of Employee/Dependent Medical<br>Records Excluded |               |      |         |         |     |
| Records Added from the Oversample List                   |               |      |         |         |     |
| Denominator  |               |      |         |         |     |
| Numerator  |               |      |         |         |     |
| Numerator Events by Admin Data                           |               |      |         |         |     |
| Numerator Events by Medical Record                       |               |      |         |         |     |
| Numerator Events by Supplemental Data                    |               |      |         |         |     |
| Reported Rate  |               |      |         |         |     |

#### Immunizations for Adolescents

# Commercial Race - Meningococcal

|                             |                       | Tude mennigereed. |  |                           |          |       |                                   |          |       |
|-----------------------------|-----------------------|-------------------|--|---------------------------|----------|-------|-----------------------------------|----------|-------|
|                             |                       | White             |  | Black or African American |          |       | American Indian and Alaska Native |          |       |
| Data Element                | Direct Indirect Total |                   |  | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |                       |                   |  |                           |          |       |                                   |          |       |
| Eligible Member Population  |                       |                   |  |                           |          |       |                                   |          |       |
| Denominator                 |                       |                   |  |                           |          |       |                                   |          |       |
| Numerator                   |                       |                   |  |                           |          |       |                                   |          |       |
| Reported Rate               |                       |                   |  |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawa | iian and Other Pa | cific Islander |        | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|-------------|-------------------|----------------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct      | Indirect          | Total          | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |             |                   |                |        |                 |       |  |
| Eligible Member Population  |        |          |       |             |                   |                |        |                 |       |  |
| Denominator                 |        |          |       |             |                   |                |        |                 |       |  |
| Numerator                   |        |          |       |             |                   |                |        |                 |       |  |
| Reported Rate               |        |          |       |             |                   |                |        |                 |       |  |

|                             | Two or More Races |          | As    | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Immunizations for Adolescents

# Commercial Ethnicity - Meningococcal

|                             |        | _timetty memigeeeea. |       |                        |          |       |  |  |  |  |  |
|-----------------------------|--------|----------------------|-------|------------------------|----------|-------|--|--|--|--|--|
|                             |        | Hispanic or Latin    | o     | Not Hispanic or Latino |          |       |  |  |  |  |  |
| Data Element                | Direct | Indirect             | Total | Direct                 | Indirect | Total |  |  |  |  |  |
| Data Collection Methodology |        |                      |       |                        |          |       |  |  |  |  |  |
| Eligible Member Population  |        |                      |       |                        |          |       |  |  |  |  |  |
| Denominator                 |        | •                    |       |                        |          |       |  |  |  |  |  |
| Numerator                   |        |                      |       |                        |          |       |  |  |  |  |  |
| Reported Rate               |        |                      |       |                        |          |       |  |  |  |  |  |

|                             | As     | sked but No Ansv | ver   | Unknown               |  |  |  |  |
|-----------------------------|--------|------------------|-------|-----------------------|--|--|--|--|
| Data Element                | Direct | Indirect         | Total | Direct Indirect Total |  |  |  |  |
| Data Collection Methodology |        |                  |       |                       |  |  |  |  |
| Eligible Member Population  |        |                  |       |                       |  |  |  |  |
| Denominator                 |        |                  |       |                       |  |  |  |  |
| Numerator                   |        |                  |       |                       |  |  |  |  |
| Reported Rate               |        |                  |       |                       |  |  |  |  |

#### Immunizations for Adolescents

## **Commercial** Race - TDAP

| Nuce - IDAI                 |        |          |       |        |                  |       |                                   |          |       |
|-----------------------------|--------|----------|-------|--------|------------------|-------|-----------------------------------|----------|-------|
|                             | White  |          |       | Blac   | k or African Ame | rican | American Indian and Alaska Native |          |       |
| Data Element                | Direct | Indirect | Total | Direct | Indirect         | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |        |                  |       |                                   |          |       |
| Eligible Member Population  |        |          |       |        |                  |       |                                   |          |       |
| Denominator                 |        |          |       |        |                  |       |                                   |          |       |
| Numerator                   |        |          |       |        |                  |       |                                   |          |       |
| Reported Rate               |        |          |       |        |                  |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawai | iian and Other Pa | acific Islander |        | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|--------------|-------------------|-----------------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct       | Indirect          | Total           | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |              |                   |                 |        |                 |       |  |
| Eligible Member Population  |        |          |       |              |                   |                 |        |                 |       |  |
| Denominator                 |        |          |       |              |                   |                 |        |                 |       |  |
| Numerator                   |        |          |       |              |                   |                 |        |                 |       |  |
| Reported Rate               |        |          |       |              |                   |                 |        |                 |       |  |

|                             | Two or More Races |          |       | As     | ked but No Answ | ver   | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|--------|-----------------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct | Indirect        | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |        |                 |       |         |          |       |
| Eligible Member Population  |                   |          |       |        |                 |       |         |          |       |
| Denominator                 |                   |          |       |        |                 |       |         |          |       |
| Numerator                   |                   |          |       |        |                 |       |         |          |       |
| Reported Rate               |                   |          |       |        |                 |       |         |          |       |

#### Immunizations for Adolescents

## Commercial Ethnicity - TDAP

|                             |        | <b>j</b> :2:      |       |                        |          |       |  |  |  |  |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|-------|--|--|--|--|--|
|                             |        | Hispanic or Latin | o     | Not Hispanic or Latino |          |       |  |  |  |  |  |
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total |  |  |  |  |  |
| Data Collection Methodology |        |                   |       |                        |          |       |  |  |  |  |  |
| Eligible Member Population  |        |                   |       |                        |          |       |  |  |  |  |  |
| Denominator                 |        |                   |       |                        |          |       |  |  |  |  |  |
| Numerator                   |        |                   |       |                        |          |       |  |  |  |  |  |
| Reported Rate               |        |                   |       |                        |          |       |  |  |  |  |  |

|                             | As     | sked but No Ansv | ver   | Unknown               |  |  |  |  |
|-----------------------------|--------|------------------|-------|-----------------------|--|--|--|--|
| Data Element                | Direct | Indirect         | Total | Direct Indirect Total |  |  |  |  |
| Data Collection Methodology |        |                  |       |                       |  |  |  |  |
| Eligible Member Population  |        |                  |       |                       |  |  |  |  |
| Denominator                 |        |                  |       |                       |  |  |  |  |
| Numerator                   |        |                  |       |                       |  |  |  |  |
| Reported Rate               |        |                  |       |                       |  |  |  |  |

#### Immunizations for Adolescents

## Commercial Race - Combo 1

| Nace - Combo i              |                                 |          |       |                                   |          |       |        |          |       |
|-----------------------------|---------------------------------|----------|-------|-----------------------------------|----------|-------|--------|----------|-------|
|                             | White Black or African American |          |       | American Indian and Alaska Native |          |       |        |          |       |
| Data Element                | Direct                          | Indirect | Total | Direct                            | Indirect | Total | Direct | Indirect | Total |
| Data Collection Methodology |                                 |          |       |                                   |          |       |        |          |       |
| Eligible Member Population  |                                 |          |       |                                   |          |       |        |          |       |
| Denominator                 |                                 |          |       |                                   |          |       |        |          |       |
| Numerator                   |                                 |          |       |                                   |          |       |        |          |       |
| Reported Rate               |                                 |          |       |                                   |          |       |        |          |       |

|                             | Asian  |          |       | Native Hawai | iian and Other Pa | cific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--------------|-------------------|----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct       | Indirect          | Total          | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |              |                   |                |                 |          |       |
| Eligible Member Population  |        |          |       |              |                   |                |                 |          |       |
| Denominator                 |        |          |       |              |                   |                |                 |          |       |
| Numerator                   |        |          |       |              |                   |                |                 |          |       |
| Reported Rate               |        |          |       |              |                   |                |                 |          |       |

|                             | Two or More Races |          | As    | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Immunizations for Adolescents

# Commercial Ethnicity - Combo 1

|                             |        | Hispanic or Latin | 0     | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                   |       |                        |          |       |  |
| Eligible Member Population  |        |                   |       |                        |          |       |  |
| Denominator                 |        |                   |       |                        |          |       |  |
| Numerator                   |        |                   |       |                        |          |       |  |
| Reported Rate               |        |                   |       |                        |          |       |  |

|                             | As     | sked but No Ansv | /er   |        | Unknown  |       |
|-----------------------------|--------|------------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect         | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                  |       |        |          |       |
| Eligible Member Population  |        |                  |       |        |          |       |
| Denominator                 |        |                  |       |        |          |       |
| Numerator                   |        |                  |       |        |          |       |
| Reported Rate               |        |                  |       |        |          |       |

#### Immunizations for Adolescents

## Commercial Race - Combo 2

|                             |        |          | itaot | , 0011180 | _                         |       |        |                                   |       |  |
|-----------------------------|--------|----------|-------|-----------|---------------------------|-------|--------|-----------------------------------|-------|--|
|                             | White  |          |       | Blac      | Black or African American |       |        | American Indian and Alaska Native |       |  |
| Data Element                | Direct | Indirect | Total | Direct    | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |           |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |           |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |           |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |           |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |           |                           |       |        |                                   |       |  |

|                             | Asian  |          | Native Hawa | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total       | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |             |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |             |  |          |       |                 |          |       |
| Denominator                 |        |          |             |  |          |       |                 |          |       |
| Numerator                   |        |          |             |  |          |       |                 |          |       |
| Reported Rate               |        |          |             |  |          |       |                 |          |       |

|                             | Two or More Races |          | As    | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Immunizations for Adolescents

# Commercial Ethnicity - Combo 2

|                             |        | Hispanic or Latin | o     | Not Hispanic or Latino |          |       |  |  |  |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|-------|--|--|--|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total |  |  |  |  |
| Data Collection Methodology |        |                   |       |                        |          |       |  |  |  |  |
| Eligible Member Population  |        |                   |       |                        |          |       |  |  |  |  |
| Denominator                 |        | •                 |       |                        |          |       |  |  |  |  |
| Numerator                   |        |                   |       |                        |          |       |  |  |  |  |
| Reported Rate               |        |                   |       |                        |          |       |  |  |  |  |

|                             | As     | ked but No Ansv | ver   | Unknown |          |       |  |
|-----------------------------|--------|-----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect        | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                 |       |         |          |       |  |
| Eligible Member Population  |        |                 |       |         |          |       |  |
| Denominator                 |        |                 |       |         |          |       |  |
| Numerator                   |        |                 |       |         |          |       |  |
| Reported Rate               |        |                 |       |         |          |       |  |

#### Immunizations for Adolescents

## Commercial Race - HPV

|                             |        |          |       | 400 111 7                 |          |       |                                   |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             |        | Asian    |       | Native Hawai | Native Hawaiian and Other Pacific Islander |       |        | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|--------------|--|-------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct       | Indirect                                   | Total | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |              |  |       |        |                 |       |  |
| Eligible Member Population  |        |          |       |              |  |       |        |                 |       |  |
| Denominator                 |        |          |       |              |  |       |        |                 |       |  |
| Numerator                   |        |          |       |              |  |       |        |                 |       |  |
| Reported Rate               |        |          |       |              |  |       |        |                 |       |  |

|                             | т      | wo or More Race | es    | As     | Asked but No Answer |       |        | Unknown  |       |  |
|-----------------------------|--------|-----------------|-------|--------|---------------------|-------|--------|----------|-------|--|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect            | Total | Direct | Indirect | Total |  |
| Data Collection Methodology |        |                 |       |        |                     |       |        |          |       |  |
| Eligible Member Population  |        |                 |       |        |                     |       |        |          |       |  |
| Denominator                 |        |                 |       |        |                     |       |        |          |       |  |
| Numerator                   |        |                 |       |        |                     |       |        |          |       |  |
| Reported Rate               |        |                 |       |        |                     |       |        |          |       |  |

#### Immunizations for Adolescents

# Commercial Ethnicity - HPV

|                             |        | Hispanic or Latin | o     | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                   |       |                        |          |       |  |
| Eligible Member Population  |        |                   |       |                        |          |       |  |
| Denominator                 |        |                   |       |                        |          |       |  |
| Numerator                   |        |                   |       |                        |          |       |  |
| Reported Rate               |        |                   |       |                        |          |       |  |

|                             | As     | Asked but No Answer Unknown |       |        |          |       |
|-----------------------------|--------|-----------------------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect                    | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                             |       |        |          |       |
| Eligible Member Population  |        |                             |       |        |          |       |
| Denominator                 |        |                             |       |        |          |       |
| Numerator                   |        |                             |       |        |          |       |
| Reported Rate               |        |                             |       |        |          |       |

#### Immunizations for Adolescents

### MHCP-MC (MA Expand F&C)

| Data Elements  | Meningococcal | Tdap   | Combo 1 | Combo 2 | HPV    |
|--|---------------|--------|---------|---------|--------|
| Data Collection Methodology                              | Н             | Н      | Н       | Н       | Н      |
| Eligible Member Population                               | 519           | 519    | 519     | 519     | 519    |
| Number of Administrative Data Records<br>Excluded        | 0             | 0      | 0       | 0       | 0      |
| Numerator Events by Admin Data on Eligible Population    | 404           | 414    | 403     | 258     | 264    |
| Current Year's Admin Rate                                | 77.84%        | 79.77% | 77.65%  | 49.71%  | 50.87% |
| Minimum Required Sample Size                             |               |        |         |         |        |
| Oversampling Rate  |               |        |         |         |        |
| Number of oversample records                             |               |        |         |         |        |
| Records Excluded because of Valid Data Errors            | 0             | 0      | 0       | 0       | 0      |
| Number of Employee/Dependent Medical<br>Records Excluded |               |        |         |         |        |
| Records Added from the Oversample List                   |               |        |         |         |        |
| Denominator  | 411           | 411    | 411     | 411     | 411    |
| Numerator  | 320           | 329    | 319     | 204     | 208    |
| Numerator Events by Admin Data                           | 164           | 159    | 148     | 17      | 21     |
| Numerator Events by Medical Record                       | 23            | 24     | 24      | 2       | 2      |
| Numerator Events by Supplemental Data                    | 133           | 146    | 147     | 185     | 185    |
| Reported Rate  | 77.86%        | 80.05% | 77.62%  | 49.64%  | 50.61% |

#### Immunizations for Adolescents

# MHCP-MC (MA Expand F&C) Race - Meningococcal

|                             |        | White    |        | Blac   | k or African Ame | rican  | America | n Indian and Alas | ka Native |
|-----------------------------|--------|----------|--------|--------|------------------|--------|---------|-------------------|-----------|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect         | Total  | Direct  | Indirect          | Total     |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                | Н      | Н       | Н                 | Н         |
| Eligible Member Population  | 85     | 0        | 85     | 87     | 0                | 87     | 22      | 0                 | 22        |
| Denominator                 | 62     | 0        | 62     | 68     | 0                | 68     | 20      | 0                 | 20        |
| Numerator                   | 50     | 0        | 50     | 47     | 0                | 47     | 15      | 0                 | 15        |
| Reported Rate               | 80.65% |          | 80.65% | 69.12% |                  | 69.12% | 75.00%  |                   | 75.00%    |

|                             |        | Asian    |        | Native Hawa | Native Hawaiian and Other Pacific Islander |         |        | Some Other Race | )     |
|-----------------------------|--------|----------|--------|-------------|--|---------|--------|-----------------|-------|
| Data Element                | Direct | Indirect | Total  | Direct      | Indirect                                   | Total   | Direct | Indirect        | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н           | Н  | Н       | Н      | Н               | Н     |
| Eligible Member Population  | 100    | 0        | 100    |             |  | 3       |        |                 | 0     |
| Denominator                 |        |          | 83     |             |  | 3       |        |                 | 0     |
| Numerator                   |        |          | 69     |             |  | 3       |        |                 | 0     |
| Reported Rate               | 83.13% |          | 83.13% | 100.00%     |  | 100.00% |        |                 |       |

|                             | ٦      | wo or More Race | s     | Asked but No Answer |          |       |        | Unknown  |        |
|-----------------------------|--------|-----------------|-------|---------------------|----------|-------|--------|----------|--------|
| Data Element                | Direct | Indirect        | Total | Direct              | Indirect | Total | Direct | Indirect | Total  |
| Data Collection Methodology | Н      | Н               | Н     | Н                   |          | Н     |        | Н        | Н      |
| Eligible Member Population  | 0      | 0               | 0     |                     |          | 0     |        |          | 222    |
| Denominator                 |        |                 | 0     |                     |          | 0     |        |          | 175    |
| Numerator                   |        |                 | 0     |                     |          | 0     |        |          | 136    |
| Reported Rate               |        |                 |       |                     |          |       |        | 77.71%   | 77.71% |

#### Immunizations for Adolescents

### MHCP-MC (MA Expand F&C) Ethnicity - Meningococcal

|                             | ı      | Hispanic or Latin | 0      | No     | t Hispanic or Lat | ino    |
|-----------------------------|--------|-------------------|--------|--------|-------------------|--------|
| Data Element                | Direct | Indirect          | Total  | Direct | Indirect          | Total  |
| Data Collection Methodology | Н      | Н                 | Н      | Н      | Н                 | Н      |
| Eligible Member Population  | 99     | 0                 | 99     |        |                   | 420    |
| Denominator                 |        |                   | 80     |        |                   | 331    |
| Numerator                   |        |                   | 65     |        |                   | 255    |
| Reported Rate               | 81.25% |                   | 81.25% | 77.04% |                   | 77.04% |

|                             | Asked but No Answer Unknown |          |       |        |          |       |
|-----------------------------|-----------------------------|----------|-------|--------|----------|-------|
| Data Element                | Direct                      | Indirect | Total | Direct | Indirect | Total |
| Data Collection Methodology |                             |          | Н     |        | Н        | Н     |
| Eligible Member Population  | 0                           |          | 0     |        |          | 0     |
| Denominator                 |                             |          | 0     |        |          | 0     |
| Numerator                   |                             |          | 0     |        |          | 0     |
| Reported Rate               |                             |          |       |        |          |       |

#### Immunizations for Adolescents

## MHCP-MC (MA Expand F&C) Race - TDAP

|                             |        | White    |        | Blac   | Black or African American |        |        | nerican Indian and Alaska Native |        |  |
|-----------------------------|--------|----------|--------|--------|---------------------------|--------|--------|----------------------------------|--------|--|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect                  | Total  | Direct | Indirect                         | Total  |  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                         | Н      | Н      | Н                                | Н      |  |
| Eligible Member Population  | 85     | 0        | 85     | 87     | 0                         | 87     | 22     | 0                                | 22     |  |
| Denominator                 | 62     | 0        | 62     | 68     | 0                         | 68     | 20     | 0                                | 20     |  |
| Numerator                   | 53     | 0        | 53     | 49     | 0                         | 49     | 15     | 0                                | 15     |  |
| Reported Rate               | 85.48% |          | 85.48% | 72.06% |                           | 72.06% | 75.00% |                                  | 75.00% |  |

|                             |        | Asian    |        | Native Hawa | iian and Other Pa | cific Islander |        | Some Other Race | )     |
|-----------------------------|--------|----------|--------|-------------|-------------------|----------------|--------|-----------------|-------|
| Data Element                | Direct | Indirect | Total  | Direct      | Indirect          | Total          | Direct | Indirect        | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н           | Н                 | Н              | Н      | н               | Н     |
| Eligible Member Population  | 100    | 0        | 100    |             |                   | 3              |        | •               | 0     |
| Denominator                 |        |          | 83     |             |                   | 3              |        |                 | 0     |
| Numerator                   |        |          | 69     |             |                   | 3              |        |                 | 0     |
| Reported Rate               | 83.13% |          | 83.13% | 100.00%     |                   | 100.00%        |        |                 |       |

|                             | 7      | wo or More Race | s     | As     | sked but No Answ | /er   |        | Unknown  |        |
|-----------------------------|--------|-----------------|-------|--------|------------------|-------|--------|----------|--------|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect         | Total | Direct | Indirect | Total  |
| Data Collection Methodology | Н      | Н               | Н     | Н      |                  | Н     |        | Н        | Н      |
| Eligible Member Population  | 0      | 0               | 0     |        |                  | 0     |        |          | 222    |
| Denominator                 |        |                 | 0     |        |                  | 0     |        |          | 175    |
| Numerator                   |        |                 | 0     |        |                  | 0     |        |          | 140    |
| Reported Rate               |        |                 |       |        |                  |       |        | 80.00%   | 80.00% |

#### Immunizations for Adolescents

# MHCP-MC (MA Expand F&C) Ethnicity - TDAP

|                             |        | Hispanic or Latin | 0      | No     | Not Hispanic or Lati |        |  |  |
|-----------------------------|--------|-------------------|--------|--------|----------------------|--------|--|--|
| Data Element                | Direct | Indirect          | Total  | Direct | Indirect             | Total  |  |  |
| Data Collection Methodology | Н      | Н                 | Н      | Н      | Н                    | Н      |  |  |
| Eligible Member Population  | 99     | 0                 | 99     |        |                      | 420    |  |  |
| Denominator                 |        |                   | 80     |        |                      | 331    |  |  |
| Numerator                   |        |                   | 66     |        |                      | 263    |  |  |
| Reported Rate               | 82.50% |                   | 82.50% | 79.46% |                      | 79.46% |  |  |

|                             | As     | sked but No Ansv                      | ver | Unknown |   |   |  |
|-----------------------------|--------|---------------------------------------|-----|---------|---|---|--|
| Data Element                | Direct | Direct Indirect Total Direct Indirect |     |         |   |   |  |
| Data Collection Methodology |        |                                       | Н   |         | Н | Н |  |
| Eligible Member Population  | 0      |                                       | 0   |         |   | 0 |  |
| Denominator                 |        |                                       | 0   |         |   | 0 |  |
| Numerator                   | 1      |                                       | 0   |         |   | 0 |  |
| Reported Rate               |        |                                       |     |         |   |   |  |

#### Immunizations for Adolescents

## MHCP-MC (MA Expand F&C) Race - Combo 1

|                             | White  |          |        | Blac   | Black or African American |        |        | American Indian and Alaska Native |        |  |
|-----------------------------|--------|----------|--------|--------|---------------------------|--------|--------|-----------------------------------|--------|--|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect                  | Total  | Direct | Indirect                          | Total  |  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                         | Н      | Н      | Н                                 | Н      |  |
| Eligible Member Population  | 85     | 0        | 85     | 87     | 0                         | 87     | 22     | 0                                 | 22     |  |
| Denominator                 | 62     | 0        | 62     | 68     | 0                         | 68     | 20     | 0                                 | 20     |  |
| Numerator                   | 50     | 0        | 50     | 47     | 0                         | 47     | 15     | 0                                 | 15     |  |
| Reported Rate               | 80.65% |          | 80.65% | 69.12% |                           | 69.12% | 75.00% |                                   | 75.00% |  |

|                             | Asian  |          |        | Native Hawa | Native Hawaiian and Other Pacific Islander |         |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|-------------|--|---------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct      | Indirect                                   | Total   | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н           | Н  | Н       | Н      | н               | Н     |  |
| Eligible Member Population  | 100    | 0        | 100    |             |  | 3       |        | •               | 0     |  |
| Denominator                 |        |          | 83     |             |  | 3       |        |                 | 0     |  |
| Numerator                   |        |          | 68     |             |  | 3       |        |                 | 0     |  |
| Reported Rate               | 81.93% |          | 81.93% | 100.00%     |  | 100.00% |        |                 |       |  |

|                             | 7      | wo or More Race | s     | As     | sked but No Answ | ver   |        |          |        |
|-----------------------------|--------|-----------------|-------|--------|------------------|-------|--------|----------|--------|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect         | Total | Direct | Indirect | Total  |
| Data Collection Methodology | Н      | Н               | Н     | Н      |                  | Н     |        | Н        | Н      |
| Eligible Member Population  | 0      | 0               | 0     |        |                  | 0     |        |          | 222    |
| Denominator                 |        |                 | 0     |        |                  | 0     |        |          | 175    |
| Numerator                   |        |                 | 0     |        |                  | 0     |        |          | 136    |
| Reported Rate               |        |                 |       |        |                  |       |        | 77.71%   | 77.71% |

#### Immunizations for Adolescents

# MHCP-MC (MA Expand F&C) Ethnicity - Combo 1

|                             |        | Hispanic or Latin | 0      | No     | ino             |        |  |  |
|-----------------------------|--------|-------------------|--------|--------|-----------------|--------|--|--|
| Data Element                | Direct | Indirect          | Total  | Direct | Direct Indirect |        |  |  |
| Data Collection Methodology | Н      | Н                 | Н      | Н      | Н               | Н      |  |  |
| Eligible Member Population  | 99     | 0                 | 99     |        |                 | 420    |  |  |
| Denominator                 |        |                   | 80     |        |                 | 331    |  |  |
| Numerator                   |        |                   | 65     |        |                 | 254    |  |  |
| Reported Rate               | 81.25% |                   | 81.25% | 76.74% |                 | 76.74% |  |  |

|                             | As     | sked but No Ansv | ver   | Unknown              |   |   |  |  |
|-----------------------------|--------|------------------|-------|----------------------|---|---|--|--|
| Data Element                | Direct | Indirect         | Total | Direct Indirect Tota |   |   |  |  |
| Data Collection Methodology |        |                  | Н     |                      | Н | Н |  |  |
| Eligible Member Population  | 0      |                  | 0     |                      |   | 0 |  |  |
| Denominator                 |        |                  | 0     |                      |   | 0 |  |  |
| Numerator                   | 1      |                  | 0     |                      |   | 0 |  |  |
| Reported Rate               |        |                  |       |                      |   |   |  |  |

#### Immunizations for Adolescents

## MHCP-MC (MA Expand F&C) Race - Combo 2

|                             | White  |          |        | Blac   | k or African Ame | rican  | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|--------|------------------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect         | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                | Н      | Н                                 | Н        | Н      |
| Eligible Member Population  | 85     | 0        | 85     | 87     | 0                | 87     | 22                                | 0        | 22     |
| Denominator                 | 62     | 0        | 62     | 68     | 0                | 68     | 20                                | 0        | 20     |
| Numerator                   | 30     | 0        | 30     | 29     | 0                | 29     | 8                                 | 0        | 8      |
| Reported Rate               | 48.39% |          | 48.39% | 42.65% |                  | 42.65% | 40.00%                            |          | 40.00% |

|                             | Asian  |          |        | Native Hawai | iian and Other Pa | cific Islander |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|--------------|-------------------|----------------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct       | Indirect          | Total          | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | н      | Н            | н                 | Н              | Н      | Н               | Н     |  |
| Eligible Member Population  | 100    | 0        | 100    |              |                   | 3              |        |                 | 0     |  |
| Denominator                 |        |          | 83     |              |                   | 3              |        |                 | 0     |  |
| Numerator                   |        |          | 47     |              |                   | 3              |        |                 | 0     |  |
| Reported Rate               | 56.63% |          | 56.63% | 100.00%      |                   | 100.00%        |        |                 |       |  |

|                             | ר      | wo or More Race | s     | As     | sked but No Answ | ver   |        | Unknown  |        |  |
|-----------------------------|--------|-----------------|-------|--------|------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect         | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | Н      | Н               | Н     | Н      |                  | Н     |        | Н        | Н      |  |
| Eligible Member Population  | 0      | 0               | 0     |        |                  | 0     |        |          | 222    |  |
| Denominator                 |        |                 | 0     |        |                  | 0     |        |          | 175    |  |
| Numerator                   |        |                 | 0     |        |                  | 0     |        |          | 87     |  |
| Reported Rate               |        |                 |       |        |                  |       |        | 49.71%   | 49.71% |  |

#### Immunizations for Adolescents

### MHCP-MC (MA Expand F&C) Ethnicity - Combo 2

|                             | ı      | Hispanic or Latin | 0      | No     | ino      |        |
|-----------------------------|--------|-------------------|--------|--------|----------|--------|
| Data Element                | Direct | Indirect          | Total  | Direct | Indirect | Total  |
| Data Collection Methodology | Н      | Н                 | Н      | Н      | Н        | Н      |
| Eligible Member Population  | 99     | 0                 | 99     |        |          | 420    |
| Denominator                 |        |                   | 80     |        |          | 331    |
| Numerator                   |        |                   | 45     |        |          | 159    |
| Reported Rate               | 56.25% |                   | 56.25% | 48.04% |          | 48.04% |

|                             | As     | ked but No Ansv | ver                   | Unknown |   |   |  |
|-----------------------------|--------|-----------------|-----------------------|---------|---|---|--|
| Data Element                | Direct | Indirect        | Total Direct Indirect |         |   |   |  |
| Data Collection Methodology |        |                 | Н                     |         | Н | Н |  |
| Eligible Member Population  | 0      |                 | 0                     |         |   | 0 |  |
| Denominator                 |        |                 | 0                     |         |   | 0 |  |
| Numerator                   |        |                 | 0                     |         |   | 0 |  |
| Reported Rate               |        |                 |                       |         |   |   |  |

#### Immunizations for Adolescents

## MHCP-MC (MA Expand F&C) Race - HPV

|                             | White  |          |        | Blac   | k or African Ame | rican  | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|--------|------------------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect         | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                | Н      | Н                                 | Н        | Н      |
| Eligible Member Population  | 85     | 0        | 85     | 87     | 0                | 87     | 22                                | 0        | 22     |
| Denominator                 | 62     | 0        | 62     | 68     | 0                | 68     | 20                                | 0        | 20     |
| Numerator                   | 30     | 0        | 30     | 29     | 0                | 29     | 8                                 | 0        | 8      |
| Reported Rate               | 48.39% |          | 48.39% | 42.65% |                  | 42.65% | 40.00%                            |          | 40.00% |

|                             | Asian  |          |        | Asian   |          |         | Native Hawa | itive Hawaiian and Other Pacific Islander |       |  | Native Hawaiian and Other Pacific Islander |  |  | Some Other Race |  |  |
|-----------------------------|--------|----------|--------|---------|----------|---------|-------------|---|-------|--|--|--|--|-----------------|--|--|
| Data Element                | Direct | Indirect | Total  | Direct  | Indirect | Total   | Direct      | Indirect                                  | Total |  |  |  |  |                 |  |  |
| Data Collection Methodology | Н      | Н        | Н      | Н       | н        | Н       | Н           | Н   | Н     |  |  |  |  |                 |  |  |
| Eligible Member Population  | 100    | 0        | 100    |         |          | 3       |             |   | 0     |  |  |  |  |                 |  |  |
| Denominator                 |        |          | 83     |         |          | 3       |             |   | 0     |  |  |  |  |                 |  |  |
| Numerator                   |        |          | 49     |         |          | 3       |             |   | 0     |  |  |  |  |                 |  |  |
| Reported Rate               | 59.04% |          | 59.04% | 100.00% |          | 100.00% |             |   |       |  |  |  |  |                 |  |  |

|                             | Two or More Races |          | As    | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology | Н                 | Н        | Н     | Н                   |          | Н     |         | Н        | Н      |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 222    |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 175    |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 89     |
| Reported Rate               |                   |          |       |                     |          |       |         | 50.86%   | 50.86% |

#### Immunizations for Adolescents

### MHCP-MC (MA Expand F&C) Ethnicity - HPV

|                             | Hispanic or Latino Not Hispanic or Latin |   |        |        |   |        |
|-----------------------------|--|---|--------|--------|---|--------|
| Data Element                | Direct Indirect Total Direct Indirect    |   |        |        |   | Total  |
| Data Collection Methodology | Н  | Н | Н      | Н      | Н | Н      |
| Eligible Member Population  | 99                                       | 0 | 99     |        |   | 420    |
| Denominator                 |  |   | 80     |        |   | 331    |
| Numerator                   |  |   | 45     |        |   | 163    |
| Reported Rate               | 56.25%                                   |   | 56.25% | 49.24% |   | 49.24% |

|                             | As                                    | sked but No Ansv | ver | Unknown |   |   |  |
|-----------------------------|---------------------------------------|------------------|-----|---------|---|---|--|
| Data Element                | Direct Indirect Total Direct Indirect |                  |     |         |   |   |  |
| Data Collection Methodology |                                       |                  | Н   |         | Н | Н |  |
| Eligible Member Population  | 0                                     |                  | 0   |         |   | 0 |  |
| Denominator                 |                                       |                  | 0   |         |   | 0 |  |
| Numerator                   | 1                                     |                  | 0   |         |   | 0 |  |
| Reported Rate               |                                       |                  |     |         |   |   |  |

#### **Immunizations for Adolescents**

### MHCP-MNC (MN Care)

| Data Elements   | Meningococcal | Tdap   | Combo 1 | Combo 2 | HPV     |
|---|---------------|--------|---------|---------|---------|
| Data Collection Methodology                           | Α             | Α      | Α       | Α       | Α       |
| Eligible Member Population                            | 2             | 2      | 2       | 2       | 2       |
| Number of Administrative Data Records<br>Excluded     | 0             | 0      | 0       | 0       | 0       |
| Numerator Events by Admin Data on Eligible Population |               |        |         |         |         |
| Current Year's Admin Rate                             |               |        |         |         |         |
| Minimum Required Sample Size                          |               |        |         |         |         |
| Oversampling Rate                                     |               |        |         |         |         |
| Number of oversample records                          |               |        |         |         |         |
| Records Excluded because of Valid Data Errors         |               |        |         |         |         |
| Number of Employee/Dependent Medical Records Excluded |               |        |         |         |         |
| Records Added from the Oversample List                |               |        |         |         |         |
| Denominator   | 2             | 2      | 2       | 2       | 2       |
| Numerator   | 2             | 1      | 1       | 1       | 2       |
| Numerator Events by Admin Data                        | 0             | 0      | 0       | 0       | 0       |
| Numerator Events by Medical Record                    |               |        |         |         |         |
| Numerator Events by Supplemental Data                 | 2             | 1      | 1       | 1       | 2       |
| Reported Rate   | 100.00%       | 50.00% | 50.00%  | 50.00%  | 100.00% |

#### **Immunizations for Adolescents**

# MHCP-MNC (MN Care) Race - Meningococcal

|                             | White  |          |       | Black or African American |          |         | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|---------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total   | Direct                            | Indirect | Total |
| Data Collection Methodology | А      | А        | А     | А                         | А        | А       | А                                 | А        | А     |
| Eligible Member Population  | 0      | 0        | 0     | 1                         | 0        | 1       | 0                                 | 0        | 0     |
| Denominator                 | 0      | 0        | 0     | 1                         | 0        | 1       | 0                                 | 0        | 0     |
| Numerator                   | 0      | 0        | 0     | 1                         | 0        | 1       | 0                                 | 0        | 0     |
| Reported Rate               |        |          |       | 100.00%                   |          | 100.00% |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology | А      | Α        | А     | А  | Α        | А     | А               | А        | Α     |
| Eligible Member Population  | 0      | 0        | 0     |  |          | 0     |                 |          | 0     |
| Denominator                 |        |          | 0     |  |          | 0     |                 |          | 0     |
| Numerator                   |        |          | 0     |  |          | 0     |                 |          | 0     |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |         |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|---------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total   |
| Data Collection Methodology | Α                 | Α        | А                   | Α      |          | Α       |        | Α        | А       |
| Eligible Member Population  | 0                 | 0        | 0                   |        |          | 0       |        |          | 1       |
| Denominator                 |                   |          | 0                   |        |          | 0       |        |          | 1       |
| Numerator                   |                   |          | 0                   |        |          | 0       |        |          | 1       |
| Reported Rate               |                   |          |                     |        |          |         |        | 100.00%  | 100.00% |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Ethnicity - Meningococcal

|                             |        | Hispanic or Latin | 0     | Not Hispanic or Latino |          |         |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|---------|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total   |  |
| Data Collection Methodology | А      | А                 | А     | А                      | А        | А       |  |
| Eligible Member Population  | 0      | 0                 | 0     |                        |          | 2       |  |
| Denominator                 |        | •                 | 0     |                        |          | 2       |  |
| Numerator                   |        |                   | 0     |                        |          | 2       |  |
| Reported Rate               |        |                   |       | 100.00%                |          | 100.00% |  |

|                             | As     | ked but No Ansv | ver   | Unknown |          |       |  |
|-----------------------------|--------|-----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect        | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                 | А     |         | А        | А     |  |
| Eligible Member Population  | 0      |                 | 0     |         |          | 0     |  |
| Denominator                 |        |                 | 0     |         |          | 0     |  |
| Numerator                   |        |                 | 0     |         |          | 0     |  |
| Reported Rate               |        |                 |       |         |          |       |  |

#### **Immunizations for Adolescents**

# MHCP-MNC (MN Care) Race - TDAP

|                             |        | White    |       |        | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology | Α      | А        | А     | А      | А                         | А     | А      | А                                 | Α     |  |
| Eligible Member Population  | 0      | 0        | 0     | 1      | 0                         | 1     | 0      | 0                                 | 0     |  |
| Denominator                 | 0      | 0        | 0     | 1      | 0                         | 1     | 0      | 0                                 | 0     |  |
| Numerator                   | 0      | 0        | 0     | 0      | 0                         | 0     | 0      | 0                                 | 0     |  |
| Reported Rate               |        |          |       | 0.00%  |                           | 0.00% |        |                                   |       |  |

|                             |        | Asian    |       | Native Hawa | iian and Other Pa | cific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|-------------|-------------------|----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct      | Indirect          | Total          | Direct          | Indirect | Total |
| Data Collection Methodology | А      | А        | А     | Α           | А                 | А              | А               | A        | Α     |
| Eligible Member Population  | 0      | 0        | 0     |             |                   | 0              |                 | •        | 0     |
| Denominator                 |        |          | 0     |             |                   | 0              |                 |          | 0     |
| Numerator                   |        |          | 0     |             |                   | 0              |                 |          | 0     |
| Reported Rate               |        |          |       |             |                   |                |                 |          |       |

|                             | 1      | wo or More Race | es    | As     | Asked but No Answer |       |        | Unknown  |         |  |
|-----------------------------|--------|-----------------|-------|--------|---------------------|-------|--------|----------|---------|--|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect            | Total | Direct | Indirect | Total   |  |
| Data Collection Methodology | Α      | Α               | А     | Α      |                     | Α     |        | Α        | Α       |  |
| Eligible Member Population  | 0      | 0               | 0     |        |                     | 0     |        |          | 1       |  |
| Denominator                 |        |                 | 0     |        |                     | 0     |        |          | 1       |  |
| Numerator                   |        |                 | 0     |        |                     | 0     |        |          | 1       |  |
| Reported Rate               |        |                 |       |        |                     |       |        | 100.00%  | 100.00% |  |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Ethnicity - TDAP

|                             |        | Hispanic or Latin | o     | Not Hispanic or Latino |          |        |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|--------|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total  |  |
| Data Collection Methodology | А      | Α                 | А     | А                      | А        | А      |  |
| Eligible Member Population  | 0      | 0                 | 0     |                        |          | 2      |  |
| Denominator                 |        |                   | 0     |                        |          | 2      |  |
| Numerator                   |        |                   | 0     |                        |          | 1      |  |
| Reported Rate               |        |                   |       | 50.00%                 |          | 50.00% |  |

|                             | As     | sked but No Ansv | ver   | Unknown |          |       |  |
|-----------------------------|--------|------------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                  | А     |         | А        | А     |  |
| Eligible Member Population  | 0      |                  | 0     |         |          | 0     |  |
| Denominator                 |        |                  | 0     |         |          | 0     |  |
| Numerator                   |        |                  | 0     |         |          | 0     |  |
| Reported Rate               |        |                  |       |         |          |       |  |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Race - Combo 1

|                             |        | White    |       |        | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology | Α      | Α        | А     | Α      | Α                         | А     | А      | А                                 | А     |  |
| Eligible Member Population  | 0      | 0        | 0     | 1      | 0                         | 1     | 0      | 0                                 | 0     |  |
| Denominator                 | 0      | 0        | 0     | 1      | 0                         | 1     | 0      | 0                                 | 0     |  |
| Numerator                   | 0      | 0        | 0     | 0      | 0                         | 0     | 0      | 0                                 | 0     |  |
| Reported Rate               |        |          |       | 0.00%  |                           | 0.00% |        |                                   |       |  |

|                             |        | Asian    |       | Native Hawa | iian and Other Pa | cific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|-------------|-------------------|----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct      | Indirect          | Total          | Direct          | Indirect | Total |
| Data Collection Methodology | А      | А        | A     | Α           | А                 | A              | А               | A        | А     |
| Eligible Member Population  | 0      | 0        | 0     |             |                   | 0              |                 |          | 0     |
| Denominator                 |        |          | 0     |             |                   | 0              |                 |          | 0     |
| Numerator                   |        |          | 0     |             |                   | 0              |                 |          | 0     |
| Reported Rate               |        |          |       |             |                   |                |                 |          |       |

|                             | 7      | wo or More Race | es    | As     | Asked but No Answer |       |        | Unknown  |         |  |
|-----------------------------|--------|-----------------|-------|--------|---------------------|-------|--------|----------|---------|--|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect            | Total | Direct | Indirect | Total   |  |
| Data Collection Methodology | А      | Α               | А     | Α      |                     | Α     |        | Α        | А       |  |
| Eligible Member Population  | 0      | 0               | 0     |        |                     | 0     |        |          | 1       |  |
| Denominator                 |        |                 | 0     |        |                     | 0     |        |          | 1       |  |
| Numerator                   |        |                 | 0     |        |                     | 0     |        |          | 1       |  |
| Reported Rate               |        |                 |       |        |                     |       |        | 100.00%  | 100.00% |  |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Ethnicity - Combo 1

|                             |        | Hispanic or Latin | 0     | Not Hispanic or Latino |          |        |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|--------|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total  |  |
| Data Collection Methodology | А      | А                 | А     | А                      | А        | А      |  |
| Eligible Member Population  | 0      | 0                 | 0     |                        |          | 2      |  |
| Denominator                 |        | •                 | 0     |                        |          | 2      |  |
| Numerator                   |        |                   | 0     |                        |          | 1      |  |
| Reported Rate               |        |                   |       | 50.00%                 |          | 50.00% |  |

|                             | As     | ked but No Ansv | ver   | Unknown |          |       |  |
|-----------------------------|--------|-----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect        | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                 | А     |         | А        | А     |  |
| Eligible Member Population  | 0      |                 | 0     |         |          | 0     |  |
| Denominator                 |        |                 | 0     |         |          | 0     |  |
| Numerator                   |        |                 | 0     |         |          | 0     |  |
| Reported Rate               |        |                 |       |         |          |       |  |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Race - Combo 2

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology | Α      | А        | А     | А                         | А        | А     | А                                 | А        | Α     |
| Eligible Member Population  | 0      | 0        | 0     | 1                         | 0        | 1     | 0                                 | 0        | 0     |
| Denominator                 | 0      | 0        | 0     | 1                         | 0        | 1     | 0                                 | 0        | 0     |
| Numerator                   | 0      | 0        | 0     | 0                         | 0        | 0     | 0                                 | 0        | 0     |
| Reported Rate               |        |          |       | 0.00%                     |          | 0.00% |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology | А      | Α        | А     | Α  | А        | А     | А               | Α        | Α     |
| Eligible Member Population  | 0      | 0        | 0     |  |          | 0     |                 |          | 0     |
| Denominator                 |        |          | 0     |  |          | 0     |                 |          | 0     |
| Numerator                   | -      |          | 0     |  |          | 0     |                 |          | 0     |
| Reported Rate               | ]      |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | As    | Asked but No Answer |          |       | Unknown |          |         |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|---------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total   |
| Data Collection Methodology | Α                 | Α        | А     | Α                   |          | Α     |         | Α        | Α       |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 1       |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 1       |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 1       |
| Reported Rate               |                   |          |       |                     |          |       |         | 100.00%  | 100.00% |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Ethnicity - Combo 2

|                             |        | Hispanic or Latino Not Hispanic or Lat |       |        |          |        |
|-----------------------------|--------|--|-------|--------|----------|--------|
| Data Element                | Direct | Indirect                               | Total | Direct | Indirect | Total  |
| Data Collection Methodology | Α      | А                                      | А     | Α      | А        | А      |
| Eligible Member Population  | 0      | 0                                      | 0     |        |          | 2      |
| Denominator                 |        | •                                      | 0     |        |          | 2      |
| Numerator                   |        |  | 0     |        |          | 1      |
| Reported Rate               |        |  |       | 50.00% |          | 50.00% |

|                             | As     | sked but No Ansv | ver   | Unknown |          |       |  |
|-----------------------------|--------|------------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology | ]      |                  | А     |         | А        | А     |  |
| Eligible Member Population  | 0      |                  | 0     |         |          | 0     |  |
| Denominator                 |        |                  | 0     |         |          | 0     |  |
| Numerator                   | ]      |                  | 0     |         |          | 0     |  |
| Reported Rate               |        |                  |       |         |          |       |  |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Race - HPV

|                             | White  |          |       | Black or African American |          |         | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|---------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total   | Direct                            | Indirect | Total |
| Data Collection Methodology | Α      | А        | А     | А                         | А        | А       | А                                 | A        | А     |
| Eligible Member Population  | 0      | 0        | 0     | 1                         | 0        | 1       | 0                                 | 0        | 0     |
| Denominator                 | 0      | 0        | 0     | 1                         | 0        | 1       | 0                                 | 0        | 0     |
| Numerator                   | 0      | 0        | 0     | 1                         | 0        | 1       | 0                                 | 0        | 0     |
| Reported Rate               |        |          |       | 100.00%                   |          | 100.00% |                                   |          |       |

|                             | Asian  |          |       | Native Hawa | ian and Other Pa | cific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|-------------|------------------|----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct      | Indirect         | Total          | Direct          | Indirect | Total |
| Data Collection Methodology | Α      | Α        | А     | Α           | А                | А              | Α               | А        | А     |
| Eligible Member Population  | 0      | 0        | 0     |             |                  | 0              |                 |          | 0     |
| Denominator                 |        |          | 0     |             |                  | 0              |                 |          | 0     |
| Numerator                   |        |          | 0     |             |                  | 0              |                 |          | 0     |
| Reported Rate               |        |          |       |             |                  |                |                 |          |       |

|                             | Two or More Races |          | As    | Asked but No Answer |          |       | Unknown |          |         |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|---------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total   |
| Data Collection Methodology | А                 | Α        | А     | Α                   |          | Α     |         | Α        | А       |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 1       |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 1       |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 1       |
| Reported Rate               |                   |          |       |                     |          |       |         | 100.00%  | 100.00% |

#### **Immunizations for Adolescents**

#### MHCP-MNC (MN Care) Ethnicity - HPV

|                             |        | Hispanic or Latin | No    | Not Hispanic or Latino |          |         |  |  |  |  |
|-----------------------------|--------|-------------------|-------|------------------------|----------|---------|--|--|--|--|
| Data Element                | Direct | Indirect          | Total | Direct                 | Indirect | Total   |  |  |  |  |
| Data Collection Methodology | А      | А                 | A     | А                      | A        | А       |  |  |  |  |
| Eligible Member Population  | 0      | 0                 | 0     |                        |          | 2       |  |  |  |  |
| Denominator                 |        | •                 | 0     |                        |          | 2       |  |  |  |  |
| Numerator                   |        |                   | 0     |                        |          | 2       |  |  |  |  |
| Reported Rate               |        |                   |       | 100.00%                |          | 100.00% |  |  |  |  |

|                             | As     | ked but No Ansv | ver   |        | Unknown  |       |
|-----------------------------|--------|-----------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                 | А     |        | А        | А     |
| Eligible Member Population  | 0      |                 | 0     |        |          | 0     |
| Denominator                 |        |                 | 0     |        |          | 0     |
| Numerator                   |        |                 | 0     |        |          | 0     |
| Reported Rate               |        |                 |       |        |          |       |

#### **Breast Cancer Screening**

#### Commercial

| Data Elements                       | Total |
|-------------------------------------|-------|
| Initial Population                  |       |
| Exclusions by EHR                   |       |
| Exclusions by Case Management       |       |
| Exclusions by HIE Registry          |       |
| Exclusions by Admin                 |       |
| Exclusions                          |       |
| Denominator                         |       |
| Numerator Events by EHR             |       |
| Numerator Events by Case Management |       |
| Numerator Events by HIE Registry    |       |
| Numerator Events by Admin Data      |       |
| Numerator                           |       |
| Reported Rate                       |       |

#### **Breast Cancer Screening**

#### **Commercial - Race**

|                    | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|--------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element       | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Initial Population |        |          |       |                           |          |       |                                   |          |       |
| Exclusions         |        |          |       |                           |          |       |                                   |          |       |
| Denominator        |        |          |       |                           |          |       |                                   |          |       |
| Numerator          |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate      |        |          |       |                           |          |       |                                   |          |       |

|                    | Asian N |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|--------------------|---------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element       | Direct  | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Initial Population |         |          |       |  |          |       |                 |          |       |
| Exclusions         |         |          |       |  |          |       |                 |          |       |
| Denominator        |         |          |       |  |          |       |                 |          |       |
| Numerator          |         |          |       |  |          |       |                 |          |       |
| Reported Rate      |         |          |       |  |          |       |                 |          |       |

|                    | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|--------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element       | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Initial Population |                   |          |       |                     |          |       |         |          |       |
| Exclusions         |                   |          |       |                     |          |       |         |          |       |
| Denominator        |                   |          |       |                     |          |       |         |          |       |
| Numerator          |                   |          |       |                     |          |       |         |          |       |
| Reported Rate      |                   |          |       |                     |          |       |         |          |       |

#### **Breast Cancer Screening**

### **Commercial - Ethnicity**

|                    | н      | ispanic or Lati | no    | Not Hispanic or Latino |          |       |  |
|--------------------|--------|-----------------|-------|------------------------|----------|-------|--|
| Data Element       | Direct | Indirect        | Total | Direct                 | Indirect | Total |  |
| Initial Population |        |                 |       |                        |          |       |  |
| Exclusions         |        |                 |       |                        |          |       |  |
| Denominator        |        |                 |       |                        |          |       |  |
| Numerator          |        |                 |       |                        |          |       |  |
| Reported Rate      |        |                 |       |                        |          |       |  |

|                    | Ask    | red but No Ans | wer   | Unknown |          |       |  |
|--------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element       | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Initial Population |        |                |       |         |          |       |  |
| Exclusions         |        |                |       |         |          |       |  |
| Denominator        |        |                |       |         |          |       |  |
| Numerator          |        |                |       |         |          |       |  |
| Reported Rate      |        |                |       |         |          |       |  |

#### **Breast Cancer Screening**

### MSHO (Minnesota Senior Health Options)

| Data Elements                       | Non-LIS/DE,<br>Nondisability | LIS/DE | Disability | LIS/DE and<br>Disability | Other | Unknown | Total |
|-------------------------------------|------------------------------|--------|------------|--------------------------|-------|---------|-------|
| Initial Population                  |                              |        |            |                          |       |         |       |
| Exclusions by EHR                   |                              |        |            |                          |       |         |       |
| Exclusions by Case Management       |                              |        |            |                          |       |         |       |
| Exclusions by HIE Registry          |                              |        |            |                          |       |         |       |
| Exclusions by Admin                 |                              |        |            |                          |       |         |       |
| Exclusions                          |                              |        |            |                          |       |         |       |
| Denominator                         |                              |        |            |                          |       |         |       |
| Numerator Events by EHR             |                              |        |            |                          |       |         |       |
| Numerator Events by Case Management |                              |        |            |                          |       |         |       |
| Numerator Events by HIE Registry    |                              |        |            |                          |       |         |       |
| Numerator Events by Admin Data      |                              |        |            |                          |       |         |       |
| Numerator                           |                              |        |            |                          |       |         |       |
| Reported Rate                       |                              |        |            |                          |       |         |       |

#### **Breast Cancer Screening**

### MSHO (Minnesota Senior Health Options) - Race

|                    | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|--------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element       | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Initial Population |        |          |       |                           |          |       |                                   |          |       |
| Exclusions         |        |          |       |                           |          |       |                                   |          |       |
| Denominator        |        |          |       |                           |          |       |                                   |          |       |
| Numerator          |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate      |        |          |       |                           |          |       |                                   |          |       |

|                    | Asian N |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|--------------------|---------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element       | Direct  | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Initial Population |         |          |       |  |          |       |                 |          |       |
| Exclusions         |         |          |       |  |          |       |                 |          |       |
| Denominator        |         |          |       |  |          |       |                 |          |       |
| Numerator          |         |          |       |  |          |       |                 |          |       |
| Reported Rate      |         |          |       |  |          |       |                 |          |       |

|                    | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|--------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element       | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Initial Population |                   |          |       |                     |          |       |         |          |       |
| Exclusions         |                   |          |       |                     |          |       |         |          |       |
| Denominator        |                   |          |       |                     |          |       |         |          |       |
| Numerator          |                   |          |       |                     |          |       |         |          |       |
| Reported Rate      |                   |          |       |                     |          |       |         |          |       |

#### **Breast Cancer Screening**

### MSHO (Minnesota Senior Health Options) - Ethnicity

|                    | Н      | ispanic or Latii | no    | Not Hispanic or Latino |          |       |  |
|--------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element       | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Initial Population |        |                  |       |                        |          |       |  |
| Exclusions         |        |                  |       |                        |          |       |  |
| Denominator        |        |                  |       |                        |          |       |  |
| Numerator          |        |                  |       |                        |          |       |  |
| Reported Rate      |        |                  |       |                        |          |       |  |

|                    | Ask    | red but No Ans | wer   | Unknown |          |       |  |
|--------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element       | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Initial Population |        |                |       |         |          |       |  |
| Exclusions         |        |                |       |         |          |       |  |
| Denominator        |        |                |       |         |          |       |  |
| Numerator          |        |                |       |         |          |       |  |
| Reported Rate      |        |                |       |         |          |       |  |

#### **Breast Cancer Screening**

### **Special Needs Basic Care - Special Needs Plan**

| Data Elements                       | Non-LIS/DE,<br>Nondisability | LIS/DE | Disability | LIS/DE and<br>Disability | Other | Unknown | Total |
|-------------------------------------|------------------------------|--------|------------|--------------------------|-------|---------|-------|
| Initial Population                  |                              |        |            |                          |       |         |       |
| Exclusions by EHR                   |                              |        |            |                          |       |         |       |
| Exclusions by Case Management       |                              |        |            |                          |       |         |       |
| Exclusions by HIE Registry          |                              |        |            |                          |       |         |       |
| Exclusions by Admin                 |                              |        |            |                          |       |         |       |
| Exclusions                          |                              |        |            |                          |       |         |       |
| Denominator                         |                              |        |            |                          |       |         |       |
| Numerator Events by EHR             |                              |        |            |                          |       |         |       |
| Numerator Events by Case Management |                              |        |            |                          |       |         |       |
| Numerator Events by HIE Registry    |                              |        |            |                          |       |         |       |
| Numerator Events by Admin Data      |                              |        |            |                          |       |         |       |
| Numerator                           |                              |        |            |                          |       |         |       |
| Reported Rate                       |                              |        |            |                          |       |         |       |

#### **Breast Cancer Screening**

### **Special Needs Basic Care - Special Needs Plan - Race**

|                    | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|--------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element       | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Initial Population |        |          |       |                           |          |       |                                   |          |       |
| Exclusions         |        |          |       |                           |          |       |                                   |          |       |
| Denominator        |        |          |       |                           |          |       |                                   |          |       |
| Numerator          |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate      |        |          |       |                           |          |       |                                   |          |       |

|                    | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|--------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element       | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Initial Population |        |          |       |  |          |       |                 |          |       |
| Exclusions         |        |          |       |  |          |       |                 |          |       |
| Denominator        |        |          |       |  |          |       |                 |          |       |
| Numerator          |        |          |       |  |          |       |                 |          |       |
| Reported Rate      |        |          |       |  |          |       |                 |          |       |

|                    | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |       |
|--------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|-------|
| Data Element       | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total |
| Initial Population |                   |          |                     |        |          |         |        |          |       |
| Exclusions         |                   |          |                     |        |          |         |        |          |       |
| Denominator        |                   |          |                     |        |          |         |        |          |       |
| Numerator          |                   |          |                     |        |          |         |        |          |       |
| Reported Rate      |                   |          |                     |        |          |         |        |          |       |

#### **Breast Cancer Screening**

### **Special Needs Basic Care - Special Needs Plan - Ethnicity**

|                    | Hispanic or Latino |          |       | Not Hispanic or Latino |          |       |
|--------------------|--------------------|----------|-------|------------------------|----------|-------|
| Data Element       | Direct             | Indirect | Total | Direct                 | Indirect | Total |
| Initial Population |                    |          |       |                        |          |       |
| Exclusions         |                    |          |       |                        |          |       |
| Denominator        |                    |          |       |                        |          |       |
| Numerator          |                    |          |       |                        |          |       |
| Reported Rate      |                    |          |       |                        |          |       |

|                    | Ask    | ed but No Ans | wer   | Unknown |          |       |  |
|--------------------|--------|---------------|-------|---------|----------|-------|--|
| Data Element       | Direct | Indirect      | Total | Direct  | Indirect | Total |  |
| Initial Population |        |               |       |         |          |       |  |
| Exclusions         |        |               |       |         |          |       |  |
| Denominator        |        |               |       |         |          |       |  |
| Numerator          |        |               |       |         |          |       |  |
| Reported Rate      |        |               |       |         |          |       |  |

#### **Cervical Cancer Screening**

| Data Elements  | Commercial | MHCP-MC<br>(F&C) | MHCP-MC<br>(MN Care) | SNBC<br>Non-SNP |
|--|------------|------------------|----------------------|-----------------|
| Data Collection Methodology                              |            | Н                | Н                    |                 |
| Eligible Member Population                               |            | 5472             | 1029                 |                 |
| Number of Required Admin Data Records<br>Excluded        |            | 88               | 22                   |                 |
| Numerator Events by Admin Data on<br>Eligible Population |            | 1745             | 351                  |                 |
| Current Year's Admin Rate                                |            | 31.89%           | 34.11%               |                 |
| Minimum Required Sample Size                             |            |                  |                      |                 |
| Oversampling Rate  |            |                  |                      |                 |
| Number of oversample records                             |            |                  |                      |                 |
| Records Excluded because of Valid Data<br>Errors         |            | 5                | 9                    |                 |
| Number of Optional Admin Data Records<br>Excluded        |            |                  |                      |                 |
| Number of Medical Record Data Records<br>Excluded        |            |                  |                      |                 |
| Number of Employee/Dependent Medical Records Excluded    |            |                  |                      |                 |
| Records Added from the Oversample List                   |            |                  |                      |                 |
| Denominator  |            | 411              | 411                  |                 |
| Numerator  |            | 176              | 213                  |                 |
| Numerator Events by Admin Data                           |            | 124              | 143                  |                 |
| Numerator Events by Medical Record                       |            | 46               | 66                   |                 |
| Numerator Events by Supplemental Data                    |            | 6                | 4                    |                 |
| Reported Rate  |            | 42.82%           | 51.82%               |                 |

#### **Colorectal Cancer Screening**

#### Commercial

| Data Elements   |       | Total |       |
|---|-------|-------|-------|
| Data Elements   | 46-49 | 50-75 | Total |
| Data Collection Methodology   |       |       |       |
| Eligible Member Population  |       |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |       |       |
| Current Year's Admin Rate   |       |       |       |
| Minimum Required Sample Size  |       |       |       |
| Oversampling Rate   |       |       |       |
| Number of Oversample Records  |       |       |       |
| Number of original sample records excluded because of valid data errors |       |       |       |
| Number of Employee/Dependent Medical Records Excluded                   |       |       |       |
| Records Added from the Oversample List                                  |       |       |       |
| Denominator   |       |       |       |
| Numerator Events by Admin Data  |       |       |       |
| Numerator Events by Medical Record                                      |       |       |       |
| Numerator Events by Supplemental Data                                   |       |       |       |
| Reported rate   |       |       |       |

#### **Colorectal Cancer Screening**

#### **Commercial - Race**

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |       |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|-------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |       |
| Eligible Member Population  |                   |          |                     |        |          |         |        |          |       |
| Denominator                 |                   |          |                     |        |          |         |        |          |       |
| Numerator                   |                   |          |                     |        |          |         |        |          |       |
| Reported Rate               |                   |          |                     |        |          |         |        |          |       |

#### **Colorectal Cancer Screening**

### **Commercial - Ethnicity**

|                             | Hispanic or Latino |          |       | Not Hispanic or Latino |          |       |
|-----------------------------|--------------------|----------|-------|------------------------|----------|-------|
| Data Element                | Direct             | Indirect | Total | Direct                 | Indirect | Total |
| Data Collection Methodology |                    |          |       |                        |          |       |
| Eligible Member Population  |                    |          |       |                        |          |       |
| Denominator                 |                    |          |       |                        |          |       |
| Numerator                   |                    |          |       |                        |          |       |
| Reported Rate               |                    |          |       |                        |          |       |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### **Colorectal Cancer Screening**

### Medicare Advantage (1 of 3)

| Data Elements   |       | Total |       |
|---|-------|-------|-------|
| Data Elements   | 46-49 | 50-75 | Total |
| Data Collection Methodology   |       |       |       |
| Eligible Member Population  |       |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |       |       |
| Current Year's Admin Rate   |       |       |       |
| Minimum Required Sample Size  |       |       |       |
| Oversampling Rate   |       |       |       |
| Number of Oversample Records  |       |       |       |
| Number of original sample records excluded because of valid data errors |       |       |       |
| Number of Employee/Dependent Medical Records Excluded                   |       |       |       |
| Records Added from the Oversample List                                  |       |       |       |
| Denominator   |       |       |       |
| Numerator Events by Admin Data  |       |       |       |
| Numerator Events by Medical Record                                      |       |       |       |
| Numerator Events by Supplemental Data                                   |       |       |       |
| Reported rate   |       |       |       |

#### **Colorectal Cancer Screening**

### Medicare Advantage (2 of 3)

| Data Flamourts  | Non-  | LIS/DE Nondis | ability |       | LIS/DE |       |       | Disability |       |
|---|-------|---------------|---------|-------|--------|-------|-------|------------|-------|
| Data Elements   | 46-49 | 50-75         | Total   | 46-49 | 50-75  | Total | 46-49 | 50-75      | Total |
| Data Collection Methodology   |       |               |         |       |        |       |       |            |       |
| Eligible Member Population  |       |               |         |       |        |       |       |            |       |
| Number of Required Admin Data Records<br>Excluded                       |       |               |         |       |        |       |       |            |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |               |         |       |        |       |       |            |       |
| Current Year's Admin Rate   |       |               |         |       |        |       |       |            |       |
| Minimum Required Sample Size  |       |               |         |       |        |       |       |            |       |
| Oversampling Rate   |       |               |         |       |        |       |       |            |       |
| Number of Oversample Records  |       |               |         |       |        |       |       |            |       |
| Number of original sample records excluded because of valid data errors |       |               |         |       |        |       |       |            |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |               |         |       |        |       |       |            |       |
| Records Added from the Oversample List                                  |       |               |         |       |        |       |       |            |       |
| Denominator   |       |               |         |       |        |       |       |            |       |
| Numerator Events by Admin Data  |       |               |         |       |        |       |       |            |       |
| Numerator Events by Medical Record                                      |       |               |         |       |        |       |       |            |       |
| Numerator Events by Supplemental Data                                   |       |               |         |       |        |       |       |            |       |
| Reported rate   |       |               |         |       |        |       |       |            |       |

#### **Colorectal Cancer Screening**

### Medicare Advantage (3 of 3)

| Data Elements   | LI    | S/DE and Disab | ility |       | Other |       |       | Unknown |       |
|---|-------|----------------|-------|-------|-------|-------|-------|---------|-------|
| Data Elements   | 46-49 | 50-75          | Total | 46-49 | 50-75 | Total | 46-49 | 50-75   | Total |
| Data Collection Methodology   |       |                |       |       |       |       |       |         |       |
| Eligible Member Population  |       |                |       |       |       |       |       |         |       |
| Number of Required Admin Data Records<br>Excluded                       |       |                |       |       |       |       |       |         |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |                |       |       |       |       |       |         |       |
| Current Year's Admin Rate   |       |                |       |       |       |       |       |         |       |
| Minimum Required Sample Size  |       |                |       |       |       |       |       |         |       |
| Oversampling Rate   |       |                |       |       |       |       |       |         |       |
| Number of Oversample Records  |       |                |       |       |       |       |       |         |       |
| Number of original sample records excluded because of valid data errors |       |                |       |       |       |       |       |         |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |                |       |       |       |       |       |         |       |
| Records Added from the Oversample List                                  |       |                |       |       |       |       |       |         |       |
| Denominator   |       |                |       |       |       |       |       |         |       |
| Numerator Events by Admin Data  |       |                |       |       |       |       |       |         |       |
| Numerator Events by Medical Record                                      |       |                |       |       |       |       |       |         |       |
| Numerator Events by Supplemental Data                                   |       |                |       |       |       |       |       |         |       |
| Reported rate   |       |                |       |       |       |       |       |         |       |

#### **Colorectal Cancer Screening**

### **Medicare Advantage - Race**

|                             |        | White    |       |        | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       | 1  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### **Colorectal Cancer Screening**

### **Medicare Advantage - Ethnicity**

|                             | Н      | ispanic or Latiı | าด    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | red but No Ans | Unknown |        |          |       |
|-----------------------------|--------|----------------|---------|--------|----------|-------|
| Data Element                | Direct | Indirect       | Total   | Direct | Indirect | Total |
| Data Collection Methodology |        |                |         |        |          |       |
| Eligible Member Population  |        |                |         |        |          |       |
| Denominator                 |        |                |         |        |          |       |
| Numerator                   | -      |                |         |        |          |       |
| Reported Rate               |        |                |         |        |          |       |

#### **Colorectal Cancer Screening**

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements   |        | Total  |        |
|---|--------|--------|--------|
| Data Elements   | 46-49  | 50-75  | Total  |
| Data Collection Methodology   |        |        |        |
| Eligible Member Population  | 611    | 1528   | 2139   |
| Number of Required Admin Data Records<br>Excluded                       | 5      | 13     | 18     |
| Numerator Events by Admin Data on<br>Eligible Population                |        |        |        |
| Current Year's Admin Rate   |        |        |        |
| Minimum Required Sample Size  |        |        |        |
| Oversampling Rate   |        |        |        |
| Number of Oversample Records  |        |        |        |
| Number of original sample records excluded because of valid data errors |        |        |        |
| Number of Employee/Dependent Medical<br>Records Excluded                |        |        |        |
| Records Added from the Oversample List                                  |        |        |        |
| Denominator   | 611    | 1528   | 2139   |
| Numerator Events by Admin Data  | 90     | 237    | 327    |
| Numerator Events by Medical Record                                      |        |        |        |
| Numerator Events by Supplemental Data                                   | 3      | 16     | 19     |
| Reported rate   | 15.22% | 16.56% | 16.18% |

#### **Colorectal Cancer Screening**

### Minnesota Health Care Programs - Managed Care (Families and Children) - Race

|                             | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology |        |          |        |                           |          |        |                                   |          |        |
| Eligible Member Population  | 747    | 0        | 747    | 349                       | 0        | 349    | 59                                | 0        | 59     |
| Denominator                 | 747    | 0        | 747    | 349                       | 0        | 349    | 59                                | 0        | 59     |
| Numerator                   | 119    | 0        | 119    | 56                        | 0        | 56     | 10                                | 0        | 10     |
| Reported Rate               | 15.93% |          | 15.93% | 16.05%                    |          | 16.05% | 16.95%                            |          | 16.95% |

|                             | Asian  |          |        | Native Hawaiian and Other Pacific Islander |          |        | Some Other Race |          |       |
|-----------------------------|--------|----------|--------|--|----------|--------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                                     | Indirect | Total  | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |        |  |          |        |                 |          |       |
| Eligible Member Population  | 251    | 0        | 251    |  |          | 8      |                 |          | 0     |
| Denominator                 |        |          | 251    |  |          | 8      |                 |          | 0     |
| Numerator                   |        |          | 41     |  |          | 2      |                 |          | 0     |
| Reported Rate               | 16.33% |          | 16.33% | 25.00%                                     |          | 25.00% |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |        |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 725    |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 725    |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 118    |
| Reported Rate               |                   |          |       |                     |          |       |         | 16.28%   | 16.28% |

#### **Colorectal Cancer Screening**

### Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity

|                             | н      | Hispanic or Latino Not Hispanic or Lat |        |        |          |        |  |
|-----------------------------|--------|--|--------|--------|----------|--------|--|
| Data Element                | Direct | Indirect                               | Total  | Direct | Indirect | Total  |  |
| Data Collection Methodology |        |  |        |        |          |        |  |
| Eligible Member Population  | 124    | 0                                      | 124    |        |          | 2015   |  |
| Denominator                 |        |  | 124    |        |          | 2015   |  |
| Numerator                   |        |  | 17     |        |          | 329    |  |
| Reported Rate               | 13.71% |  | 13.71% | 16.33% |          | 16.33% |  |

|                             | Asl    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |
| Numerator                   | =      |                | 0     |         |          | 0     |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### **Colorectal Cancer Screening**

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements   |        | Total  |        |
|---|--------|--------|--------|
| Data Elements   | 46-49  | 50-75  | Total  |
| Data Collection Methodology   |        |        |        |
| Eligible Member Population  | 130    | 361    | 491    |
| Number of Required Admin Data Records<br>Excluded                       | 0      | 3      | 3      |
| Numerator Events by Admin Data on<br>Eligible Population                |        |        |        |
| Current Year's Admin Rate   |        |        |        |
| Minimum Required Sample Size  |        |        |        |
| Oversampling Rate   |        |        |        |
| Number of Oversample Records  |        |        |        |
| Number of original sample records excluded because of valid data errors |        |        |        |
| Number of Employee/Dependent Medical<br>Records Excluded                |        |        |        |
| Records Added from the Oversample List                                  |        |        |        |
| Denominator   | 130    | 361    | 491    |
| Numerator Events by Admin Data  | 27     | 71     | 98     |
| Numerator Events by Medical Record                                      |        |        |        |
| Numerator Events by Supplemental Data                                   | 1      | 2      | 3      |
| Reported rate   | 21.54% | 20.22% | 20.57% |

#### **Colorectal Cancer Screening**

### Minnesota Health Care Programs - Managed Care (MN Care) - Race

|                             | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |        |                           |          |        |                                   |          |       |
| Eligible Member Population  | 127    | 0        | 127    | 74                        | 0        | 74     | 0                                 | 0        | 0     |
| Denominator                 | 127    | 0        | 127    | 74                        | 0        | 74     | 0                                 | 0        | 0     |
| Numerator                   | 37     | 0        | 37     | 12                        | 0        | 12     | 0                                 | 0        | 0     |
| Reported Rate               | 29.13% |          | 29.13% | 16.22%                    |          | 16.22% |                                   |          |       |

|                             | Asian  |          |        | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|--------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |        |  |          |       |                 |          |       |
| Eligible Member Population  | 80     | 0        | 80     |  |          | 1     |                 |          | 0     |
| Denominator                 |        |          | 80     |  |          | 1     |                 |          | 0     |
| Numerator                   |        |          | 11     |  |          | 0     |                 |          | 0     |
| Reported Rate               | 13.75% |          | 13.75% | 0.00%                                      |          | 0.00% |                 |          |       |

|                             | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |        |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 209    |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 209    |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 41     |
| Reported Rate               |                   |          |       |                     |          |       |         | 19.62%   | 19.62% |

#### **Colorectal Cancer Screening**

### Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity

|                             | н      | ispanic or Lati | no     | Not Hispanic or Latino |          |        |  |
|-----------------------------|--------|-----------------|--------|------------------------|----------|--------|--|
| Data Element                | Direct | Indirect        | Total  | Direct                 | Indirect | Total  |  |
| Data Collection Methodology |        |                 |        |                        |          |        |  |
| Eligible Member Population  | 55     | 0               | 55     |                        |          | 436    |  |
| Denominator                 |        |                 | 55     |                        |          | 436    |  |
| Numerator                   |        |                 | 14     |                        |          | 87     |  |
| Reported Rate               | 25.45% |                 | 25.45% | 19.95%                 |          | 19.95% |  |

|                             | Asi    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |
| Numerator                   |        |                | 0     |         |          | 0     |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### **Colorectal Cancer Screening**

## Minnesota Senior Health Options (1 of 3)

| Data Elements   |       | Total |       |
|---|-------|-------|-------|
| Data Elements   | 46-49 | 50-75 | Total |
| Data Collection Methodology   |       |       |       |
| Eligible Member Population  |       |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |       |       |
| Current Year's Admin Rate   |       |       |       |
| Minimum Required Sample Size  |       |       |       |
| Oversampling Rate   |       |       |       |
| Number of Oversample Records  |       |       |       |
| Number of original sample records excluded because of valid data errors |       |       |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |       |       |
| Records Added from the Oversample List                                  |       |       |       |
| Denominator   |       |       |       |
| Numerator Events by Admin Data  |       |       |       |
| Numerator Events by Medical Record                                      |       |       |       |
| Numerator Events by Supplemental Data                                   |       |       |       |
| Reported rate   |       |       |       |

#### **Colorectal Cancer Screening**

### Minnesota Senior Health Options (2 of 3)

| Data Flamouts   | Non-  | LIS/DE Nondis | ability |       | LIS/DE |       | Disability |       |       |
|---|-------|---------------|---------|-------|--------|-------|------------|-------|-------|
| Data Elements   | 46-49 | 50-75         | Total   | 46-49 | 50-75  | Total | 46-49      | 50-75 | Total |
| Data Collection Methodology   |       |               |         |       |        |       |            |       |       |
| Eligible Member Population  |       |               |         |       |        |       |            |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |               |         |       |        |       |            |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |               |         |       |        |       |            |       |       |
| Current Year's Admin Rate   |       |               |         |       |        |       |            |       |       |
| Minimum Required Sample Size  |       |               |         |       |        |       |            |       |       |
| Oversampling Rate   |       |               |         |       |        |       |            |       |       |
| Number of Oversample Records  |       |               |         |       |        |       |            |       |       |
| Number of original sample records excluded because of valid data errors |       |               |         |       |        |       |            |       |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |               |         |       |        |       |            |       |       |
| Records Added from the Oversample List                                  |       |               |         |       |        |       |            |       |       |
| Denominator   |       |               |         |       |        |       |            |       |       |
| Numerator Events by Admin Data  |       |               |         |       |        |       |            |       |       |
| Numerator Events by Medical Record                                      |       |               |         |       |        |       |            |       |       |
| Numerator Events by Supplemental Data                                   |       |               |         |       |        |       | _          |       |       |
| Reported rate   |       |               |         |       |        |       |            |       |       |

#### **Colorectal Cancer Screening**

### Minnesota Senior Health Options (3 of 3)

| Data Flamouts   | LIS   | S/DE and Disab | ility |       | Other |       | Unknown |       |       |
|---|-------|----------------|-------|-------|-------|-------|---------|-------|-------|
| Data Elements   | 46-49 | 50-75          | Total | 46-49 | 50-75 | Total | 46-49   | 50-75 | Total |
| Data Collection Methodology   |       |                |       |       |       |       |         |       |       |
| Eligible Member Population  |       |                |       |       |       |       |         |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |                |       |       |       |       |         |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |                |       |       |       |       |         |       |       |
| Current Year's Admin Rate   |       |                |       |       |       |       |         |       |       |
| Minimum Required Sample Size  |       |                |       |       |       |       |         |       |       |
| Oversampling Rate   |       |                |       |       |       |       |         |       |       |
| Number of Oversample Records  |       |                |       |       |       |       |         |       |       |
| Number of original sample records excluded because of valid data errors |       |                |       |       |       |       |         |       |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |                |       |       |       |       |         |       |       |
| Records Added from the Oversample List                                  |       |                |       |       |       |       |         |       |       |
| Denominator   |       |                |       |       |       |       |         |       |       |
| Numerator Events by Admin Data  |       |                |       |       |       |       |         |       |       |
| Numerator Events by Medical Record                                      |       |                |       |       |       |       |         |       |       |
| Numerator Events by Supplemental Data                                   |       |                |       |       |       |       |         |       | _     |
| Reported rate   |       |                |       |       |       |       |         |       |       |

#### **Colorectal Cancer Screening**

## **Minnesota Senior Health Options - Race**

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### **Colorectal Cancer Screening**

## **Minnesota Senior Health Options - Ethnicity**

|                             | н      | lispanic or Lati | no    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        | •                |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### **Colorectal Cancer Screening**

## **Special Needs Basic Care - Special Needs Plan (1 of 3)**

| Data Elements   |       | Total |       |
|---|-------|-------|-------|
| Data Elements   | 46-49 | 50-75 | Total |
| Data Collection Methodology   |       |       |       |
| Eligible Member Population  |       |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |       |       |
| Current Year's Admin Rate   |       |       |       |
| Minimum Required Sample Size  |       |       |       |
| Oversampling Rate   |       |       |       |
| Number of Oversample Records  |       |       |       |
| Number of original sample records excluded because of valid data errors |       |       |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |       |       |
| Records Added from the Oversample List                                  |       |       |       |
| Denominator   |       |       |       |
| Numerator Events by Admin Data  |       |       |       |
| Numerator Events by Medical Record                                      |       |       |       |
| Numerator Events by Supplemental Data                                   |       |       |       |
| Reported rate   |       |       |       |

#### **Colorectal Cancer Screening**

## **Special Needs Basic Care - Special Needs Plan (2 of 3)**

| Data Flamouts   | Non-  | LIS/DE Nondis | ability |       | LIS/DE |       |       | Disability |       |
|---|-------|---------------|---------|-------|--------|-------|-------|------------|-------|
| Data Elements   | 46-49 | 50-75         | Total   | 46-49 | 50-75  | Total | 46-49 | 50-75      | Total |
| Data Collection Methodology   |       |               |         |       |        |       |       |            |       |
| Eligible Member Population  |       |               |         |       |        |       |       |            |       |
| Number of Required Admin Data Records<br>Excluded                       |       |               |         |       |        |       |       |            |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |               |         |       |        |       |       |            |       |
| Current Year's Admin Rate   |       |               |         |       |        |       |       |            |       |
| Minimum Required Sample Size  |       |               |         |       |        |       |       |            |       |
| Oversampling Rate   |       |               |         |       |        |       |       |            |       |
| Number of Oversample Records  |       |               |         |       |        |       |       |            |       |
| Number of original sample records excluded because of valid data errors |       |               |         |       |        |       |       |            |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |               |         |       |        |       |       |            |       |
| Records Added from the Oversample List                                  |       |               |         |       |        |       |       |            |       |
| Denominator   |       |               |         |       |        |       |       |            |       |
| Numerator Events by Admin Data  |       |               |         |       |        |       |       |            |       |
| Numerator Events by Medical Record                                      |       |               |         |       |        |       |       |            |       |
| Numerator Events by Supplemental Data                                   |       |               |         |       |        |       | _     |            |       |
| Reported rate   |       |               |         |       |        |       |       |            |       |

#### **Colorectal Cancer Screening**

## **Special Needs Basic Care - Special Needs Plan (3 of 3)**

| Data Flamouts   | LIS   | S/DE and Disab | ility |       | Other |       |       | Unknown |       |
|---|-------|----------------|-------|-------|-------|-------|-------|---------|-------|
| Data Elements   | 46-49 | 50-75          | Total | 46-49 | 50-75 | Total | 46-49 | 50-75   | Total |
| Data Collection Methodology   |       |                |       |       |       |       |       |         |       |
| Eligible Member Population  |       |                |       |       |       |       |       |         |       |
| Number of Required Admin Data Records<br>Excluded                       |       |                |       |       |       |       |       |         |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |                |       |       |       |       |       |         |       |
| Current Year's Admin Rate   |       |                |       |       |       |       |       |         |       |
| Minimum Required Sample Size  |       |                |       |       |       |       |       |         |       |
| Oversampling Rate   |       |                |       |       |       |       |       |         |       |
| Number of Oversample Records  |       |                |       |       |       |       |       |         |       |
| Number of original sample records excluded because of valid data errors |       |                |       |       |       |       |       |         |       |
| Number of Employee/Dependent Medical<br>Records Excluded                |       |                |       |       |       |       |       |         |       |
| Records Added from the Oversample List                                  |       |                |       |       |       |       |       |         |       |
| Denominator   |       |                |       |       |       |       |       |         |       |
| Numerator Events by Admin Data  |       |                |       |       |       |       |       |         |       |
| Numerator Events by Medical Record                                      |       |                |       |       |       |       |       |         |       |
| Numerator Events by Supplemental Data                                   |       |                |       |       |       |       | _     |         |       |
| Reported rate   |       |                |       |       |       |       |       |         |       |

#### **Colorectal Cancer Screening**

## Special Needs Basic Care - Special Needs Plan - Race

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### **Colorectal Cancer Screening**

## **Special Needs Basic Care - Special Needs Plan - Ethnicity**

|                             | н      | ispanic or Latiı | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                     |          |       |         |          |       |
| Eligible Member Population  |                     |          |       |         |          |       |
| Denominator                 |                     |          |       |         |          |       |
| Numerator                   |                     |          |       |         |          |       |
| Reported Rate               |                     |          |       |         |          |       |

#### **Colorectal Cancer Screening**

## **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements   |       | Total |       |
|---|-------|-------|-------|
| Data Elements   | 46-49 | 50-75 | Total |
| Data Collection Methodology   |       |       |       |
| Eligible Member Population  |       |       |       |
| Number of Required Admin Data Records<br>Excluded                       |       |       |       |
| Numerator Events by Admin Data on<br>Eligible Population                |       |       |       |
| Current Year's Admin Rate   |       |       |       |
| Minimum Required Sample Size  |       |       |       |
| Oversampling Rate   |       |       |       |
| Number of Oversample Records  |       |       |       |
| Number of original sample records excluded because of valid data errors |       |       |       |
| Number of Employee/Dependent Medical Records Excluded                   |       |       |       |
| Records Added from the Oversample List                                  |       |       |       |
| Denominator   |       |       |       |
| Numerator Events by Admin Data  |       |       |       |
| Numerator Events by Medical Record                                      |       |       |       |
| Numerator Events by Supplemental Data                                   |       |       |       |
| Reported rate   |       |       |       |

#### **Colorectal Cancer Screening**

## Special Needs Basic Care - Non-Special Needs Plan - Race

|                             | White  |          | Black or African American |        |          | American Indian and Alaska Native |        |          |       |
|-----------------------------|--------|----------|---------------------------|--------|----------|-----------------------------------|--------|----------|-------|
| Data Element                | Direct | Indirect | Total                     | Direct | Indirect | Total                             | Direct | Indirect | Total |
| Data Collection Methodology |        |          |                           |        |          |                                   |        |          |       |
| Eligible Member Population  |        |          |                           |        |          |                                   |        |          |       |
| Denominator                 |        |          |                           |        |          |                                   |        |          |       |
| Numerator                   |        |          |                           |        |          |                                   |        |          |       |
| Reported Rate               |        |          |                           |        |          |                                   |        |          |       |

|                             | Asian  |          | Native Hawaiian and Other Pacific Islander |        |          | Some Other Race |        |          |       |
|-----------------------------|--------|----------|--|--------|----------|-----------------|--------|----------|-------|
| Data Element                | Direct | Indirect | Total                                      | Direct | Indirect | Total           | Direct | Indirect | Total |
| Data Collection Methodology |        |          |  |        |          |                 |        |          |       |
| Eligible Member Population  |        |          |  |        |          |                 |        |          |       |
| Denominator                 |        |          |  | 1      |          |                 |        |          |       |
| Numerator                   |        |          |  |        |          |                 |        |          |       |
| Reported Rate               |        |          |  |        |          |                 |        |          |       |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |       |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|-------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |       |
| Eligible Member Population  |                   |          |                     |        |          |         |        |          |       |
| Denominator                 |                   |          |                     |        |          |         |        |          |       |
| Numerator                   |                   |          |                     |        |          |         |        |          |       |
| Reported Rate               |                   |          |                     |        |          |         |        |          |       |

#### **Colorectal Cancer Screening**

## Special Needs Basic Care - Non-Special Needs Plan - Ethnicity

|                             | Hispanic or Latino |          |       | Not Hispanic or Latino |          |       |
|-----------------------------|--------------------|----------|-------|------------------------|----------|-------|
| Data Element                | Direct             | Indirect | Total | Direct                 | Indirect | Total |
| Data Collection Methodology |                    |          |       |                        |          |       |
| Eligible Member Population  |                    |          |       |                        |          |       |
| Denominator                 |                    |          |       |                        |          |       |
| Numerator                   |                    |          |       |                        |          |       |
| Reported Rate               |                    |          |       |                        |          |       |

|                             | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                     |          |       |         |          |       |
| Eligible Member Population  |                     |          |       |         |          |       |
| Denominator                 |                     |          |       |         |          |       |
| Numerator                   |                     |          |       |         |          |       |
| Reported Rate               |                     |          |       |         |          |       |

#### Chlamydia Screening in Women

## Commercial

| Data Elements   | Ages 16-20 | Ages 21-24 | Total |
|---|------------|------------|-------|
| Eligible Member Population                              |            |            |       |
| Number of optional administrative data records excluded |            |            |       |
| Number of required administrative data records excluded |            |            |       |
| Numerator Events by Admin Data                          |            |            |       |
| Numerator Events by Supplemental Data                   |            |            |       |
| Reported Rate   |            |            |       |

#### Chlamydia Screening in Women

## Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements   | Ages 16-20 | Ages 21-24 | Total  |
|---|------------|------------|--------|
| Eligible Member Population                              | 397        | 480        | 877    |
| Number of optional administrative data records excluded |            |            |        |
| Number of required administrative data records excluded | 0          | 0          | 0      |
| Numerator Events by Admin Data                          | 221        | 259        | 480    |
| Numerator Events by Supplemental Data                   | 17         | 28         | 45     |
| Reported Rate   | 59.95%     | 59.79%     | 59.86% |

#### Chlamydia Screening in Women

## Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements   | Ages 16-20 | Ages 21-24 | Total  |
|---|------------|------------|--------|
| Eligible Member Population                              | 6          | 63         | 69     |
| Number of optional administrative data records excluded |            |            |        |
| Number of required administrative data records excluded | 0          | 0          | 0      |
| Numerator Events by Admin Data                          | 3          | 31         | 34     |
| Numerator Events by Supplemental Data                   | 1          | 4          | 5      |
| Reported Rate   | 66.67%     | 55.56%     | 56.52% |

#### Care for Older Adults

# **Minnesota Senior Health Options**

| Data Elements   | Medication Review | Functional<br>Status<br>Assessment | Pain Screening |
|---|-------------------|------------------------------------|----------------|
| Data Collection Methodology                             |                   |                                    |                |
| Eligible Member Population                              |                   |                                    |                |
| Number of required administrative data records excluded |                   |                                    |                |
| Numerator Events by Admin Data on Eligible Population   |                   |                                    |                |
| Current Year's Admin Rate                               |                   |                                    |                |
| Minimum Required Sample Size                            |                   |                                    |                |
| Oversampling Rate                                       |                   |                                    |                |
| Number of oversample records                            |                   |                                    |                |
| Records Excluded because of Valid Data<br>Errors        |                   |                                    |                |
| Number of employee/dependent medical records excluded   |                   |                                    |                |
| Records Added from the Oversample List                  |                   |                                    |                |
| Denominator   |                   |                                    |                |
| Numerator Events by Admin Data                          |                   |                                    |                |
| Numerator Events by Medical Record                      |                   |                                    |                |
| Numerator Events by Supplemental Data                   |                   |                                    |                |
| Reported Rate   |                   |                                    |                |

#### Oral Evaluation, Dental Services

## MHCP-MC (MA Expand F&C)

| Data Elements                                     | Ages 0-2 | Ages 3-5 | Ages 6-14 | Ages 15-20 | Total    |
|---|----------|----------|-----------|------------|----------|
| Audit Designation                                 | Reported | Reported | Reported  | Reported   | Reported |
| Measurement Year                                  | 2023     | 2023     | 2023      | 2023       | 2023     |
| Data Collection Methodology                       |          |          |           |            |          |
| Eligible Member Population                        | 1768     | 2061     | 5558      | 3044       | 12431    |
| Denominator                                       | 1768     | 2061     | 5558      | 3044       | 12431    |
| Number of Required Admin Data Records<br>Excluded | 0        | 0        | 0         | 0          | 0        |
| Numerator Events by Admin Data                    | 206      | 713      | 2067      | 694        | 3680     |
| Numerator   | 206      | 713      | 2067      | 694        | 3680     |
| Rate Status                                       | R        | R        | R         | R          | R        |
| Reported Rate                                     | 11.65%   | 34.59%   | 37.19%    | 22.80%     | 29.60%   |

#### Oral Evaluation, Dental Services

## MHCP-MC (MN Care)

| Data Elements                                     | Ages 0-2 | Ages 3-5 | Ages 6-14 | Ages 15-20 | Total    |
|---|----------|----------|-----------|------------|----------|
| Audit Designation                                 | Reported | Reported | Reported  | Reported   | Reported |
| Measurement Year                                  | 2023     | 2023     | 2023      | 2023       | 2023     |
| Data Collection Methodology                       |          |          |           |            |          |
| Eligible Member Population                        | 1        | 10       | 16        | 42         | 69       |
| Denominator                                       | 1        | 10       | 16        | 42         | 69       |
| Number of Required Admin Data Records<br>Excluded | 0        | 0        | 0         | 0          | 0        |
| Numerator Events by Admin Data                    | 1        | 1        | 12        | 9          | 23       |
| Numerator   | 1        | 1        | 12        | 9          | 23       |
| Rate Status                                       | NA       | NA       | NA        | R          | R        |
| Reported Rate                                     | 100.00%  | 10.00%   | 75.00%    | 21.43%     | 33.33%   |

#### Oral Evaluation, Dental Services

## **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                                     | Ages 0-2 | Ages 3-5 | Ages 6-14 | Ages 15-20 | Total |
|---|----------|----------|-----------|------------|-------|
| Audit Designation                                 |          |          |           |            |       |
| Measurement Year                                  |          |          |           |            |       |
| Data Collection Methodology                       |          |          |           |            |       |
| Eligible Member Population                        |          |          |           |            |       |
| Denominator                                       |          |          |           |            |       |
| Number of Required Admin Data Records<br>Excluded |          |          |           |            |       |
| Numerator Events by Admin Data                    |          |          |           |            |       |
| Numerator   |          |          |           |            |       |
| Rate Status                                       |          |          |           |            |       |
| Reported Rate                                     |          |          |           |            |       |

#### Topical Fluoride for Children

## Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                                  | Ages 1-2 | Ages 3-4 | Total    |
|--|----------|----------|----------|
| Audit Designation                              | Reported | Reported | Reported |
| Measurement Year                               | 2023     | 2023     | 2023     |
| Data Collection Methodology                    |          |          |          |
| Eligible Member Population                     | 1247     | 1278     | 2525     |
| Denominator                                    | 1247     | 1278     | 2525     |
| Number of Required Admin Data Records Excluded | 0        | 0        | 0        |
| Numerator Events by Admin Data                 | 546      | 288      | 834      |
| Numerator                                      | 546      | 288      | 834      |
| Rate Status                                    | R        | R        | R        |
| Reported Rate                                  | 43.79%   | 22.54%   | 33.03%   |

#### Topical Fluoride for Children

## Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                                  | Ages 0-2 | Ages 15-20 | Total    |
|--|----------|------------|----------|
| Audit Designation                              | Reported | Reported   | Reported |
| Measurement Year                               | 2023     | 2023       | 2023     |
| Data Collection Methodology                    |          |            |          |
| Eligible Member Population                     | 1        | 8          | 9        |
| Denominator                                    | 1        | 8          | 9        |
| Number of Required Admin Data Records Excluded | 0        | 0          | 0        |
| Numerator Events by Admin Data                 | 1        | 1          | 2        |
| Numerator                                      | 1        | 1          | 2        |
| Rate Status                                    | NA       | NA         | NA       |
| Reported Rate                                  | 100.00%  | 12.50%     | 22.22%   |

#### Adult Immunization Status - E

#### Commercial

| Data Element                        |            | Influenza |       |            | Td/Tdap  |       |            | Zoster   |       | Pneumococcal |
|-------------------------------------|------------|-----------|-------|------------|----------|-------|------------|----------|-------|--------------|
|                                     | Ages 19-65 | Ages 66+  | Total | Ages 19-65 | Ages 66+ | Total | Ages 50-65 | Ages 66+ | Total | Ages 66+     |
| Initial Population                  |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByEHR                     |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByCaseManagement          |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByHIERegistry             |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByAdmin                   |            |           |       |            |          |       |            |          |       |              |
| Exclusions                          |            |           |       |            |          |       |            |          |       |              |
| Denominator                         |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by EHR             |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by Case Management |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by HIE Registry    |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by Admin Data      |            |           |       |            |          |       |            |          |       |              |
| Numerator                           |            |           |       |            |          |       |            |          |       |              |
| Reported Rate                       |            |           |       |            |          |       |            |          |       |              |

#### Adult Immunization Status - E

# Commercial Race - White

|                    |        | 1.000     |       |         |          |       |        |          |       |              |          |       |
|--------------------|--------|-----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
| Data Element       |        | Influenza |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|                    | Direct | Indirect  | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |        |           |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |        |           |       |         |          |       |        |          |       |              |          |       |
| Denominator        |        |           |       |         |          |       |        |          |       |              |          |       |
| Numerator          |        |           |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |        |           |       |         |          |       |        |          |       |              |          |       |

# Commercial Race - Black or African American

| Data Element       | Influenza |          |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------|----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct    | Indirect | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |           |          |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |           |          |       |         |          |       |        |          |       |              |          |       |
| Denominator        |           |          |       |         |          |       |        |          |       |              |          |       |
| Numerator          |           |          |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |           |          |       |         |          |       |        |          |       |              |          |       |

# Commercial Race - American Indian or Alaska Native

| Data Element       | Influenza |          |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------|----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct    | Indirect | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |           |          |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |           |          |       |         |          |       |        |          |       |              |          |       |
| Denominator        |           |          |       |         |          |       |        |          |       |              |          |       |
| Numerator          |           |          |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |           |          |       |         |          |       |        |          |       |              |          |       |

#### Adult Immunization Status - E

# Commercial Race - Asian

| Data Element       | Influenza |          |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------|----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct    | Indirect | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |           |          |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |           |          |       |         |          |       |        |          |       |              |          |       |
| Denominator        |           |          |       |         |          |       |        |          |       |              |          |       |
| Numerator          |           |          |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |           |          |       |         |          |       |        |          |       |              |          |       |

# Commercial Race - Native Hawaiian or Other Pacific Islander

| Data Element       | Influenza |          |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|--------------------|-----------|----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
|                    | Direct    | Indirect | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Denominator        |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Numerator          |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |           |          |       |        |          |       |        |          |       |        |              |       |  |

#### Commercial Race - Some Other Race

| Data Element       | Influenza |          |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------|----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct    | Indirect | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |           |          |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |           |          |       |         |          |       |        |          |       |              |          |       |
| Denominator        |           |          |       |         |          |       |        |          |       |              |          |       |
| Numerator          |           |          |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |           |          |       |         |          |       |        |          |       |              |          |       |

#### Adult Immunization Status - E

# Commercial Race - Two or More Races

| Data Element       | Influenza |          |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------|----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct    | Indirect | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |           |          |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |           |          |       |         |          |       |        |          |       |              |          |       |
| Denominator        |           |          |       |         |          |       |        |          |       |              |          |       |
| Numerator          |           |          |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |           |          |       |         |          |       |        |          |       |              |          |       |

# Commercial Race - Asked but No Answer

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### Commercial Race - Unknown

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

# Commercial Ethnicity - Hispanic or Latino

|                    |        |                       |  |        | oity inopi |       |        |          |       |        |              |       |
|--------------------|--------|-----------------------|--|--------|------------|-------|--------|----------|-------|--------|--------------|-------|
| Data Element       |        | Influenza             |  |        | Td/Tdap    |       |        | Zoster   |       |        | Pneumococcal |       |
|                    | Direct | Direct Indirect Total |  | Direct | Indirect   | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |            |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |            |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |            |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |            |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |            |       |        |          |       |        |              |       |

#### Commercial Ethnicity - Not Hispanic or Latino

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

# Commercial Ethnicity - Asked but No Answer

|                    |        |           |                |  | ty / tontou |       |        |          |       |        |              |       |
|--------------------|--------|-----------|----------------|--|-------------|-------|--------|----------|-------|--------|--------------|-------|
| Data Element       |        | Influenza |                |  | Td/Tdap     |       |        | Zoster   |       |        | Pneumococcal |       |
|                    | Direct | Indirect  | Indirect Total |  | Indirect    | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |           |                |  |             |       |        |          |       |        |              |       |
| Exclusions         |        |           |                |  |             |       |        |          |       |        |              |       |
| Denominator        |        |           |                |  |             |       |        |          |       |        |              |       |
| Numerator          |        |           |                |  |             |       |        |          |       |        |              |       |
| Reported Rate      |        |           |                |  |             |       |        |          |       |        |              |       |

#### Commercial Ethnicity - Unknown

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

#### **MSHO (Minnesota Senior Health Options)**

|                                     |            |           |       |            |          |       | <u> </u>   |          |       |              |
|-------------------------------------|------------|-----------|-------|------------|----------|-------|------------|----------|-------|--------------|
| Data Element                        |            | Influenza |       |            | Td/Tdap  |       |            | Zoster   |       | Pneumococcal |
|                                     | Ages 19-65 | Ages 66+  | Total | Ages 19-65 | Ages 66+ | Total | Ages 50-65 | Ages 66+ | Total | Ages 66+     |
| Initial Population                  |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByEHR                     |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByCaseManagement          |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByHIERegistry             |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByAdmin                   |            |           |       |            |          |       |            |          |       |              |
| Exclusions                          |            |           |       |            |          |       |            |          |       |              |
| Denominator                         |            |           |       |            |          |       |            | •        |       |              |
| Numerator Events by EHR             |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by Case Management |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by HIE Registry    |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by Admin Data      |            |           |       |            |          |       |            |          |       |              |
| Numerator                           |            |           |       |            |          |       |            |          |       |              |
| Reported Rate                       |            |           |       |            |          |       |            |          |       |              |

#### Adult Immunization Status - E

# MSHO (Minnesota Senior Health Options) Race - White

| Data Element       |        | Influenza |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Indirect  | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |           |       |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |           |       |        |          |       |        |          |       |        |              |       |
| Denominator        |        |           |       |        |          |       |        |          |       |        |              |       |
| Numerator          |        |           |       |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |           |       |        |          |       |        |          |       |        |              |       |

# MSHO (Minnesota Senior Health Options) Race - Black or African American

| Data Element       |        | Influenza             |  |  | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  |  | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |  |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |  |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |  |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |  |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |  |          |       |        |          |       |        |              |       |

# MSHO (Minnesota Senior Health Options) Race - American Indian or Alaska Native

| Data Element       |        | Influenza             |  |  | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  |  | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |  |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |  |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |  |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |  |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |  |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

#### MSHO (Minnesota Senior Health Options)

#### Race - Asian

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

# MSHO (Minnesota Senior Health Options) Race - Native Hawaiian or Other Pacific Islander

| Data Element       |        | Influenza             |  |  | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  |  | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |  |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |  |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |  |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |  |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |  |          |       |        |          |       |        |              |       |

# MSHO (Minnesota Senior Health Options) Race - Some Other Race

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

#### **MSHO (Minnesota Senior Health Options)**

#### Race - Two or More Races

| Data Element       |                       | Influenza |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|-----------------------|-----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct Indirect Total |           | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |                       |           |       |        |          |       |        |          |       |        |              |       |
| Exclusions         |                       |           |       |        |          |       |        |          |       |        |              |       |
| Denominator        |                       |           |       |        |          |       |        |          |       |        |              |       |
| Numerator          |                       |           |       |        |          |       |        |          |       |        |              |       |
| Reported Rate      |                       |           |       |        |          |       |        |          |       |        |              |       |

#### **MSHO (Minnesota Senior Health Options)**

#### Race - Asked but No Answer

| Data Element       |        | Influenza             |        |          | Td/Tdap |        |          | Zoster |        |          | Pneumococcal |  |
|--------------------|--------|-----------------------|--------|----------|---------|--------|----------|--------|--------|----------|--------------|--|
|                    | Direct | Direct Indirect Total | Direct | Indirect | Total   | Direct | Indirect | Total  | Direct | Indirect | Total        |  |
| Initial Population |        |                       |        |          |         |        |          |        |        |          |              |  |
| Exclusions         |        |                       |        |          |         |        |          |        |        |          |              |  |
| Denominator        |        |                       |        |          |         |        |          |        |        |          |              |  |
| Numerator          |        |                       |        |          |         |        |          |        |        |          |              |  |
| Reported Rate      |        |                       |        |          |         |        |          |        |        |          |              |  |

#### MSHO (Minnesota Senior Health Options)

#### Race - Unknown

| Data Element       |        | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

#### MSHO (Minnesota Senior Health Options) Ethnicity - Hispanic or Latino

|                    |        |                       |  |        |          | arrio or Eat |        |          |       |        |              |       |
|--------------------|--------|-----------------------|--|--------|----------|--------------|--------|----------|-------|--------|--------------|-------|
| Data Element       |        | Influenza             |  |        | Td/Tdap  |              |        | Zoster   |       |        | Pneumococcal |       |
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total        | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |              |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |              |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |              |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |              |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |              |        |          |       |        |              |       |

#### MSHO (Minnesota Senior Health Options) Ethnicity - Not Hispanic or Latino

| Data Element       |                       | Influenza |        |          | Td/Tdap |        |          | Zoster |        |          | Pneumococcal |  |
|--------------------|-----------------------|-----------|--------|----------|---------|--------|----------|--------|--------|----------|--------------|--|
|                    | Direct Indirect Total |           | Direct | Indirect | Total   | Direct | Indirect | Total  | Direct | Indirect | Total        |  |
| Initial Population |                       |           |        |          |         |        |          |        |        |          |              |  |
| Exclusions         |                       |           |        |          |         |        |          |        |        |          |              |  |
| Denominator        |                       |           |        |          |         |        |          |        |        |          |              |  |
| Numerator          |                       |           |        |          |         |        |          |        |        |          |              |  |
| Reported Rate      |                       |           |        |          |         |        |          |        |        |          |              |  |

#### Adult Immunization Status - E

#### MSHO (Minnesota Senior Health Options) Ethnicity - Asked but No Answer

|                    |        |                       |  |        | ty Askou |       |        |          |       |        |              |       |
|--------------------|--------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
| Data Element       |        |                       |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|                    | Direct | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |                       |  |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |                       |  |        |          |       |        |          |       |        |              |       |
| Denominator        |        |                       |  |        |          |       |        |          |       |        |              |       |
| Numerator          |        |                       |  |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |                       |  |        |          |       |        |          |       |        |              |       |

#### MSHO (Minnesota Senior Health Options) Ethnicity - Unknown

| Data Element       |                       | Influenza |        |          | Td/Tdap |        |          | Zoster |        |          | Pneumococcal |  |
|--------------------|-----------------------|-----------|--------|----------|---------|--------|----------|--------|--------|----------|--------------|--|
|                    | Direct Indirect Total |           | Direct | Indirect | Total   | Direct | Indirect | Total  | Direct | Indirect | Total        |  |
| Initial Population |                       |           |        |          |         |        |          |        |        |          |              |  |
| Exclusions         |                       |           |        |          |         |        |          |        |        |          |              |  |
| Denominator        |                       |           |        |          |         |        |          |        |        |          |              |  |
| Numerator          |                       |           |        |          |         |        |          |        |        |          |              |  |
| Reported Rate      |                       |           |        |          |         |        |          |        |        |          |              |  |

#### Adult Immunization Status - E

#### Special Needs Basic Care - Special Needs Plan

| Data Element                        |            | Influenza |       |            | Td/Tdap  |       |            | Zoster   |       | Pneumococcal |
|-------------------------------------|------------|-----------|-------|------------|----------|-------|------------|----------|-------|--------------|
|                                     | Ages 19-65 | Ages 66+  | Total | Ages 19-65 | Ages 66+ | Total | Ages 50-65 | Ages 66+ | Total | Ages 66+     |
| Initial Population                  |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByEHR                     |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByCaseManagement          |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByHIERegistry             |            |           |       |            |          |       |            |          |       |              |
| ExclusionsByAdmin                   |            |           |       |            |          |       |            |          |       |              |
| Exclusions                          |            |           |       |            |          |       |            |          |       |              |
| Denominator                         |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by EHR             |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by Case Management |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by HIE Registry    |            |           |       |            |          |       |            |          |       |              |
| Numerator Events by Admin Data      |            |           |       |            |          |       |            |          |       |              |
| Numerator                           |            |           |       |            |          |       |            |          |       |              |
| Reported Rate                       |            |           |       |            |          |       |            |          |       |              |

#### Adult Immunization Status - E

#### Special Needs Basic Care - Special Needs Plan Race - White

|                    |          |           |       |        | - 10.00  |       |        |          |       |        |              |       |
|--------------------|----------|-----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
| Data Element       |          | Influenza |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|                    | Direct I |           | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |          |           |       |        |          |       |        |          |       |        |              |       |
| Exclusions         |          |           |       |        |          |       |        |          |       |        |              |       |
| Denominator        |          |           |       |        |          |       |        |          |       |        |              |       |
| Numerator          |          |           |       |        |          |       |        |          |       |        |              |       |
| Reported Rate      |          |           |       |        |          |       |        |          |       |        |              |       |

#### Special Needs Basic Care - Special Needs Plan Race - Black or African American

| Data Element       |        | Influenza |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Indirect  | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |           |       |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |           |       |        |          |       |        |          |       |        |              |       |
| Denominator        |        |           |       |        |          |       |        |          |       |        |              |       |
| Numerator          |        |           |       |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |           |       |        |          |       |        |          |       |        |              |       |

#### Special Needs Basic Care - Special Needs Plan Race - American Indian or Alaska Native

| Data Element       |        | Influenza |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |
|--------------------|--------|-----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|
|                    | Direct | Indirect  | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |
| Initial Population |        |           |       |        |          |       |        |          |       |        |              |       |
| Exclusions         |        |           |       |        |          |       |        |          |       |        |              |       |
| Denominator        |        |           |       |        |          |       |        |          |       |        |              |       |
| Numerator          |        |           |       |        |          |       |        |          |       |        |              |       |
| Reported Rate      |        |           |       |        |          |       |        |          |       |        |              |       |

#### Adult Immunization Status - E

#### Special Needs Basic Care - Special Needs Plan Race - Asian

| Data Element       | Influenza |          |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------|----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct    | Indirect | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |           |          |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |           |          |       |         |          |       |        |          |       |              |          |       |
| Denominator        |           |          |       |         |          |       |        |          |       |              |          |       |
| Numerator          |           |          |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |           |          |       |         |          |       |        |          |       |              |          |       |

# Special Needs Basic Care - Special Needs Plan Race - Native Hawaiian or Other Pacific Islander

| Data Element       | Influenza |          |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|--------------------|-----------|----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
|                    | Direct    | Indirect | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Denominator        |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Numerator          |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |           |          |       |        |          |       |        |          |       |        |              |       |  |

#### Special Needs Basic Care - Special Needs Plan Race - Some Other Race

| Data Element       | Influenza             |  |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|-----------------------|--|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct Indirect Total |  | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |                       |  |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |                       |  |       |         |          |       |        |          |       |              |          |       |
| Denominator        |                       |  |       |         |          |       |        |          |       |              |          |       |
| Numerator          |                       |  |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |                       |  |       |         |          |       |        |          |       |              |          |       |

#### Adult Immunization Status - E

#### Special Needs Basic Care - Special Needs Plan Race - Two or More Races

| Data Element       | Influenza |          |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|--------------------|-----------|----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
|                    | Direct    | Indirect | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Denominator        |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Numerator          |           |          |       |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |           |          |       |        |          |       |        |          |       |        |              |       |  |

#### Special Needs Basic Care - Special Needs Plan Race - Asked but No Answer

| Data Element       | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|--------------------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
|                    | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |                       |  |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |                       |  |        |          |       |        |          |       |        |              |       |  |
| Denominator        |                       |  |        |          |       |        |          |       |        |              |       |  |
| Numerator          |                       |  |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |                       |  |        |          |       |        |          |       |        |              |       |  |

#### Special Needs Basic Care - Special Needs Plan Race - Unknown

| Data Element       | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|--------------------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
|                    | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |                       |  |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |                       |  |        |          |       |        |          |       |        |              |       |  |
| Denominator        |                       |  |        |          |       |        |          |       |        |              |       |  |
| Numerator          |                       |  |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |                       |  |        |          |       |        |          |       |        |              |       |  |

#### Adult Immunization Status - E

#### Special Needs Basic Care - Special Needs Plan Ethnicity - Hispanic or Latino

| Data Element       | Influenza             |  |        |          | Td/Tdap |        |          | Zoster |        |          | Pneumococcal |  |  |
|--------------------|-----------------------|--|--------|----------|---------|--------|----------|--------|--------|----------|--------------|--|--|
|                    | Direct Indirect Total |  | Direct | Indirect | Total   | Direct | Indirect | Total  | Direct | Indirect | Total        |  |  |
| Initial Population |                       |  |        |          |         |        |          |        |        |          |              |  |  |
| Exclusions         |                       |  |        |          |         |        |          |        |        |          |              |  |  |
| Denominator        |                       |  |        |          |         |        |          |        |        |          |              |  |  |
| Numerator          |                       |  |        |          |         |        |          |        |        |          |              |  |  |
| Reported Rate      |                       |  |        |          |         |        |          |        |        |          |              |  |  |

#### Special Needs Basic Care - Special Needs Plan Ethnicity - Not Hispanic or Latino

| Data Element       | Influenza             |  |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|--------------------|-----------------------|--|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
|                    | Direct Indirect Total |  | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |                       |  |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |                       |  |        |          |       |        |          |       |        |              |       |  |
| Denominator        |                       |  |        |          |       |        |          |       |        |              |       |  |
| Numerator          |                       |  |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |                       |  |        |          |       |        |          |       |        |              |       |  |

## **Health Plan Desc**

#### Adult Immunization Status - E

#### Special Needs Basic Care - Special Needs Plan Ethnicity - Asked but No Answer

|                    | Etimoty Adress but to Anonei |           |       |        |          |       |        |          |       |        |              |       |  |
|--------------------|------------------------------|-----------|-------|--------|----------|-------|--------|----------|-------|--------|--------------|-------|--|
| Data Element       |                              | Influenza |       |        | Td/Tdap  |       |        | Zoster   |       |        | Pneumococcal |       |  |
|                    | Direct                       | Indirect  | Total | Direct | Indirect | Total | Direct | Indirect | Total | Direct | Indirect     | Total |  |
| Initial Population |                              |           |       |        |          |       |        |          |       |        |              |       |  |
| Exclusions         |                              |           |       |        |          |       |        |          |       |        |              |       |  |
| Denominator        |                              |           |       |        |          |       |        |          |       |        |              |       |  |
| Numerator          |                              |           |       |        |          |       |        |          |       |        |              |       |  |
| Reported Rate      |                              |           |       |        |          |       |        |          |       |        |              |       |  |

#### Special Needs Basic Care - Special Needs Plan Ethnicity - Unknown

| Data Element       |        | Influenza |       | Td/Tdap |          |       | Zoster |          |       | Pneumococcal |          |       |
|--------------------|--------|-----------|-------|---------|----------|-------|--------|----------|-------|--------------|----------|-------|
|                    | Direct | Indirect  | Total | Direct  | Indirect | Total | Direct | Indirect | Total | Direct       | Indirect | Total |
| Initial Population |        |           |       |         |          |       |        |          |       |              |          |       |
| Exclusions         |        |           |       |         |          |       |        |          |       |              |          |       |
| Denominator        |        |           |       |         |          |       |        |          |       |              |          |       |
| Numerator          |        |           |       |         |          |       |        |          |       |              |          |       |
| Reported Rate      |        |           |       |         |          |       |        |          |       |              |          |       |

### Use of Spirometry Testing in the Assessment and Diagnosis of COPD

| Data Elements   | Medicare<br>Advantage | мѕно | SNBC<br>SNP | SNBC<br>Non-SNP |
|---|-----------------------|------|-------------|-----------------|
| Eligible Member Population                              |                       |      |             |                 |
| Number of required administrative data records excluded |                       |      |             |                 |
| Numerator Events by Admin Data                          |                       |      |             |                 |
| Numerator Events by Supplemental Data                   |                       |      |             |                 |
| Reported Rate   |                       |      |             |                 |

### Pharmacotherapy Management of COPD Exacerbation

# **Medicare Advantage**

| Data Elements   | Systemic<br>Corticosteroid | Bronchodilator |
|---|----------------------------|----------------|
| Eligible Member Population                              |                            |                |
| Number of required administrative data records excluded |                            |                |
| Numerator Events by Admin Data                          |                            |                |
| Numerator Events by Supplemental Data                   |                            |                |
| Reported Rate   |                            |                |

### Pharmacotherapy Management of COPD Exacerbation

# **Medicare Advantage**

| Data Elements   | Systemic<br>Corticosteroid | Bronchodilator |
|---|----------------------------|----------------|
| Eligible Member Population                              |                            |                |
| Number of required administrative data records excluded |                            |                |
| Numerator Events by Admin Data                          |                            |                |
| Numerator Events by Supplemental Data                   |                            |                |
| Reported Rate   |                            |                |

#### Pharmacotherapy Management of COPD Exacerbation

# **Minnesota Senior Health Options**

| Data Elements   | Systemic<br>Corticosteroid | Bronchodilator |
|---|----------------------------|----------------|
| Eligible Member Population                              |                            |                |
| Number of required administrative data records excluded |                            |                |
| Numerator Events by Admin Data                          |                            |                |
| Numerator Events by Supplemental Data                   |                            |                |
| Reported Rate   |                            |                |

Pharmacotherapy Management of COPD Exacerbation

# **Special Needs Basic Care - Special Needs Plan**

| Data Elements   | Systemic<br>Corticosteroid | Bronchodilator |
|---|----------------------------|----------------|
| Eligible Member Population                              |                            |                |
| Number of required administrative data records excluded |                            |                |
| Numerator Events by Admin Data                          |                            |                |
| Numerator Events by Supplemental Data                   |                            |                |
| Reported Rate   |                            |                |

Pharmacotherapy Management of COPD Exacerbation

# **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements   | Systemic<br>Corticosteroid | Bronchodilator |
|---|----------------------------|----------------|
| Eligible Member Population                              |                            |                |
| Number of required administrative data records excluded |                            |                |
| Numerator Events by Admin Data                          |                            |                |
| Numerator Events by Supplemental Data                   |                            |                |
| Reported Rate   |                            |                |

#### Asthma Medication Ratio

#### Commercial

| Data Elements   | Ages 5-11 | Ages 12-18 | Ages 19-50 | Ages 51-64 | Total |
|---|-----------|------------|------------|------------|-------|
| Eligible Member Population                              |           |            |            |            |       |
| Number of required administrative data records excluded |           |            |            |            |       |
| Numerator Events by Admin Data                          |           |            |            |            |       |
| Numerator events by Supplemental Data                   |           |            |            |            |       |
| Reported Rate   |           |            |            |            |       |

#### Asthma Medication Ratio

#### **Commercial - Race**

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |       |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|-------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |       |
| Eligible Member Population  |                   |          |                     |        |          |         |        |          |       |
| Denominator                 |                   |          |                     |        |          |         |        |          |       |
| Numerator                   |                   |          |                     |        |          |         |        |          |       |
| Reported Rate               |                   |          |                     |        |          |         |        |          |       |

#### Asthma Medication Ratio

## **Commercial - Ethnicity**

|                             | His    | spanic or Lat | ino   | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|---------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect      | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |               |       |                        |          |       |  |
| Eligible Member Population  |        |               |       |                        |          |       |  |
| Denominator                 |        |               |       |                        |          |       |  |
| Numerator                   |        |               |       |                        |          |       |  |
| Reported Rate               |        |               |       |                        |          |       |  |

|                             | Ask    | ed but No Ans | swer  | Unknown |          |       |  |
|-----------------------------|--------|---------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect      | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |               |       |         |          |       |  |
| Eligible Member Population  |        |               |       |         |          |       |  |
| Denominator                 |        |               |       |         |          |       |  |
| Numerator                   |        |               |       |         |          |       |  |
| Reported Rate               |        |               |       |         |          |       |  |

#### Asthma Medication Ratio

### MHCP-MC (MA Expand F&C)

| Data Elements   | Ages 5-11 | Ages 12-18 | Ages 19-50 | Ages 51-64 | Total  |
|---|-----------|------------|------------|------------|--------|
| Eligible Member Population                              | 50        | 43         | 112        | 26         | 231    |
| Number of required administrative data records excluded | 17        | 2          | 15         | 20         | 54     |
| Numerator Events by Admin Data                          | 32        | 24         | 64         | 13         | 133    |
| Numerator events by Supplemental Data                   | 0         | 0          | 0          | 0          | 0      |
| Reported Rate   | 64.00%    | 55.81%     | 57.14%     | 50.00%     | 57.58% |

#### Asthma Medication Ratio

## MHCP-MC (MA Expand F&C) - Race

|                             | White  |          |        | Black  | or African Am | erican | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|--------|---------------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect      | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology |        |          |        |        |               |        |                                   |          |        |
| Eligible Member Population  | 72     | 0        | 72     | 61     | 0             | 61     | 15                                | 0        | 15     |
| Denominator                 | 72     | 0        | 72     | 61     | 0             | 61     | 15                                | 0        | 15     |
| Numerator                   | 45     | 0        | 45     | 29     | 0             | 29     | 10                                | 0        | 10     |
| Reported Rate               | 62.50% |          | 62.50% | 47.54% |               | 47.54% | 66.67%                            |          | 66.67% |

|                             | Asian                 |   |        | Native Hawaiian and Other Pacific<br>Islander |          |         | Some Other Race |          |       |
|-----------------------------|-----------------------|---|--------|---|----------|---------|-----------------|----------|-------|
| Data Element                | Direct Indirect Total |   |        | Direct  | Indirect | Total   | Direct          | Indirect | Total |
| Data Collection Methodology |                       |   |        |   |          |         |                 |          |       |
| Eligible Member Population  | 14                    | 0 | 14     |   |          | 2       |                 |          | 0     |
| Denominator                 |                       |   | 14     |   |          | 2       |                 |          | 0     |
| Numerator                   |                       |   | 11     |   |          | 2       |                 |          | 0     |
| Reported Rate               | 78.57%                |   | 78.57% | 100.00%                                       |          | 100.00% |                 |          |       |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |        |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|--------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total  |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |        |
| Eligible Member Population  | 0                 | 0        | 0                   |        |          | 0       |        |          | 67     |
| Denominator                 |                   |          | 0                   |        |          | 0       |        |          | 67     |
| Numerator                   | -                 |          | 0                   |        |          | 0       |        |          | 36     |
| Reported Rate               |                   |          |                     |        |          |         |        | 53.73%   | 53.73% |

#### Asthma Medication Ratio

## MHCP-MC (MA Expand F&C) - Ethnicity

|                             | His    | spanic or Lat | ino    | Not Hispanic or Latin |       |        |  |
|-----------------------------|--------|---------------|--------|-----------------------|-------|--------|--|
| Data Element                | Direct | Indirect      | Total  | Direct                | Total |        |  |
| Data Collection Methodology |        |               |        |                       |       |        |  |
| Eligible Member Population  | 25     | 0             | 25     |                       |       | 206    |  |
| Denominator                 |        |               | 25     |                       |       | 206    |  |
| Numerator                   |        |               | 17     |                       |       | 116    |  |
| Reported Rate               | 68.00% |               | 68.00% | 56.31%                |       | 56.31% |  |

|                             | Ask    | ed but No Ans | swer  | Unknown |          |       |  |
|-----------------------------|--------|---------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect      | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |               |       |         |          |       |  |
| Eligible Member Population  | 0      |               | 0     |         |          | 0     |  |
| Denominator                 |        |               | 0     |         |          | 0     |  |
| Numerator                   |        |               | 0     |         |          | 0     |  |
| Reported Rate               |        |               |       |         |          |       |  |

#### Asthma Medication Ratio

### MHCP-MC (MN Care)

| Data Elements   | Ages 5-11 | Ages 12-18 | Ages 19-50 | Ages 51-64 | Total  |
|---|-----------|------------|------------|------------|--------|
| Eligible Member Population                              | 1         | 0          | 8          | 5          | 14     |
| Number of required administrative data records excluded | 0         | 0          | 2          | 3          | 5      |
| Numerator Events by Admin Data                          | 1         | 0          | 5          | 3          | 9      |
| Numerator events by Supplemental Data                   | 0         | 0          | 0          | 0          | 0      |
| Reported Rate   | 100.00%   |            | 62.50%     | 60.00%     | 64.29% |

#### Asthma Medication Ratio

## MHCP-MC (MN Care) - Race

|                             | White  |          |        | Black   | or African Am | nerican | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|--------|---------|---------------|---------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct  | Indirect      | Total   | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |        |         |               |         |                                   |          |       |
| Eligible Member Population  | 7      | 0        | 7      | 1       | 0             | 1       | 0                                 | 0        | 0     |
| Denominator                 | 7      | 0        | 7      | 1       | 0             | 1       | 0                                 | 0        | 0     |
| Numerator                   | 3      | 0        | 3      | 1       | 0             | 1       | 0                                 | 0        | 0     |
| Reported Rate               | 42.86% |          | 42.86% | 100.00% |               | 100.00% |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific<br>Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|---|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct  | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |   |          |       |                 |          |       |
| Eligible Member Population  | 0      | 0        | 0     |   |          | 0     |                 |          | 0     |
| Denominator                 |        |          | 0     |   |          | 0     |                 |          | 0     |
| Numerator                   |        |          | 0     |   |          | 0     |                 |          | 0     |
| Reported Rate               |        |          |       |   |          |       |                 |          |       |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |        |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|--------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total  |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |        |
| Eligible Member Population  | 0                 | 0        | 0                   |        |          | 0       |        |          | 6      |
| Denominator                 |                   |          | 0                   |        |          | 0       |        |          | 6      |
| Numerator                   |                   |          | 0                   |        |          | 0       |        |          | 5      |
| Reported Rate               |                   |          |                     |        |          |         |        | 83.33%   | 83.33% |

#### Asthma Medication Ratio

## MHCP-MC (MN Care) - Ethnicity

|                             | His     | Hispanic or Latino Not Hispanic o |         |                 |  |        |  |
|-----------------------------|---------|-----------------------------------|---------|-----------------|--|--------|--|
| Data Element                | Direct  | Indirect                          | Total   | Direct Indirect |  | Total  |  |
| Data Collection Methodology |         |                                   |         |                 |  |        |  |
| Eligible Member Population  | 1       | 0                                 | 1       |                 |  | 13     |  |
| Denominator                 |         |                                   | 1       |                 |  | 13     |  |
| Numerator                   |         |                                   | 1       |                 |  | 8      |  |
| Reported Rate               | 100.00% |                                   | 100.00% | 61.54%          |  | 61.54% |  |

|                             | Ask    | Asked but No Answer Unknown |       |        |          |       |
|-----------------------------|--------|-----------------------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect                    | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                             |       |        |          |       |
| Eligible Member Population  | 0      |                             | 0     |        |          | 0     |
| Denominator                 |        |                             | 0     |        |          | 0     |
| Numerator                   |        |                             | 0     |        |          | 0     |
| Reported Rate               |        |                             |       |        |          |       |

### **Controlling High Blood Pressure**

| Data Elements   | Commercial | Medicare<br>Advantage | MHCP-MC<br>(F&C) | MHCP-MC<br>(MN Care) | MSHO | SNBC<br>SNP | SNBC<br>Non-SNP |
|---|------------|-----------------------|------------------|----------------------|------|-------------|-----------------|
| Data Collection Methodology   |            |                       | Н                | Н                    |      |             |                 |
| Eligible Member Population  |            |                       | 624              | 183                  |      |             |                 |
| Number of Required Admin Data Records<br>Excluded                       |            |                       | 35               | 5                    |      |             |                 |
| Numerator Events by Admin Data on<br>Eligible Population                |            |                       | 172              | 48                   |      |             |                 |
| Current Year's Admin Rate   |            |                       | 27.56%           | 26.23%               |      |             |                 |
| Minimum Required Sample Size  |            |                       |                  |                      |      |             |                 |
| Oversampling Rate   |            |                       |                  |                      |      |             |                 |
| Number of Oversample Records  |            |                       |                  |                      |      |             |                 |
| Number of original sample records excluded because of valid data errors |            |                       | 3                | 1                    |      |             |                 |
| Number of Optional Admin Data Records<br>Excluded                       |            |                       |                  |                      |      |             |                 |
| Number of Medical Record Data Records<br>Excluded                       |            |                       |                  |                      |      |             |                 |
| Number of Employee/Dependent Medical<br>Records Excluded                |            |                       |                  |                      |      |             |                 |
| Records Added from the Oversample List                                  |            |                       |                  |                      |      |             |                 |
| Denominator   |            |                       | 411              | 182                  |      |             |                 |
| Numerator Events by Admin Data  |            |                       | 6                | 0                    |      |             |                 |
| Numerator Events by Medical Record                                      |            |                       | 128              | 66                   |      |             |                 |
| Numerator Events by Supplemental Data                                   |            |                       | 105              | 50                   |      |             |                 |
| Reported rate   |            |                       | 58.15%           | 63.74%               |      |             |                 |

### **Controlling High Blood Pressure**

#### **Commercial - Race**

|                             | White  |          |       | Black  | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             |        | Asian    |       | Native Hawaii | an and Other P | acific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|---------------|----------------|-----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct        | Indirect       | Total           | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |               |                |                 |                 |          |       |
| Eligible Member Population  |        |          |       |               |                |                 |                 |          |       |
| Denominator                 |        |          |       |               |                |                 |                 |          |       |
| Numerator                   |        |          |       |               |                |                 |                 |          |       |
| Reported Rate               |        |          |       |               |                |                 |                 |          |       |

|                             | Τ·     | wo or More Rac | es    | Ask    | Asked but No Answer |       |        | Unknown  |       |  |
|-----------------------------|--------|----------------|-------|--------|---------------------|-------|--------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect            | Total | Direct | Indirect | Total |  |
| Data Collection Methodology |        |                |       |        |                     |       |        |          |       |  |
| Eligible Member Population  |        |                |       |        |                     |       |        |          |       |  |
| Denominator                 |        |                |       |        |                     |       |        |          |       |  |
| Numerator                   |        |                |       |        |                     |       |        |          |       |  |
| Reported Rate               |        |                |       |        |                     |       |        |          |       |  |

### **Controlling High Blood Pressure**

## **Commercial - Ethnicity**

|                             | Н      | Hispanic or Latino Not Hispanic or Latin |       |        |          |       |  |
|-----------------------------|--------|--|-------|--------|----------|-------|--|
| Data Element                | Direct | Indirect                                 | Total | Direct | Indirect | Total |  |
| Data Collection Methodology |        |  |       |        |          |       |  |
| Eligible Member Population  |        |  |       |        |          |       |  |
| Denominator                 |        |  |       |        |          |       |  |
| Numerator                   |        |  |       |        |          |       |  |
| Reported Rate               |        |  |       |        |          |       |  |

|                             | Asi    | ked but No Ans |       | Unknown |          |       |
|-----------------------------|--------|----------------|-------|---------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |
| Data Collection Methodology |        |                |       |         |          |       |
| Eligible Member Population  |        |                |       |         |          |       |
| Denominator                 |        |                |       |         |          |       |
| Numerator                   |        |                |       |         |          |       |
| Reported Rate               |        |                |       |         |          |       |

### **Controlling High Blood Pressure**

## **Medicare Advantage - Race**

|                             | White  |          |       | Black  | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             |        | Asian    |       | Native Hawaii | an and Other P | acific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|---------------|----------------|-----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct        | Indirect       | Total           | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |               |                |                 |                 |          |       |
| Eligible Member Population  |        |          |       |               |                |                 |                 |          |       |
| Denominator                 |        |          |       |               |                |                 |                 |          |       |
| Numerator                   |        |          |       |               |                |                 |                 |          |       |
| Reported Rate               |        |          |       |               |                |                 |                 |          |       |

|                             | Τ·     | wo or More Rac | es    | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|--------|----------------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |        |                |       |                     |          |       |         |          |       |
| Eligible Member Population  |        |                |       |                     |          |       |         |          |       |
| Denominator                 |        |                |       |                     |          |       |         |          |       |
| Numerator                   |        |                |       |                     |          |       |         |          |       |
| Reported Rate               |        |                |       |                     |          |       |         |          |       |

### **Controlling High Blood Pressure**

## **Medicare Advantage - Ethnicity**

|                             | Н      | Hispanic or Latino Not Hispanic or Lati |       |        |          |       |  |
|-----------------------------|--------|---|-------|--------|----------|-------|--|
| Data Element                | Direct | Indirect                                | Total | Direct | Indirect | Total |  |
| Data Collection Methodology |        |   |       |        |          |       |  |
| Eligible Member Population  |        |   |       |        |          |       |  |
| Denominator                 |        |   |       |        |          |       |  |
| Numerator                   |        |   |       |        |          |       |  |
| Reported Rate               |        |   |       |        |          |       |  |

|                             | Asi    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

### **Controlling High Blood Pressure**

## Minnesota Health Care Programs - Managed Care (Families and Children) - Race

|                             | White  |          |        | Black  | or African Ame | erican | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|--------|----------------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect       | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н              | Н      | Н                                 | Н        | Н      |
| Eligible Member Population  | 233    | 0        | 233    | 112    | 0              | 112    | 12                                | 0        | 12     |
| Denominator                 | 160    | 0        | 160    | 73     | 0              | 73     | 7                                 | 0        | 7      |
| Numerator                   | 102    | 0        | 102    | 34     | 0              | 34     | 3                                 | 0        | 3      |
| Reported Rate               | 63.75% |          | 63.75% | 46.58% |                | 46.58% | 42.86%                            |          | 42.86% |

|                             | Asian  |          |        | Native Hawaii | an and Other P | acific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|--------|---------------|----------------|-----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect       | Total           | Direct          | Indirect | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н              | Н               | Н               | Н        | Н     |
| Eligible Member Population  | 65     | 0        | 65     |               |                | 5               |                 |          | 0     |
| Denominator                 |        |          | 41     |               |                | 4               |                 |          | 0     |
| Numerator                   |        |          | 23     |               |                | 2               |                 |          | 0     |
| Reported Rate               | 56.10% |          | 56.10% | 50.00%        |                | 50.00%          |                 |          |       |

|                             | Two or More Races |          | Asl   | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology | Н                 | Н        | Н     | Н                   |          | Н     |         | Н        | Н      |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 197    |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 126    |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 75     |
| Reported Rate               |                   |          |       |                     |          |       |         | 59.52%   | 59.52% |

### Controlling High Blood Pressure

## Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity

|                             | н      | ispanic or Lati | : Hispanic or La | itino  |          |        |
|-----------------------------|--------|-----------------|------------------|--------|----------|--------|
| Data Element                | Direct | Indirect        | Total            | Direct | Indirect | Total  |
| Data Collection Methodology | Н      | Н               | Н                | Н      | Н        | Н      |
| Eligible Member Population  | 28     | 0               | 28               |        |          | 596    |
| Denominator                 |        |                 | 18               |        |          | 393    |
| Numerator                   |        |                 | 14               |        |          | 225    |
| Reported Rate               | 77.78% |                 | 77.78%           | 57.25% |          | 57.25% |

|                             | As     | ked but No Ans | wer   |        | Unknown  |       |
|-----------------------------|--------|----------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                | Н     |        | Н        | Н     |
| Eligible Member Population  | 0      |                | 0     |        |          | 0     |
| Denominator                 |        |                | 0     |        |          | 0     |
| Numerator                   |        |                | 0     |        |          | 0     |
| Reported Rate               |        |                |       |        |          |       |

## Controlling High Blood Pressure

## Minnesota Health Care Programs - Managed Care (MN Care) - Race

|                             | White  |          |        | Black  | or African Ame | erican | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|--------|--------|----------------|--------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect       | Total  | Direct                            | Indirect | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н              | Н      | Н                                 | Н        | Н     |
| Eligible Member Population  | 42     | 0        | 42     | 41     | 0              | 41     | 0                                 | 0        | 0     |
| Denominator                 | 41     | 0        | 41     | 41     | 0              | 41     | 0                                 | 0        | 0     |
| Numerator                   | 33     | 0        | 33     | 24     | 0              | 24     | 0                                 | 0        | 0     |
| Reported Rate               | 80.49% |          | 80.49% | 58.54% |                | 58.54% |                                   |          |       |

|                             | Asian  |          |        | Native Hawaii | an and Other P | acific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|--------|---------------|----------------|-----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect       | Total           | Direct          | Indirect | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н              | Н               | Н               | Н        | Н     |
| Eligible Member Population  | 24     | 0        | 24     |               |                | 2               |                 |          | 0     |
| Denominator                 |        |          | 24     |               |                | 2               |                 |          | 0     |
| Numerator                   |        |          | 14     |               |                | 0               |                 |          | 0     |
| Reported Rate               | 58.33% |          | 58.33% | 0.00%         |                | 0.00%           |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology | Н                 | Н        | Н     | Н                   |          | Н     |         | Н        | Н      |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 74     |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 74     |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 45     |
| Reported Rate               |                   |          |       |                     |          |       |         | 60.81%   | 60.81% |

### **Controlling High Blood Pressure**

## Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity

|                             | н      | ispanic or Latii | no     | Not    | Hispanic or La | tino   |
|-----------------------------|--------|------------------|--------|--------|----------------|--------|
| Data Element                | Direct | Indirect         | Total  | Direct | Indirect       | Total  |
| Data Collection Methodology | Н      | Н                | Н      | Н      | Н              | Н      |
| Eligible Member Population  | 17     | 0                | 17     |        |                | 166    |
| Denominator                 |        |                  | 17     |        |                | 165    |
| Numerator                   |        |                  | 10     |        |                | 106    |
| Reported Rate               | 58.82% |                  | 58.82% | 64.24% |                | 64.24% |

|                             | Asi    | ked but No Ans | wer   |        | Unknown  |       |
|-----------------------------|--------|----------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                | Н     |        | Н        | Н     |
| Eligible Member Population  | 0      |                | 0     |        |          | 0     |
| Denominator                 |        |                | 0     |        |          | 0     |
| Numerator                   |        |                | 0     |        |          | 0     |
| Reported Rate               |        |                |       |        |          |       |

### **Controlling High Blood Pressure**

## **Minnesota Senior Health Options - Race**

|                             | White  |          |       | Black  | or African Am | erican | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|--------|---------------|--------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct | Indirect      | Total  | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |        |               |        |                                   |          |       |
| Eligible Member Population  |        |          |       |        |               |        |                                   |          |       |
| Denominator                 |        |          |       |        |               |        |                                   |          |       |
| Numerator                   |        |          |       |        |               |        |                                   |          |       |
| Reported Rate               |        |          |       |        |               |        |                                   |          |       |

|                             | Asian  |          |       | Native Hawaii | an and Other Pa | acific Islander | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|---------------|-----------------|-----------------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct        | Indirect        | Total           | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |               |                 |                 |                 |          |       |
| Eligible Member Population  |        |          |       |               |                 |                 |                 |          |       |
| Denominator                 |        |          |       |               |                 |                 |                 |          |       |
| Numerator                   |        |          |       |               |                 |                 |                 |          |       |
| Reported Rate               |        |          |       |               |                 |                 |                 |          |       |

|                             | Two or More Races |          | Two or More Races |        | Ask      | Asked but No Answer |        |          | Asked but No Answer |  |  | Unknown |  |  |
|-----------------------------|-------------------|----------|-------------------|--------|----------|---------------------|--------|----------|---------------------|--|--|---------|--|--|
| Data Element                | Direct            | Indirect | Total             | Direct | Indirect | Total               | Direct | Indirect | Total               |  |  |         |  |  |
| Data Collection Methodology |                   |          |                   |        |          |                     |        |          |                     |  |  |         |  |  |
| Eligible Member Population  |                   |          |                   |        |          |                     |        |          |                     |  |  |         |  |  |
| Denominator                 |                   |          |                   |        |          |                     |        |          |                     |  |  |         |  |  |
| Numerator                   |                   |          |                   |        |          |                     |        |          |                     |  |  |         |  |  |
| Reported Rate               |                   |          |                   |        |          |                     |        |          |                     |  |  |         |  |  |

### **Controlling High Blood Pressure**

## **Minnesota Senior Health Options - Ethnicity**

|                             | Н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asked but No Answer Unknown |          |       |        |          |       |
|-----------------------------|-----------------------------|----------|-------|--------|----------|-------|
| Data Element                | Direct                      | Indirect | Total | Direct | Indirect | Total |
| Data Collection Methodology |                             |          |       |        |          |       |
| Eligible Member Population  |                             |          |       |        |          |       |
| Denominator                 |                             |          |       |        |          |       |
| Numerator                   |                             |          |       |        |          |       |
| Reported Rate               |                             |          |       |        |          |       |

### **Controlling High Blood Pressure**

## Special Needs Basic Care - Special Needs Plan - Race

|                             |        |          |       |        |                |        | 1        |                            |       |  |
|-----------------------------|--------|----------|-------|--------|----------------|--------|----------|----------------------------|-------|--|
|                             | White  |          |       | Black  | or African Ame | erican | American | n Indian and Alaska Native |       |  |
| Data Element                | Direct | Indirect | Total | Direct | Indirect       | Total  | Direct   | Indirect                   | Total |  |
| Data Collection Methodology |        |          |       |        |                |        |          |                            |       |  |
| Eligible Member Population  |        |          |       |        |                |        |          |                            |       |  |
| Denominator                 |        |          |       |        |                |        |          |                            |       |  |
| Numerator                   |        |          |       |        |                |        |          |                            |       |  |
| Reported Rate               |        |          |       |        |                |        |          |                            |       |  |

|                             | Asian  |          |       | Native Hawaii | an and Other P | acific Islander | S      | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|---------------|----------------|-----------------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct        | Indirect       | Total           | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |               |                |                 |        |                 |       |  |
| Eligible Member Population  |        |          |       |               |                |                 |        |                 |       |  |
| Denominator                 |        |          |       |               |                |                 |        |                 |       |  |
| Numerator                   |        |          |       |               |                |                 |        |                 |       |  |
| Reported Rate               |        |          |       |               |                |                 |        |                 |       |  |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

### **Controlling High Blood Pressure**

## Special Needs Basic Care - Special Needs Plan - Ethnicity

|                             | Н      | ispanic or Latir | 10    | Not    | Not Hispanic or Latino |       |  |  |
|-----------------------------|--------|------------------|-------|--------|------------------------|-------|--|--|
| Data Element                | Direct | Indirect         | Total | Direct | Indirect               | Total |  |  |
| Data Collection Methodology |        |                  |       |        |                        |       |  |  |
| Eligible Member Population  |        |                  |       |        |                        |       |  |  |
| Denominator                 |        |                  |       |        |                        |       |  |  |
| Numerator                   |        |                  |       |        |                        |       |  |  |
| Reported Rate               |        |                  |       |        |                        |       |  |  |

|                             | Asi    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

### **Controlling High Blood Pressure**

## Special Needs Basic Care - Non-Special Needs Plan - Race

|                             | White                 |  |        | Black    | or African Am | erican | American Indian and Alaska Native |       |  |
|-----------------------------|-----------------------|--|--------|----------|---------------|--------|-----------------------------------|-------|--|
| Data Element                | Direct Indirect Total |  | Direct | Indirect | Total         | Direct | Indirect                          | Total |  |
| Data Collection Methodology |                       |  |        |          |               |        |                                   |       |  |
| Eligible Member Population  |                       |  |        |          |               |        |                                   |       |  |
| Denominator                 |                       |  |        |          |               |        |                                   |       |  |
| Numerator                   |                       |  |        |          |               |        |                                   |       |  |
| Reported Rate               |                       |  |        |          |               |        |                                   |       |  |

|                             | Asian  |          |       | Native Hawaii | an and Other P | acific Islander | cific Islander Some Other Rac |          |       |
|-----------------------------|--------|----------|-------|---------------|----------------|-----------------|-------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct        | Indirect       | Total           | Direct                        | Indirect | Total |
| Data Collection Methodology |        |          |       |               |                |                 |                               |          |       |
| Eligible Member Population  |        |          |       |               |                |                 |                               |          |       |
| Denominator                 |        |          |       |               |                |                 |                               |          |       |
| Numerator                   |        |          |       |               |                |                 |                               |          |       |
| Reported Rate               |        |          |       |               |                |                 |                               |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

### **Controlling High Blood Pressure**

## Special Needs Basic Care - Non-Special Needs Plan - Ethnicity

|                             | Hispanic or Latino |          |       | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------------------|----------|-------|------------------------|----------|-------|--|
| Data Element                | Direct             | Indirect | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |                    |          |       |                        |          |       |  |
| Eligible Member Population  |                    |          |       |                        |          |       |  |
| Denominator                 |                    |          |       |                        |          |       |  |
| Numerator                   |                    |          |       |                        |          |       |  |
| Reported Rate               |                    |          |       |                        |          |       |  |

|                             | Asked but No Answer |          |       | Unknown |          |       |  |
|-----------------------------|---------------------|----------|-------|---------|----------|-------|--|
| Data Element                | Direct              | Indirect | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |                     |          |       |         |          |       |  |
| Eligible Member Population  |                     |          |       |         |          |       |  |
| Denominator                 |                     |          |       |         |          |       |  |
| Numerator                   |                     |          |       |         |          |       |  |
| Reported Rate               |                     |          |       |         |          |       |  |

#### Persistence of Beta Blocker Treatment After Heart Attack

| Data Elements                                  | Commercial | Medicare<br>Advantage | MHCP-MC<br>(F&C) | MHCP-MC<br>(MN Care) | мѕно | SNBC<br>SNP | SNBC<br>Non-SNP |
|--|------------|-----------------------|------------------|----------------------|------|-------------|-----------------|
| Eligible Member Population                     |            |                       | 3                | 2                    |      |             |                 |
| Number of optional exclusions                  |            |                       |                  |                      |      |             |                 |
| Number of required admin data records excluded |            |                       | 15               | 1                    |      |             |                 |
| Numerator Events by Admin Data                 |            |                       | 2                | 2                    |      |             |                 |
| Numerator Events by Supplemental Data          |            |                       | 0                | 0                    |      |             |                 |
| Reported Rate                                  |            |                       | 66.67%           | 100.00%              |      |             |                 |

### Statin Therapy for Patients With Cardiovascular Disease

#### Commercial

|   | Received Statin Therapy |        |       | Statin Adherence 80% |        |       |  |
|---|-------------------------|--------|-------|----------------------|--------|-------|--|
| Data Elements                                     | Male                    | Female | Total | Male                 | Female | Total |  |
| Eligible Member Population                        |                         |        |       |                      |        |       |  |
| Number of Required Admin Data Records<br>Excluded |                         |        |       |                      |        |       |  |
| Numerator Events by Admin Data                    |                         |        |       |                      |        |       |  |
| Numerator Events by Supplemental Data             |                         |        |       |                      |        |       |  |
| Reported Rate                                     |                         |        |       |                      |        |       |  |

### Statin Therapy for Patients With Cardiovascular Disease

## **Medicare Advantage**

|  | Received Statin Therapy |        |       | Statin Adherence 80% |        |       |  |
|--|-------------------------|--------|-------|----------------------|--------|-------|--|
| Data Elements                                  | Male                    | Female | Total | Male                 | Female | Total |  |
| Eligible Member Population                     |                         |        |       |                      |        |       |  |
| Number of Required Admin Data Records Excluded |                         |        |       |                      |        |       |  |
| Numerator Events by Admin Data                 |                         |        |       |                      |        |       |  |
| Numerator Events by Supplemental Data          |                         |        |       |                      |        |       |  |
| Reported Rate                                  |                         |        |       |                      |        |       |  |

#### Cardiac Rehabilitation

#### **Medicare Advantage**

| 5.4.51  | Achievement |          | I     | Engagement 1 |          | Engagement 2 |            |          | Initiation |            |          |       |
|---|-------------|----------|-------|--------------|----------|--------------|------------|----------|------------|------------|----------|-------|
| Data Element                                      | Ages 18-64  | Ages 65+ | Total | Ages 18-64   | Ages 65+ | Total        | Ages 18-64 | Ages 65+ | Total      | Ages 18-64 | Ages 65+ | Total |
| Initial Population                                |             |          |       |              |          |              |            |          |            |            |          |       |
| Eligible Member Population                        |             |          |       |              |          |              |            |          |            |            |          |       |
| Number of Required Admin Data Records<br>Excluded |             |          |       |              |          |              |            |          |            |            |          |       |
| Denominator                                       |             |          |       |              |          |              |            |          |            |            |          |       |
| Numerator Events by EHR                           |             |          |       |              |          |              |            |          |            |            |          |       |
| Numerator Events by Case Management               |             |          |       |              |          |              |            |          |            |            |          |       |
| Numerator Events by HIE Registry                  |             |          |       |              |          |              |            |          |            |            |          |       |
| Numerator Events by Admin Data                    |             |          |       |              |          |              |            |          |            |            |          |       |
| Numerator   |             |          |       |              |          |              |            |          |            |            |          |       |
| Reported Rate                                     |             |          |       |              |          |              |            |          |            |            |          |       |

### Hemoglobin A1c Control for Patients With Diabetes

#### Commercial

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   |   |                                  |
| Eligible Member Population  |   |                                  |
| Number of Required Admin Data Records<br>Excluded                       |   |                                  |
| Numerator Events by Admin Data on Eligible Population                   |   |                                  |
| Current Year's Admin Rate   |   |                                  |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors |   |                                  |
| Number of Employee/Dependent Medical<br>Records Excluded                |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   |   |                                  |
| Numerator Events by Admin Data  |   |                                  |
| Numerator Events by Medical Record                                      |   |                                  |
| Numerator Events by Supplemental Data                                   |   |                                  |
| Reported rate   |   |                                  |

#### Hemoglobin A1c Control for Patients With Diabetes

#### Commercial - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Tv     | vo or More Rac | es    | Ask    | Asked but No Answer |       |        | Unknown  |       |  |
|-----------------------------|--------|----------------|-------|--------|---------------------|-------|--------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect            | Total | Direct | Indirect | Total |  |
| Data Collection Methodology |        |                |       |        |                     |       |        |          |       |  |
| Eligible Member Population  |        |                |       |        |                     |       |        |          |       |  |
| Denominator                 |        |                |       |        |                     |       |        |          |       |  |
| Numerator                   |        |                |       |        |                     |       |        |          |       |  |
| Reported Rate               |        |                |       |        |                     |       |        |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

#### Commercial - Race Poor HbA1c Control (>9.0%)

|                             |        |          |       | -                         | -        |       |                                   |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 | •        |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Tv     | vo or More Rac | es    | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|--------|----------------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |        |                |       |                     |          |       |         |          |       |
| Eligible Member Population  |        |                |       |                     |          |       |         |          |       |
| Denominator                 |        |                |       |                     |          |       |         |          |       |
| Numerator                   |        |                |       |                     |          |       |         |          |       |
| Reported Rate               |        |                |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Commercial - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | Н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Commercial - Ethnicity Poor HbA1c Control (>9.0%)

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

### **Medicare Advantage**

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   |   |                                  |
| Eligible Member Population  |   |                                  |
| Number of Required Admin Data Records Excluded                          |   |                                  |
| Numerator Events by Admin Data on<br>Eligible Population                |   |                                  |
| Current Year's Admin Rate   |   |                                  |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors |   |                                  |
| Number of Employee/Dependent Medical<br>Records Excluded                |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   |   |                                  |
| Numerator Events by Admin Data  |   |                                  |
| Numerator Events by Medical Record                                      |   |                                  |
| Numerator Events by Supplemental Data                                   |   |                                  |
| Reported rate   |   |                                  |

#### Hemoglobin A1c Control for Patients With Diabetes

#### Medicare Advantage - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |       | Black  | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             | Asian N |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|---------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct  | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |         |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |         |          |       |  |          |       |                 |          |       |
| Denominator                 |         |          |       |  |          |       |                 |          |       |
| Numerator                   |         |          |       |  |          |       |                 |          |       |
| Reported Rate               |         |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Medicare Advantage - Race Poor HbA1c Control (>9.0%)

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian Na |          | Native Hawaiian and Other Pacific Islander |        |          | Some Other Race |        |          |       |
|-----------------------------|----------|----------|--|--------|----------|-----------------|--------|----------|-------|
| Data Element                | Direct   | Indirect | Total                                      | Direct | Indirect | Total           | Direct | Indirect | Total |
| Data Collection Methodology |          |          |  |        |          |                 |        |          |       |
| Eligible Member Population  |          |          |  |        |          |                 |        |          |       |
| Denominator                 |          |          |  |        |          |                 |        |          |       |
| Numerator                   |          |          |  |        |          |                 |        |          |       |
| Reported Rate               |          |          |  |        |          |                 |        |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Medicare Advantage - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Medicare Advantage - Ethnicity Poor HbA1c Control (>9.0%)

|                             | Н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   | Н                                       | Н                                |
| Eligible Member Population  | 732                                     | 732                              |
| Number of Required Admin Data Records<br>Excluded                       | 27                                      | 27                               |
| Numerator Events by Admin Data on<br>Eligible Population                | 157                                     | 540                              |
| Current Year's Admin Rate   | 21.45%                                  | 73.77%                           |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors | 1                                       | 1                                |
| Number of Employee/Dependent Medical Records Excluded                   |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   | 411                                     | 411                              |
| Numerator Events by Admin Data  | 5                                       | 83                               |
| Numerator Events by Medical Record                                      | 114                                     | 71                               |
| Numerator Events by Supplemental Data                                   | 91                                      | 3                                |
| Reported rate   | 51.09%                                  | 38.20%                           |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (Families and Children) - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology | Н      | Н        | Н      | Н                         | Н        | Н      | Н                                 | Н        | Н      |
| Eligible Member Population  | 226    | 0        | 226    | 142                       | 0        | 142    | 26                                | 0        | 26     |
| Denominator                 | 131    | 0        | 131    | 68                        | 0        | 68     | 16                                | 0        | 16     |
| Numerator                   | 68     | 0        | 68     | 36                        | 0        | 36     | 7                                 | 0        | 7      |
| Reported Rate               | 51.91% |          | 51.91% | 52.94%                    |          | 52.94% | 43.75%                            |          | 43.75% |

|                             |        | Asian    |        | Native Hawaii | Native Hawaiian and Other Pacific Islander |        |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|---------------|--|--------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect                                   | Total  | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н  | Н      | Н      | Н               | Н     |  |
| Eligible Member Population  | 81     | 0        | 81     |               |  | 5      |        |                 | 0     |  |
| Denominator                 |        |          | 47     |               |  | 2      |        |                 | 0     |  |
| Numerator                   |        |          | 25     |               |  | 1      |        |                 | 0     |  |
| Reported Rate               | 53.19% |          | 53.19% | 50.00%        |  | 50.00% |        |                 |       |  |

|                             | Tv     | wo or More Rac | es    | Asl    | Asked but No Answer |       |        | Unknown  |        |  |
|-----------------------------|--------|----------------|-------|--------|---------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect            | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | Н      | Н              | Н     | Н      |                     | Н     |        | Н        | Н      |  |
| Eligible Member Population  | 0      | 0              | 0     |        |                     | 0     |        |          | 252    |  |
| Denominator                 |        |                | 0     |        |                     | 0     |        |          | 147    |  |
| Numerator                   |        |                | 0     |        |                     | 0     |        |          | 73     |  |
| Reported Rate               |        |                |       |        |                     |       |        | 49.66%   | 49.66% |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (Families and Children) - Race Poor HbA1c Control (>9.0%)

|                             | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |        |
|-----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|--------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total  |
| Data Collection Methodology | Н      | Н        | Н      | Н                         | Н        | Н      | Н                                 | Н        | Н      |
| Eligible Member Population  | 226    | 0        | 226    | 142                       | 0        | 142    | 26                                | 0        | 26     |
| Denominator                 | 131    | 0        | 131    | 68                        | 0        | 68     | 16                                | 0        | 16     |
| Numerator                   | 53     | 0        | 53     | 28                        | 0        | 28     | 8                                 | 0        | 8      |
| Reported Rate               | 40.46% |          | 40.46% | 41.18%                    |          | 41.18% | 50.00%                            |          | 50.00% |

|                             |        | Asian    |        | Native Hawaii | Native Hawaiian and Other Pacific Islander |        |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|---------------|--|--------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect                                   | Total  | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н  | Н      | Н      | Н               | Н     |  |
| Eligible Member Population  | 81     | 0        | 81     |               |  | 5      |        |                 | 0     |  |
| Denominator                 |        |          | 47     |               |  | 2      |        |                 | 0     |  |
| Numerator                   |        |          | 14     |               |  | 1      |        |                 | 0     |  |
| Reported Rate               | 29.79% |          | 29.79% | 50.00%        |  | 50.00% |        |                 |       |  |

|                             | т      | Two or More Races |       | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|--------|-------------------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct | Indirect          | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology | Н      | Н                 | Н     | Н                   |          | Н     |         | Н        | Н      |
| Eligible Member Population  | 0      | 0                 | 0     |                     |          | 0     |         |          | 252    |
| Denominator                 |        | •                 | 0     |                     |          | 0     |         |          | 147    |
| Numerator                   |        |                   | 0     |                     |          | 0     |         |          | 53     |
| Reported Rate               |        |                   |       |                     |          |       |         | 36.05%   | 36.05% |

#### Hemoglobin A1c Control for Patients With Diabetes

## Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | н      | ispanic or Latii | 10     | Not             | Hispanic or La | tino   |
|-----------------------------|--------|------------------|--------|-----------------|----------------|--------|
| Data Element                | Direct | Indirect         | Total  | Direct Indirect |                | Total  |
| Data Collection Methodology | Н      | Н                | Н      | Н               | Н              | Н      |
| Eligible Member Population  | 60     | 0                | 60     |                 |                | 672    |
| Denominator                 |        |                  | 31     |                 |                | 380    |
| Numerator                   |        |                  | 13     |                 |                | 197    |
| Reported Rate               | 41.94% |                  | 41.94% | 51.84%          |                | 51.84% |

|                             | Asl    | ked but No Ans | wer   | Unknown |          |       |  |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |
| Data Collection Methodology |        |                | Н     |         | Н        | Н     |  |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |  |
| Numerator                   |        |                | 0     |         |          | 0     |  |  |
| Reported Rate               |        |                |       |         |          |       |  |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity Poor HbA1c Control (>9.0%)

|                             | н      | ispanic or Lati | no     | Not             | Hispanic or La | tino   |
|-----------------------------|--------|-----------------|--------|-----------------|----------------|--------|
| Data Element                | Direct | Indirect        | Total  | Direct Indirect |                | Total  |
| Data Collection Methodology | Н      | Н               | Н      | Н               | Н              | Н      |
| Eligible Member Population  | 60     | 0               | 60     |                 |                | 672    |
| Denominator                 |        |                 | 31     |                 |                | 380    |
| Numerator                   | ]      |                 | 14     |                 |                | 143    |
| Reported Rate               | 45.16% |                 | 45.16% | 37.63%          |                | 37.63% |

|                             | Asl    | ked but No Ans | wer   | Unknown |          |       |  |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |
| Data Collection Methodology |        |                | Н     |         | Н        | Н     |  |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |  |
| Numerator                   |        |                | 0     |         |          | 0     |  |  |
| Reported Rate               |        |                |       |         |          |       |  |  |

#### Hemoglobin A1c Control for Patients With Diabetes

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   | Н                                       | Н                                |
| Eligible Member Population  | 171                                     | 171                              |
| Number of Required Admin Data Records<br>Excluded                       | 4                                       | 4                                |
| Numerator Events by Admin Data on<br>Eligible Population                | 31                                      | 126                              |
| Current Year's Admin Rate   | 18.13%                                  | 73.68%                           |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors | 0                                       | 0                                |
| Number of Employee/Dependent Medical Records Excluded                   |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   | 171                                     | 171                              |
| Numerator Events by Admin Data  | 2                                       | 31                               |
| Numerator Events by Medical Record                                      | 50                                      | 35                               |
| Numerator Events by Supplemental Data                                   | 31                                      | 2                                |
| Reported rate   | 48.54%                                  | 39.77%                           |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (MN Care) - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н                         | Н        | Н      | Н                                 | Н        | Н     |
| Eligible Member Population  | 30     | 0        | 30     | 33                        | 0        | 33     | 0                                 | 0        | 0     |
| Denominator                 | 30     | 0        | 30     | 33                        | 0        | 33     | 0                                 | 0        | 0     |
| Numerator                   | 18     | 0        | 18     | 13                        | 0        | 13     | 0                                 | 0        | 0     |
| Reported Rate               | 60.00% |          | 60.00% | 39.39%                    |          | 39.39% |                                   |          |       |

|                             |        | Asian    |        | Native Hawaii | Native Hawaiian and Other Pacific Islander |        |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|---------------|--|--------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect                                   | Total  | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н  | Н      | Н      | Н               | Н     |  |
| Eligible Member Population  | 21     | 0        | 21     |               |  | 2      |        |                 | 0     |  |
| Denominator                 |        |          | 21     |               |  | 2      |        |                 | 0     |  |
| Numerator                   |        |          | 14     |               |  | 1      |        |                 | 0     |  |
| Reported Rate               | 66.67% |          | 66.67% | 50.00%        |  | 50.00% |        |                 |       |  |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |        |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Data Collection Methodology | Н                 | Н        | Н     | Н                   |          | Н     |         | Н        | Н      |
| Eligible Member Population  | 0                 | 0        | 0     |                     |          | 0     |         |          | 85     |
| Denominator                 |                   |          | 0     |                     |          | 0     |         |          | 85     |
| Numerator                   |                   |          | 0     |                     |          | 0     |         |          | 37     |
| Reported Rate               |                   |          |       |                     |          |       |         | 43.53%   | 43.53% |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (MN Care) - Race Poor HbA1c Control (>9.0%)

|                             | White  |          |        | Black  | Black or African American |        |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|--------|--------|---------------------------|--------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect                  | Total  | Direct | Indirect                          | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                         | Н      | Н      | Н                                 | Н     |  |
| Eligible Member Population  | 30     | 0        | 30     | 33     | 0                         | 33     | 0      | 0                                 | 0     |  |
| Denominator                 | 30     | 0        | 30     | 33     | 0                         | 33     | 0      | 0                                 | 0     |  |
| Numerator                   | 10     | 0        | 10     | 15     | 0                         | 15     | 0      | 0                                 | 0     |  |
| Reported Rate               | 33.33% |          | 33.33% | 45.45% |                           | 45.45% |        |                                   |       |  |

|                             |        | Asian    |        | Native Hawaii | Native Hawaiian and Other Pacific Islander |        |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|---------------|--|--------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect                                   | Total  | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н  | Н      | Н      | Н               | Н     |  |
| Eligible Member Population  | 21     | 0        | 21     |               |  | 2      |        |                 | 0     |  |
| Denominator                 |        |          | 21     |               |  | 2      |        |                 | 0     |  |
| Numerator                   |        |          | 6      |               |  | 1      |        |                 | 0     |  |
| Reported Rate               | 28.57% |          | 28.57% | 50.00%        |  | 50.00% |        |                 |       |  |

|                             | Tv     | Two or More Races |       | Ask    | Asked but No Answer |       |        | Unknown  |        |  |
|-----------------------------|--------|-------------------|-------|--------|---------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect          | Total | Direct | Indirect            | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | Н      | Н                 | Н     | Н      |                     | Н     |        | Н        | Н      |  |
| Eligible Member Population  | 0      | 0                 | 0     |        |                     | 0     |        |          | 85     |  |
| Denominator                 |        |                   | 0     |        |                     | 0     |        |          | 85     |  |
| Numerator                   |        |                   | 0     |        |                     | 0     |        |          | 36     |  |
| Reported Rate               |        |                   |       |        |                     |       |        | 42.35%   | 42.35% |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | н      | ispanic or Lati | 10     | Not    | Hispanic or La | tino   |
|-----------------------------|--------|-----------------|--------|--------|----------------|--------|
| Data Element                | Direct | Indirect        | Total  | Direct | Indirect       | Total  |
| Data Collection Methodology | Н      | Н               | Н      | Н      | Н              | Н      |
| Eligible Member Population  | 29     | 0               | 29     |        |                | 142    |
| Denominator                 |        |                 | 29     |        |                | 142    |
| Numerator                   |        |                 | 13     |        |                | 70     |
| Reported Rate               | 44.83% |                 | 44.83% | 49.30% |                | 49.30% |

|                             | Asl    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                | Н     |         | Н        | Н     |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |
| Numerator                   |        |                | 0     |         |          | 0     |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity Poor HbA1c Control (>9.0%)

|                             | н      | ispanic or Latii | 10     | Not    | Hispanic or La | tino   |
|-----------------------------|--------|------------------|--------|--------|----------------|--------|
| Data Element                | Direct | Indirect         | Total  | Direct | Indirect       | Total  |
| Data Collection Methodology | Н      | Н                | Н      | Н      | Н              | Н      |
| Eligible Member Population  | 29     | 0                | 29     |        |                | 142    |
| Denominator                 |        |                  | 29     |        |                | 142    |
| Numerator                   |        |                  | 14     |        |                | 54     |
| Reported Rate               | 48.28% |                  | 48.28% | 38.03% |                | 38.03% |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                | Н     |         | Н        | Н     |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |
| Numerator                   |        |                | 0     |         |          | 0     |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

### **Minnesota Senior Health Options**

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   |   |                                  |
| Eligible Member Population  |   |                                  |
| Number of Required Admin Data Records Excluded                          |   |                                  |
| Numerator Events by Admin Data on<br>Eligible Population                |   |                                  |
| Current Year's Admin Rate   |   |                                  |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors |   |                                  |
| Number of Employee/Dependent Medical<br>Records Excluded                |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   |   |                                  |
| Numerator Events by Admin Data  |   |                                  |
| Numerator Events by Medical Record                                      |   |                                  |
| Numerator Events by Supplemental Data                                   |   |                                  |
| Reported rate   |   |                                  |

#### Hemoglobin A1c Control for Patients With Diabetes

#### Minnesota Senior Health Options - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   | •        |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Senior Health Options - Race Poor HbA1c Control (>9.0%)

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   | •        |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Senior Health Options - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | Н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |  |
| Denominator                 |        |                  |       |                        |          |       |  |  |
| Numerator                   |        |                  |       |                        |          |       |  |  |
| Reported Rate               |        |                  |       |                        |          |       |  |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Minnesota Senior Health Options - Ethnicity Poor HbA1c Control (>9.0%)

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

### **Special Needs Basic Care - Special Needs Plan**

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   |   |                                  |
| Eligible Member Population  |   |                                  |
| Number of Required Admin Data Records Excluded                          |   |                                  |
| Numerator Events by Admin Data on<br>Eligible Population                |   |                                  |
| Current Year's Admin Rate   |   |                                  |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors |   |                                  |
| Number of Employee/Dependent Medical<br>Records Excluded                |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   |   |                                  |
| Numerator Events by Admin Data  |   |                                  |
| Numerator Events by Medical Record                                      |   |                                  |
| Numerator Events by Supplemental Data                                   |   |                                  |
| Reported rate   |   |                                  |

#### Hemoglobin A1c Control for Patients With Diabetes

#### Special Needs Basic Care - Special Needs Plan - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   | •        |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Special Needs Basic Care - Special Needs Plan - Race Poor HbA1c Control (>9.0%)

|                             | White  |          |       | Black  | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Special Needs Basic Care - Special Needs Plan - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | н      | lispanic or Lati | no    | Not Hispanic or Latino |          |       |  |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |  |
| Denominator                 |        |                  |       |                        |          |       |  |  |
| Numerator                   | 7      |                  |       |                        |          |       |  |  |
| Reported Rate               |        |                  |       |                        |          |       |  |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Hemoglobin A1c Control for Patients With Diabetes

# Special Needs Basic Care - Special Needs Plan - Ethnicity Poor HbA1c Control (>9.0%)

|                             | F      | lispanic or Lati | no    | Not Hispanic or Latino |          |       |  |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |  |
| Denominator                 |        |                  |       |                        |          |       |  |  |
| Numerator                   |        |                  |       |                        |          |       |  |  |
| Reported Rate               |        |                  |       |                        |          |       |  |  |

|                             | Asi    | red but No Ans | wer   | Unknown |          |       |  |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |
| Data Collection Methodology |        |                |       |         |          |       |  |  |
| Eligible Member Population  |        |                |       |         |          |       |  |  |
| Denominator                 |        |                |       |         |          |       |  |  |
| Numerator                   |        |                |       |         |          |       |  |  |
| Reported Rate               |        |                |       |         |          |       |  |  |

#### Hemoglobin A1c Control for Patients With Diabetes

### **Special Needs Basic Care - Non-Special Needs Plan**

| Data Element  | Adequate<br>HbA1c<br>Control<br>(<8.0%) | Poor HbA1c<br>Control<br>(>9.0%) |
|---|---|----------------------------------|
| Data Collection Methodology   |   |                                  |
| Eligible Member Population  |   |                                  |
| Number of Required Admin Data Records Excluded                          |   |                                  |
| Numerator Events by Admin Data on<br>Eligible Population                |   |                                  |
| Current Year's Admin Rate   |   |                                  |
| Minimum Required Sample Size  |   |                                  |
| Oversampling Rate   |   |                                  |
| Number of Oversample Records  |   |                                  |
| Number of original sample records excluded because of valid data errors |   |                                  |
| Number of Employee/Dependent Medical<br>Records Excluded                |   |                                  |
| Records Added from the Oversample List                                  |   |                                  |
| Denominator   |   |                                  |
| Numerator Events by Admin Data  |   |                                  |
| Numerator Events by Medical Record                                      |   |                                  |
| Numerator Events by Supplemental Data                                   |   |                                  |
| Reported rate   |   |                                  |

#### Hemoglobin A1c Control for Patients With Diabetes

## Special Needs Basic Care - Non-Special Needs Plan - Race Adequate HbA1c Control (<8.0%)

|                             | White  |          |       | Black  | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        |                                   |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Special Needs Basic Care - Non-Special Needs Plan - Race Poor HbA1c Control (>9.0%)

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          |       | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Special Needs Basic Care - Non-Special Needs Plan - Ethnicity Adequate HbA1c Control (<8.0%)

|                             | Hispanic or Latino |          |       | Not Hispanic or Latino |          |       |
|-----------------------------|--------------------|----------|-------|------------------------|----------|-------|
| Data Element                | Direct             | Indirect | Total | Direct                 | Indirect | Total |
| Data Collection Methodology |                    |          |       |                        |          |       |
| Eligible Member Population  |                    |          |       |                        |          |       |
| Denominator                 |                    |          |       |                        |          |       |
| Numerator                   |                    |          |       |                        |          |       |
| Reported Rate               |                    |          |       |                        |          |       |

|                             | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                     |          |       |         |          |       |
| Eligible Member Population  |                     |          |       |         |          |       |
| Denominator                 |                     |          |       |         |          |       |
| Numerator                   |                     |          |       |         |          |       |
| Reported Rate               |                     |          |       |         |          |       |

#### Hemoglobin A1c Control for Patients With Diabetes

# Special Needs Basic Care - Non-Special Needs Plan - Ethnicity Poor HbA1c Control (>9.0%)

|                             | Hispanic or Latino |          |       | Not Hispanic or Latino |          |       |
|-----------------------------|--------------------|----------|-------|------------------------|----------|-------|
| Data Element                | Direct             | Indirect | Total | Direct                 | Indirect | Total |
| Data Collection Methodology |                    |          |       |                        |          |       |
| Eligible Member Population  |                    |          |       |                        |          |       |
| Denominator                 |                    |          |       |                        |          |       |
| Numerator                   | 7                  |          |       |                        |          |       |
| Reported Rate               |                    |          |       |                        |          |       |

|                             | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                     |          |       |         |          |       |
| Eligible Member Population  |                     |          |       |         |          |       |
| Denominator                 |                     |          |       |         |          |       |
| Numerator                   |                     |          |       |         |          |       |
| Reported Rate               |                     |          |       |         |          |       |

#### **Blood Pressure Control for Patients With Diabetes**

### **Blood Pressure Adequately Controlled (<140/90 mm Hg)**

| Data Elements   | Commercial | Medicare Advantage | MHCP-MC<br>(F&C) | MHCP-MC<br>(MN Care) | мѕно | SNBC<br>SNP | SNBC<br>Non-SNP |
|---|------------|--------------------|------------------|----------------------|------|-------------|-----------------|
| Data Collection Methodology                             |            |                    | Н                | Н                    |      |             |                 |
| Eligible Member Population                              |            |                    | 732              | 171                  |      |             |                 |
| Number of required admin data records excluded          |            |                    | 27               | 4                    |      |             |                 |
| Numerator events by admin data in eligible population   |            |                    | 239              | 48                   |      |             |                 |
| Current Year's Admin Rate                               |            |                    | 32.65%           | 28.07%               |      |             |                 |
| Minimum Required Sample Size                            |            |                    |                  |                      |      |             |                 |
| Oversampling Rate                                       |            |                    |                  |                      |      |             |                 |
| Number of oversample records                            |            |                    |                  |                      |      |             |                 |
| Number of Records Excluded Because of Valid Data Errors |            |                    | 1                | 0                    |      |             |                 |
| Number of employee/dependent medical records excluded   |            |                    |                  |                      |      |             |                 |
| Additional Records Added from the<br>Oversample List    |            |                    |                  |                      |      |             |                 |
| Denominator   |            |                    | 411              | 171                  |      |             |                 |
| Numerator   |            |                    | 291              | 133                  |      |             |                 |
| Numerator Events by Admin Data                          |            |                    | 5                | 2                    |      |             |                 |
| Numerator Events by Medical Record                      |            |                    | 151              | 82                   |      |             |                 |
| Numerator Events by Supplemental Data                   |            |                    | 135              | 49                   |      |             |                 |
| Reported Rate   |            |                    | 70.80%           | 77.78%               |      |             |                 |

#### Eye Exam for Patients With Diabetes

| Data Elements  | Commercial | MHCP-MC<br>(F&C) | MHCP-MC<br>(MN Care) | SNBC<br>Non-SNP |
|--|------------|------------------|----------------------|-----------------|
| Data Collection Methodology                                | Х          | Н                | Н                    |                 |
| Eligible Member Population                                 |            | 732              | 171                  |                 |
| Number of required admin data records excluded             |            | 27               | 4                    |                 |
| Numerator events by admin data in eligible population      |            | 309              | 78                   |                 |
| Current Year's Admin Rate                                  |            | 42.21%           | 45.61%               |                 |
| Minimum Required Sample Size                               |            |                  |                      |                 |
| Oversampling Rate  |            |                  |                      |                 |
| Number of oversample records                               |            |                  |                      |                 |
| Number of Records Excluded Because of<br>Valid Data Errors |            | 1                | 0                    |                 |
| Number of employee/dependent medical records excluded      |            |                  |                      |                 |
| Additional Records Added from the<br>Oversample List       |            |                  |                      |                 |
| Denominator  |            | 411              | 171                  |                 |
| Numerator Events by Admin Data                             |            | 190              | 86                   |                 |
| Numerator Events by Medical Record                         |            | 22               | 7                    |                 |
| Numerator Events by Supplemental Data                      |            | 2                | 0                    |                 |
| Reported Rate  |            | 52.07%           | 54.39%               |                 |

#### Eye Exam for Patients With Diabetes

### **Medicare Advantage**

| Data Elements   | Non-LIS/DE,<br>Nondisability | LIS/DE | Disability | LIS/DE and<br>Disability | Other | Unknown | Total |
|---|------------------------------|--------|------------|--------------------------|-------|---------|-------|
| Data Collection Methodology                             |                              |        |            |                          |       |         |       |
| Eligible Member Population                              |                              |        |            |                          |       |         |       |
| Number of required admin data records excluded          |                              |        |            |                          |       |         |       |
| Numerator events by admin data in eligible population   |                              |        |            |                          |       |         |       |
| Current Year's Admin Rate                               |                              |        |            |                          |       |         |       |
| Minimum Required Sample Size                            |                              |        |            |                          |       |         |       |
| Oversampling Rate                                       |                              |        |            |                          |       |         |       |
| Number of oversample records                            |                              |        |            |                          |       |         |       |
| Number of Records Excluded Because of Valid Data Errors |                              |        |            |                          |       |         |       |
| Number of employee/dependent medical records excluded   |                              |        |            |                          |       |         |       |
| Additional Records Added from the<br>Oversample List    |                              |        |            |                          |       |         |       |
| Denominator   |                              |        |            |                          |       |         |       |
| Numerator Events by Admin Data                          |                              |        |            |                          |       |         |       |
| Numerator Events by Medical Record                      |                              |        |            |                          |       |         |       |
| Numerator Events by Supplemental Data                   |                              |        |            |                          |       |         |       |
| Reported Rate   |                              |        |            |                          |       |         |       |

#### Eye Exam for Patients With Diabetes

### **Minnesota Senior Health Options**

| Data Elements   | Non-LIS/DE,<br>Nondisability | LIS/DE | Disability | LIS/DE and<br>Disability | Other | Unknown | Total |
|---|------------------------------|--------|------------|--------------------------|-------|---------|-------|
| Data Collection Methodology                             |                              |        |            |                          |       |         |       |
| Eligible Member Population                              |                              |        |            |                          |       |         |       |
| Number of required admin data records excluded          |                              |        |            |                          |       |         |       |
| Numerator events by admin data in eligible population   |                              |        |            |                          |       |         |       |
| Current Year's Admin Rate                               |                              |        |            |                          |       |         |       |
| Minimum Required Sample Size                            |                              |        |            |                          |       |         |       |
| Oversampling Rate                                       |                              |        |            |                          |       |         |       |
| Number of oversample records                            |                              |        |            |                          |       |         |       |
| Number of Records Excluded Because of Valid Data Errors |                              |        |            |                          |       |         |       |
| Number of employee/dependent medical records excluded   |                              |        |            |                          |       |         |       |
| Additional Records Added from the<br>Oversample List    |                              |        |            |                          |       |         |       |
| Denominator   |                              |        |            |                          |       |         |       |
| Numerator Events by Admin Data                          |                              |        |            |                          |       |         |       |
| Numerator Events by Medical Record                      |                              |        |            |                          |       |         |       |
| Numerator Events by Supplemental Data                   |                              |        |            |                          |       |         |       |
| Reported Rate   |                              |        |            |                          |       |         |       |

#### Eye Exam for Patients With Diabetes

### **Special Needs Basic Care - Special Needs Plan**

| Data Elements   | Non-LIS/DE,<br>Nondisability | LIS/DE | Disability | LIS/DE and<br>Disability | Other | Unknown | Total |
|---|------------------------------|--------|------------|--------------------------|-------|---------|-------|
| Data Collection Methodology                             |                              |        |            |                          |       |         |       |
| Eligible Member Population                              |                              |        |            |                          |       |         |       |
| Number of required admin data records excluded          |                              |        |            |                          |       |         |       |
| Numerator events by admin data in eligible population   |                              |        |            |                          |       |         |       |
| Current Year's Admin Rate                               |                              |        |            |                          |       |         |       |
| Minimum Required Sample Size                            |                              |        |            |                          |       |         |       |
| Oversampling Rate                                       |                              |        |            |                          |       |         |       |
| Number of oversample records                            |                              |        |            |                          |       |         |       |
| Number of Records Excluded Because of Valid Data Errors |                              |        |            |                          |       |         |       |
| Number of employee/dependent medical records excluded   |                              |        |            |                          |       |         |       |
| Additional Records Added from the<br>Oversample List    |                              |        |            |                          |       |         |       |
| Denominator   |                              |        |            |                          |       |         |       |
| Numerator Events by Admin Data                          |                              |        |            |                          |       |         |       |
| Numerator Events by Medical Record                      |                              |        |            |                          |       |         |       |
| Numerator Events by Supplemental Data                   |                              |        |            |                          |       |         |       |
| Reported Rate   |                              |        |            |                          |       |         |       |

#### Kidney Health Evaluation for Patients With Diabetes

#### Commercial

| Data Elements                                     | Ages 18-64 | Ages 65-74 | Ages 75-85 | Total |
|---|------------|------------|------------|-------|
| Eligible Member Population                        |            |            |            |       |
| Number of Required Admin Data Records<br>Excluded |            |            |            |       |
| Numerator Events by Admin Data                    |            |            |            |       |
| Numerator Events by Supplemental Data             |            |            |            |       |
| Reported Rate                                     |            |            |            |       |

#### Kidney Health Evaluation for Patients With Diabetes

### **Medicare Advantage**

| Data Elements                                     | Ages 18-64 | Ages 65-74 | Ages 75-85 | Total |
|---|------------|------------|------------|-------|
| Eligible Member Population                        |            |            |            |       |
| Number of Required Admin Data Records<br>Excluded |            |            |            |       |
| Numerator Events by Admin Data                    |            |            |            |       |
| Numerator Events by Supplemental Data             |            |            |            |       |
| Reported Rate                                     |            |            |            |       |

#### Statin Therapy for Patients With Diabetes

### Commercial

| Data Elements                                  | Received Statin<br>Therapy | Statin<br>Adherence 80% |
|--|----------------------------|-------------------------|
| Eligible Member Population                     |                            |                         |
| Number of Required Admin Data Records Excluded |                            |                         |
| Numerator Events by Admin Data                 |                            |                         |
| Numerator Events by Supplemental Data          |                            |                         |
| Reported Rate                                  |                            |                         |

#### Statin Therapy for Patients With Diabetes

### **Medicare Advantage**

| Data Elements                                  | Received Statin<br>Therapy | Statin<br>Adherence 80% |
|--|----------------------------|-------------------------|
| Eligible Member Population                     |                            |                         |
| Number of Required Admin Data Records Excluded |                            |                         |
| Numerator Events by Admin Data                 |                            |                         |
| Numerator Events by Supplemental Data          |                            |                         |
| Reported Rate                                  |                            |                         |

#### Osteoporosis Management in Women Who had a Fracture

| Data Elements                                  | Medicare<br>Advantage |
|--|-----------------------|
| Eligible Member Population                     |                       |
| Number of required admin data records excluded |                       |
| Numerator Events by Admin Data                 |                       |
| Numerator Events by Supplemental Data          |                       |
| Reported Rate                                  |                       |

#### Osteoporosis Screening in Older Women

| Data Elements                                  | Medicare<br>Advantage |
|--|-----------------------|
| Eligible Member Population                     |                       |
| Number of Required Admin Data Records Excluded |                       |
| Numerator Events by Admin Data                 |                       |
| Numerator Events by Supplemental Data          |                       |
| Reported Rate                                  |                       |

#### Diagnosed Mental Health Disorders

### Commercial

| Data Elements                                  | 1-17 | 18-64 | 65+ | Total |
|--|------|-------|-----|-------|
| Eligible Member Population                     |      |       |     |       |
| Number of required admin data records excluded |      |       |     |       |
| Numerator Events by Admin Data                 |      |       |     |       |
| Reported Rate                                  |      |       |     |       |

#### Diagnosed Mental Health Disorders

### **Medicare Advantage**

| Data Elements                                  | 1-17 | 18-64 | 65+ | Total |
|--|------|-------|-----|-------|
| Eligible Member Population                     |      |       |     |       |
| Number of required admin data records excluded |      |       |     |       |
| Numerator Events by Admin Data                 |      |       |     |       |
| Reported Rate                                  |      |       |     |       |

#### Diagnosed Mental Health Disorders

## Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                                  | 1-17   | 18-64  | 65+    | Total  |
|--|--------|--------|--------|--------|
| Eligible Member Population                     | 10069  | 12918  | 16     | 23003  |
| Number of required admin data records excluded | 0      | 4      | 0      | 4      |
| Numerator Events by Admin Data                 | 1676   | 4113   | 5      | 5794   |
| Reported Rate                                  | 16.65% | 31.84% | 31.25% | 25.19% |

#### Diagnosed Mental Health Disorders

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                                  | 1-17   | 18-64  | 65+    | Total  |
|--|--------|--------|--------|--------|
| Eligible Member Population                     | 31     | 2282   | 189    | 2502   |
| Number of required admin data records excluded | 0      | 0      | 0      | 0      |
| Numerator Events by Admin Data                 | 7      | 524    | 24     | 555    |
| Reported Rate                                  | 22.58% | 22.96% | 12.70% | 22.18% |

#### Diagnosed Mental Health Disorders

### **Minnesota Senior Health Options**

| Data Elements                                  | 1-17 | 18-64 | 65+ | Total |
|--|------|-------|-----|-------|
| Eligible Member Population                     |      |       |     |       |
| Number of required admin data records excluded |      |       |     |       |
| Numerator Events by Admin Data                 |      |       |     |       |
| Reported Rate                                  |      |       |     |       |

#### Diagnosed Mental Health Disorders

### **Special Needs Basic Care - Special Needs Plan**

| Data Elements                                  | 1-17 | 18-64 | 65+ | Total |
|--|------|-------|-----|-------|
| Eligible Member Population                     |      |       |     |       |
| Number of required admin data records excluded |      |       |     |       |
| Numerator Events by Admin Data                 |      |       |     |       |
| Reported Rate                                  |      |       |     |       |

#### Diagnosed Mental Health Disorders

### **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                                  | 1-17 | 18-64 | 65+ | Total |
|--|------|-------|-----|-------|
| Eligible Member Population                     |      |       |     |       |
| Number of required admin data records excluded |      |       |     |       |
| Numerator Events by Admin Data                 |      |       |     |       |
| Reported Rate                                  |      |       |     |       |

#### Antidepressant Medication Management

|  | Comm                                  | Commercial Medicare                             |                                       | Advantage                                       | Minnesota Health Care Programs - Managed Care ntage (Families and Children) |   | Minnesota Health Care<br>Programs - Managed Care<br>(MN Care) |   |
|--|---------------------------------------|---|---------------------------------------|---|---|---|---|---|
| Data Elements                                  | Effective Acute<br>Phase<br>Treatment | Effective<br>Continuation<br>Phase<br>Treatment | Effective Acute<br>Phase<br>Treatment | Effective<br>Continuation<br>Phase<br>Treatment | Effective Acute<br>Phase<br>Treatment                                       | Effective<br>Continuation<br>Phase<br>Treatment | Effective Acute<br>Phase<br>Treatment                         | Effective<br>Continuation<br>Phase<br>Treatment |
| Audit Designation                              |                                       |   |                                       |   | Reported  | Reported  | Reported  | Reported  |
| Measurement Year                               |                                       |   |                                       |   | 2023  | 2023  | 2023  | 2023  |
| Denominator                                    |                                       |   |                                       |   | 563   | 563   | 65  | 65  |
| Numerator                                      |                                       |   |                                       |   | 320   | 221   | 50  | 36  |
| Eligible Member Population                     |                                       |   |                                       |   | 563   | 563   | 65  | 65  |
| Number of required admin data records excluded |                                       |   |                                       |   | 752   | 752   | 118   | 118   |
| Numerator Events by Admin Data                 |                                       |   |                                       |   | 319   | 219   | 50  | 36  |
| Numerator Events by Supplemental Data          |                                       |   |                                       |   | 1   | 2   | 0   | 0   |
| Rate Status                                    |                                       |   |                                       |   | R   | R   | R   | R   |
| Reported Rate                                  |                                       |   |                                       |   | 56.84%  | 39.25%  | 76.92%  | 55.38%  |
| Lower 95% Confidence Interval                  |                                       |   |                                       |   | 52.72%  | 35.28%  | 65.66%  | 43.29%  |
| Upper 95% Confidence Interval                  |                                       |   |                                       |   | 60.89%  | 43.33%  | 85.85%  | 67.02%  |
| Product Line                                   |                                       |   |                                       |   | Medicaid  | Medicaid  | Medicaid  | Medicaid  |

#### Antidepressant Medication Management

|  | Minnesota S<br>Opti                   |   | Special Needs<br>Special N            |   | Special Needs Basic Care -<br>Special Needs Plan |   |  |
|--|---------------------------------------|---|---------------------------------------|---|--|---|--|
| Data Elements                                  | Effective Acute<br>Phase<br>Treatment | Effective<br>Continuation<br>Phase<br>Treatment | Effective Acute<br>Phase<br>Treatment | Effective<br>Continuation<br>Phase<br>Treatment | Effective Acute<br>Phase<br>Treatment            | Effective<br>Continuation<br>Phase<br>Treatment |  |
| Audit Designation                              |                                       |   |                                       |   |  |   |  |
| Measurement Year                               |                                       |   |                                       |   |  |   |  |
| Denominator                                    |                                       |   |                                       |   |  |   |  |
| Numerator                                      |                                       |   |                                       |   |  |   |  |
| Eligible Member Population                     |                                       |   |                                       |   |  |   |  |
| Number of required admin data records excluded |                                       |   |                                       |   |  |   |  |
| Numerator Events by Admin Data                 |                                       |   |                                       |   |  |   |  |
| Numerator Events by Supplemental Data          |                                       |   |                                       |   |  |   |  |
| Rate Status                                    |                                       |   |                                       |   |  |   |  |
| Reported Rate                                  |                                       |   |                                       |   |  |   |  |
| Lower 95% Confidence Interval                  |                                       |   |                                       |   |  |   |  |
| Upper 95% Confidence Interval                  |                                       |   |                                       |   |  |   |  |
| Product Line                                   |                                       |   |                                       |   |  |   |  |

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

#### Commercial

| Data Elements                                  | Initiation Phase | Continuation<br>and<br>Maintenance<br>Phase |
|--|------------------|---|
| Eligible Member Population                     |                  |   |
| Number of required admin data records excluded |                  |   |
| Numerator Events by Admin Data                 |                  |   |
| Numerator Events by Supplemental Data          |                  |   |
| Reported Rate                                  |                  |   |

#### Follow-up After Hospitalization for Mental Illness

### Commercial

| Data Elements                                  | Within 7 Days of Discharge |       |     |       | Within 30 Days of Discharge |       |     |       |
|--|----------------------------|-------|-----|-------|-----------------------------|-------|-----|-------|
|  | 6-17                       | 18-64 | 65+ | Total | 6-17                        | 18-64 | 65+ | Total |
| Eligible Member Population                     |                            |       |     |       |                             |       |     |       |
| Number of required admin data records excluded |                            |       |     |       |                             |       |     |       |
| Numerator Events by Admin Data                 |                            |       |     |       |                             |       |     |       |
| Numerator Events by Supplemental Data          |                            |       |     |       |                             |       |     |       |
| Reported Rate                                  |                            |       |     |       |                             |       |     |       |

#### Follow-up After Hospitalization for Mental Illness

## **Medicare Advantage**

| Data Elements                                  | Within 7 Days of Discharge |       |     |       | Within 30 Days of Discharge |       |     |       |
|--|----------------------------|-------|-----|-------|-----------------------------|-------|-----|-------|
|  | 6-17                       | 18-64 | 65+ | Total | 6-17                        | 18-64 | 65+ | Total |
| Eligible Member Population                     |                            |       |     |       |                             |       |     |       |
| Number of required admin data records excluded |                            |       |     |       |                             |       |     |       |
| Numerator Events by Admin Data                 |                            |       |     |       |                             |       |     |       |
| Numerator Events by Supplemental Data          |                            |       |     |       |                             |       |     |       |
| Reported Rate                                  |                            |       |     |       |                             |       |     |       |

Follow-up After Hospitalization for Mental Illness

## Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                                  |        | Within 7 Days of Discharge |     |        |        | Within 30 Days of Discharge |     |        |  |  |
|--|--------|----------------------------|-----|--------|--------|-----------------------------|-----|--------|--|--|
| Data Liements                                  | 6-17   | 18-64                      | 65+ | Total  | 6-17   | 18-64                       | 65+ | Total  |  |  |
| Eligible Member Population                     | 37     | 163                        | 0   | 200    | 37     | 163                         | 0   | 200    |  |  |
| Number of required admin data records excluded | 0      | 1                          | 0   | 1      | 0      | 1                           | 0   | 1      |  |  |
| Numerator Events by Admin Data                 | 13     | 47                         | 0   | 60     | 26     | 96                          | 0   | 122    |  |  |
| Numerator Events by Supplemental Data          | 1      | 1                          | 0   | 2      | 1      | 1                           | 0   | 2      |  |  |
| Reported Rate                                  | 37.84% | 29.45%                     |     | 31.00% | 72.97% | 59.51%                      |     | 62.00% |  |  |

#### Follow-up After Hospitalization for Mental Illness

## Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                                  |      | Within 7 Days of Discharge |         |        |      | Within 30 Days of Discharge |         |        |  |  |
|--|------|----------------------------|---------|--------|------|-----------------------------|---------|--------|--|--|
| Data Elements                                  | 6-17 | 18-64                      | 65+     | Total  | 6-17 | 18-64                       | 65+     | Total  |  |  |
| Eligible Member Population                     | 0    | 20                         | 2       | 22     | 0    | 20                          | 2       | 22     |  |  |
| Number of required admin data records excluded | 0    | 0                          | 0       | 0      | 0    | 0                           | 0       | 0      |  |  |
| Numerator Events by Admin Data                 | 0    | 8                          | 2       | 10     | 0    | 10                          | 2       | 12     |  |  |
| Numerator Events by Supplemental Data          | 0    | 0                          | 0       | 0      | 0    | 0                           | 0       | 0      |  |  |
| Reported Rate                                  |      | 40.00%                     | 100.00% | 45.45% |      | 50.00%                      | 100.00% | 54.55% |  |  |

#### Follow-up After Hospitalization for Mental Illness

## **Minnesota Senior Health Options**

| Data Elements                                  | Within 7 Days of Discharge |       |     |       | Within 30 Days of Discharge |       |     |       |
|--|----------------------------|-------|-----|-------|-----------------------------|-------|-----|-------|
|  | 6-17                       | 18-64 | 65+ | Total | 6-17                        | 18-64 | 65+ | Total |
| Eligible Member Population                     |                            |       |     |       |                             |       |     |       |
| Number of required admin data records excluded |                            |       |     |       |                             |       |     |       |
| Numerator Events by Admin Data                 |                            |       |     |       |                             |       |     |       |
| Numerator Events by Supplemental Data          |                            |       |     |       |                             |       |     |       |
| Reported Rate                                  |                            |       |     |       |                             |       |     |       |

#### Follow-up After Hospitalization for Mental Illness

## **Special Needs Basic Care - Special Needs Plan**

| Data Elements                                  |      | Within 7 Days | of Discharge |       |      | Within 30 Day | s of Discharge |       |
|--|------|---------------|--------------|-------|------|---------------|----------------|-------|
| Data Lionionto                                 | 6-17 | 18-64         | 65+          | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |               |              |       |      |               |                |       |
| Number of required admin data records excluded |      |               |              |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |               |              |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |               |              |       |      |               |                |       |
| Reported Rate                                  |      |               |              |       |      |               |                |       |

#### Follow-up After Hospitalization for Mental Illness

## **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                                  |      | Within 7 Days | of Discharge |       |      | Within 30 Day | s of Discharge |       |
|--|------|---------------|--------------|-------|------|---------------|----------------|-------|
| Data Lionionto                                 | 6-17 | 18-64         | 65+          | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |               |              |       |      |               |                |       |
| Number of required admin data records excluded |      |               |              |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |               |              |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |               |              |       |      |               |                |       |
| Reported Rate                                  |      |               |              |       |      |               |                |       |

#### Follow-up After Emergecy Visit for Mental Illness

#### Commercial

| Data Elements                                  |      | Within 7 Days of Discharge |     |       |      | Within 30 Day | s of Discharge |       |
|--|------|----------------------------|-----|-------|------|---------------|----------------|-------|
| Data Liements                                  | 6-17 | 18-64                      | 65+ | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |                            |     |       |      |               |                |       |
| Number of required admin data records excluded |      |                            |     |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |                            |     |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |                            |     |       |      |               |                |       |
| Reported Rate                                  |      |                            |     |       |      |               |                |       |

#### Follow-up After Emergecy Visit for Mental Illness

## **Medicare Advantage**

| Data Elements                                  |      | Within 7 Days | of Discharge |       |      | Within 30 Day | s of Discharge |       |
|--|------|---------------|--------------|-------|------|---------------|----------------|-------|
|  | 6-17 | 18-64         | 65+          | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |               |              |       |      |               |                |       |
| Number of required admin data records excluded |      |               |              |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |               |              |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |               |              |       |      |               |                |       |
| Reported Rate                                  |      |               |              |       |      |               |                |       |

Follow-up After Emergecy Visit for Mental Illness

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                                  |        | Within 7 Days | of Discharge |        | Within 30 Days of Discharge |        |     |        |  |
|--|--------|---------------|--------------|--------|-----------------------------|--------|-----|--------|--|
| Data Elements                                  | 6-17   | 18-64         | 65+          | Total  | 6-17                        | 18-64  | 65+ | Total  |  |
| Eligible Member Population                     | 42     | 179           | 0            | 221    | 42                          | 179    | 0   | 221    |  |
| Number of required admin data records excluded | 0      | 0             | 0            | 0      | 0                           | 0      | 0   | 0      |  |
| Numerator Events by Admin Data                 | 25     | 75            | 0            | 100    | 33                          | 99     | 0   | 132    |  |
| Numerator Events by Supplemental Data          | 0      | 1             | 0            | 1      | 0                           | 2      | 0   | 2      |  |
| Reported Rate                                  | 59.52% | 42.46%        |              | 45.70% | 78.57%                      | 56.42% |     | 60.63% |  |

#### Follow-up After Emergecy Visit for Mental Illness

## Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                                  |      | Within 7 Days | of Discharge |        | Within 30 Days of Discharge |        |     |        |
|--|------|---------------|--------------|--------|-----------------------------|--------|-----|--------|
| Data Elements                                  | 6-17 | 18-64         | 65+          | Total  | 6-17                        | 18-64  | 65+ | Total  |
| Eligible Member Population                     | 0    | 9             | 0            | 9      | 0                           | 9      | 0   | 9      |
| Number of required admin data records excluded | 0    | 0             | 0            | 0      | 0                           | 0      | 0   | 0      |
| Numerator Events by Admin Data                 | 0    | 5             | 0            | 5      | 0                           | 7      | 0   | 7      |
| Numerator Events by Supplemental Data          | 0    | 0             | 0            | 0      | 0                           | 0      | 0   | 0      |
| Reported Rate                                  |      | 55.56%        |              | 55.56% |                             | 77.78% |     | 77.78% |

#### Follow-up After Emergecy Visit for Mental Illness

## **Minnesota Senior Health Options**

| Data Elements                                  |      | Within 7 Days of Discharge |     |       |      | Within 30 Day | s of Discharge |       |
|--|------|----------------------------|-----|-------|------|---------------|----------------|-------|
| Data Liements                                  | 6-17 | 18-64                      | 65+ | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |                            |     |       |      |               |                |       |
| Number of required admin data records excluded |      |                            |     |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |                            |     |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |                            |     |       |      |               |                |       |
| Reported Rate                                  |      |                            |     |       |      |               |                |       |

#### Follow-up After Emergecy Visit for Mental Illness

## **Special Needs Basic Care - Special Needs Plan**

| Data Elements                                  |      | Within 7 Days | s of Discharge |       |      | Within 30 Day | s of Discharge |       |
|--|------|---------------|----------------|-------|------|---------------|----------------|-------|
|  | 6-17 | 18-64         | 65+            | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |               |                |       |      |               |                |       |
| Number of required admin data records excluded |      |               |                |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |               |                |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |               |                |       |      |               |                |       |
| Reported Rate                                  |      |               |                |       |      |               |                |       |

#### Follow-up After Emergecy Visit for Mental Illness

### **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                                  |      | Within 7 Days of Discharge |     |       |      | Within 30 Day | s of Discharge |       |
|--|------|----------------------------|-----|-------|------|---------------|----------------|-------|
|  | 6-17 | 18-64                      | 65+ | Total | 6-17 | 18-64         | 65+            | Total |
| Eligible Member Population                     |      |                            |     |       |      |               |                |       |
| Number of required admin data records excluded |      |                            |     |       |      |               |                |       |
| Numerator Events by Admin Data                 |      |                            |     |       |      |               |                |       |
| Numerator Events by Supplemental Data          |      |                            |     |       |      |               |                |       |
| Reported Rate                                  |      |                            |     |       |      |               |                |       |

#### Diagnosed Substance Use Disorders

### Commercial

|  | Alcohol |       |     |       |       | Ор    | ioid |       |
|--|---------|-------|-----|-------|-------|-------|------|-------|
| Data Elements                                  | 13-17   | 18-64 | 65+ | Total | 13-17 | 18-64 | 65+  | Total |
| Eligible Member Population                     |         |       |     |       |       |       |      |       |
| Number of required admin data records excluded |         |       |     |       |       |       |      |       |
| Numerator Events by Admin Data                 |         |       |     |       |       |       |      |       |
| Reported Rate                                  |         |       |     |       |       |       |      |       |

| -  |       | Other |     |       |       | Other |     |       |  | Other Any |  |  |  |  |
|--|-------|-------|-----|-------|-------|-------|-----|-------|--|-----------|--|--|--|--|
| Data Elements                                  | 13-17 | 18-64 | 65+ | Total | 13-17 | 18-64 | 65+ | Total |  |           |  |  |  |  |
| Eligible Member Population                     |       |       |     |       |       |       |     |       |  |           |  |  |  |  |
| Number of required admin data records excluded |       |       |     |       |       |       |     |       |  |           |  |  |  |  |
| Numerator Events by Admin Data                 |       |       |     |       |       |       |     |       |  |           |  |  |  |  |
| Reported Rate                                  |       |       |     |       |       |       |     |       |  |           |  |  |  |  |

#### Diagnosed Substance Use Disorders

### **Medicare Advantage**

|  | Alcohol |       |     |       | Alcohol Opioid |       |     |       |
|--|---------|-------|-----|-------|----------------|-------|-----|-------|
| Data Elements                                  | 13-17   | 18-64 | 65+ | Total | 13-17          | 18-64 | 65+ | Total |
| Eligible Member Population                     |         |       |     |       |                |       |     |       |
| Number of required admin data records excluded |         |       |     |       |                |       |     |       |
| Numerator Events by Admin Data                 |         |       |     |       |                |       |     |       |
| Reported Rate                                  |         |       |     |       |                |       |     |       |

|  | Other |       |     |       | Any   |       |     |       |
|--|-------|-------|-----|-------|-------|-------|-----|-------|
| Data Elements                                  | 13-17 | 18-64 | 65+ | Total | 13-17 | 18-64 | 65+ | Total |
| Eligible Member Population                     |       |       |     |       |       |       |     |       |
| Number of required admin data records excluded |       |       |     |       |       |       |     |       |
| Numerator Events by Admin Data                 |       |       |     |       |       |       |     |       |
| Reported Rate                                  |       |       |     |       |       |       |     |       |

#### Diagnosed Substance Use Disorders

### Minnesota Health Care Programs - Managed Care (Families and Children)

|  | Alcohol |       |        |       | Opioid |       |       |       |  |
|--|---------|-------|--------|-------|--------|-------|-------|-------|--|
| Data Elements                                  | 13-17   | 18-64 | 65+    | Total | 13-17  | 18-64 | 65+   | Total |  |
| Eligible Member Population                     | 2625    | 12918 | 16     | 15559 | 2625   | 12918 | 16    | 15559 |  |
| Number of required admin data records excluded | 0       | 4     | 0      | 4     | 0      | 4     | 0     | 4     |  |
| Numerator Events by Admin Data                 | 5       | 708   | 2      | 715   | 4      | 469   | 0     | 473   |  |
| Reported Rate                                  | 0.19%   | 5.48% | 12.50% | 4.60% | 0.15%  | 3.63% | 0.00% | 3.04% |  |

| -  | Other |       |       |       | Any   |        |        |       |
|--|-------|-------|-------|-------|-------|--------|--------|-------|
| Data Elements                                  | 13-17 | 18-64 | 65+   | Total | 13-17 | 18-64  | 65+    | Total |
| Eligible Member Population                     | 2625  | 12918 | 16    | 15559 | 2625  | 12918  | 16     | 15559 |
| Number of required admin data records excluded | 0     | 4     | 0     | 4     | 0     | 4      | 0      | 4     |
| Numerator Events by Admin Data                 | 28    | 876   | 1     | 905   | 32    | 1454   | 3      | 1489  |
| Reported Rate                                  | 1.07% | 6.78% | 6.25% | 5.82% | 1.22% | 11.26% | 18.75% | 9.57% |

#### Diagnosed Substance Use Disorders

## Minnesota Health Care Programs - Managed Care (MN Care)

|  |       | Alco  | ohol  |       |       | Орі   | ioid  |       |
|--|-------|-------|-------|-------|-------|-------|-------|-------|
| Data Elements                                  | 13-17 | 18-64 | 65+   | Total | 13-17 | 18-64 | 65+   | Total |
| Eligible Member Population                     | 8     | 2282  | 189   | 2479  | 8     | 2282  | 189   | 2479  |
| Number of required admin data records excluded | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |
| Numerator Events by Admin Data                 | 0     | 51    | 1     | 52    | 0     | 17    | 0     | 17    |
| Reported Rate                                  | 0.00% | 2.23% | 0.53% | 2.10% | 0.00% | 0.74% | 0.00% | 0.69% |

|  |       | Otl   | ner   |       |       | A     | ny    |       |
|--|-------|-------|-------|-------|-------|-------|-------|-------|
| Data Elements                                  | 13-17 | 18-64 | 65+   | Total | 13-17 | 18-64 | 65+   | Total |
| Eligible Member Population                     | 8     | 2282  | 189   | 2479  | 8     | 2282  | 189   | 2479  |
| Number of required admin data records excluded | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |
| Numerator Events by Admin Data                 | 0     | 35    | 0     | 35    | 0     | 90    | 1     | 91    |
| Reported Rate                                  | 0.00% | 1.53% | 0.00% | 1.41% | 0.00% | 3.94% | 0.53% | 3.67% |

### Diagnosed Substance Use Disorders

## **Minnesota Senior Health Options**

|  |       | Alco  | ohol |       | Opioid |       |     |       |  |  |
|--|-------|-------|------|-------|--------|-------|-----|-------|--|--|
| Data Elements                                  | 13-17 | 18-64 | 65+  | Total | 13-17  | 18-64 | 65+ | Total |  |  |
| Eligible Member Population                     |       |       |      |       |        |       |     |       |  |  |
| Number of required admin data records excluded |       |       |      |       |        |       |     |       |  |  |
| Numerator Events by Admin Data                 |       |       |      |       |        |       |     |       |  |  |
| Reported Rate                                  |       |       |      |       |        |       |     |       |  |  |

| _  |       | Ot    | her |       | Any   |       |     |       |  |  |
|--|-------|-------|-----|-------|-------|-------|-----|-------|--|--|
| Data Elements                                  | 13-17 | 18-64 | 65+ | Total | 13-17 | 18-64 | 65+ | Total |  |  |
| Eligible Member Population                     |       |       |     |       |       |       |     |       |  |  |
| Number of required admin data records excluded |       |       |     |       |       |       |     |       |  |  |
| Numerator Events by Admin Data                 |       |       |     |       |       |       |     |       |  |  |
| Reported Rate                                  |       |       |     |       |       |       |     |       |  |  |

#### Diagnosed Substance Use Disorders

## **Special Needs Basic Care - Special Needs Plan**

|  |       | Alco  | ohol |       | Opioid |       |     |       |  |  |
|--|-------|-------|------|-------|--------|-------|-----|-------|--|--|
| Data Elements                                  | 13-17 | 18-64 | 65+  | Total | 13-17  | 18-64 | 65+ | Total |  |  |
| Eligible Member Population                     |       |       |      |       |        |       |     |       |  |  |
| Number of required admin data records excluded |       |       |      |       |        |       |     |       |  |  |
| Numerator Events by Admin Data                 |       |       |      |       |        |       |     |       |  |  |
| Reported Rate                                  |       |       |      |       |        |       |     |       |  |  |

| _  |       | Ot    | her |       | Any   |       |     |       |  |
|--|-------|-------|-----|-------|-------|-------|-----|-------|--|
| Data Elements                                  | 13-17 | 18-64 | 65+ | Total | 13-17 | 18-64 | 65+ | Total |  |
| Eligible Member Population                     |       |       |     |       |       |       |     |       |  |
| Number of required admin data records excluded |       |       |     |       |       |       |     |       |  |
| Numerator Events by Admin Data                 |       |       |     |       |       |       |     |       |  |
| Reported Rate                                  |       |       |     |       |       |       |     |       |  |

#### Diagnosed Substance Use Disorders

## **Special Needs Basic Care - Non-Special Needs Plan**

|  |       | Alco  | ohol |       | Opioid |       |     |       |  |  |
|--|-------|-------|------|-------|--------|-------|-----|-------|--|--|
| Data Elements                                  | 13-17 | 18-64 | 65+  | Total | 13-17  | 18-64 | 65+ | Total |  |  |
| Eligible Member Population                     |       |       |      |       |        |       |     |       |  |  |
| Number of required admin data records excluded |       |       |      |       |        |       |     |       |  |  |
| Numerator Events by Admin Data                 |       |       |      |       |        |       |     |       |  |  |
| Reported Rate                                  |       |       |      |       |        |       |     |       |  |  |

| _  |       | Ot    | her |       | Any   |       |     |       |  |
|--|-------|-------|-----|-------|-------|-------|-----|-------|--|
| Data Elements                                  | 13-17 | 18-64 | 65+ | Total | 13-17 | 18-64 | 65+ | Total |  |
| Eligible Member Population                     |       |       |     |       |       |       |     |       |  |
| Number of required admin data records excluded |       |       |     |       |       |       |     |       |  |
| Numerator Events by Admin Data                 |       |       |     |       |       |       |     |       |  |
| Reported Rate                                  |       |       |     |       |       |       |     |       |  |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### Commercial

| Data Elements                                     | Within | 7 Days of Dis | charge | Within 30 Days of Discharge |     |       |  |  |
|---|--------|---------------|--------|-----------------------------|-----|-------|--|--|
| Data Elements                                     | 13-17  | 18+           | Total  | 13-17                       | 18+ | Total |  |  |
| Eligible Member Population                        |        |               |        |                             |     |       |  |  |
| Number of Required Admin Data Records<br>Excluded |        |               |        |                             |     |       |  |  |
| Numerator Events by Admin Data                    |        |               |        |                             |     |       |  |  |
| Numerator Events by Supplemental Data             |        |               |        |                             |     |       |  |  |
| Reported Rate                                     |        |               |        |                             |     |       |  |  |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### **Commercial - Race**

|                     |        | White  |  |  |          |       |        |                  | k or Afric | can Amer                    | ican     |       |
|---------------------|--------|--|--|--|----------|-------|--------|------------------|------------|-----------------------------|----------|-------|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |  |  |          |       | Withir | n 7 Days of Disc | charge     | Within 30 Days of Discharge |          |       |
|                     | Direct | Direct Indirect Total                                  |  |  | Indirect | Total | Direct | Indirect         | Total      | Direct                      | Indirect | Total |
| Eligible Population |        |  |  |  |          |       |        |                  |            |                             |          |       |
| Numerator           |        |  |  |  |          |       |        |                  |            |                             |          |       |
| Reported Rate       |        |  |  |  |          |       |        |                  |            |                             |          |       |

|                     |        | American Indian or Alaska Native                       |  |  |          |                            |        | ka Native Asian |                             |        |          |       |  |
|---------------------|--------|--|--|--|----------|----------------------------|--------|-----------------|-----------------------------|--------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |  |  | Withir   | Within 7 Days of Discharge |        |                 | Within 30 Days of Discharge |        |          |       |  |
|                     | Direct | Direct Indirect Total                                  |  |  | Indirect | Total                      | Direct | Indirect        | Total                       | Direct | Indirect | Total |  |
| Eligible Population |        |  |  |  |          |                            |        |                 |                             |        |          |       |  |
| Numerator           |        |  |  |  |          |                            |        |                 |                             |        |          |       |  |
| Reported Rate       |        |  |  |  |          |                            |        |                 |                             |        |          |       |  |

|                     | Na     | Native Hawaiian or Other Pacific Islander |        |                             |          |       |                            | Some Other Race |       |                             |          |       |  |
|---------------------|--------|---|--------|-----------------------------|----------|-------|----------------------------|-----------------|-------|-----------------------------|----------|-------|--|
| Data Element        | Within | 7 Days of Dis                             | charge | Within 30 Days of Discharge |          |       | Within 7 Days of Discharge |                 |       | Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect                                  | Total  | Direct                      | Indirect | Total | Direct                     | Indirect        | Total | Direct                      | Indirect | Total |  |
| Eligible Population |        |   |        |                             |          |       |                            |                 |       |                             |          |       |  |
| Numerator           |        |   |        |                             |          |       |                            |                 |       |                             |          |       |  |
| Reported Rate       |        |   |        |                             |          |       |                            |                 |       |                             |          |       |  |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### **Commercial - Race**

|                     |        |  | Two or M | ore Races | S        |       |        | Α              | sked but | No Answ                     | er       |       |
|---------------------|--------|--|----------|-----------|----------|-------|--------|----------------|----------|-----------------------------|----------|-------|
| Data Element        | Withir | Within 7 Days of Discharge Within 30 Days of Discharge |          |           |          |       | Within | 7 Days of Dise | charge   | Within 30 Days of Discharge |          |       |
|                     | Direct | Indirect   | Total    | Direct    | Indirect | Total | Direct | Indirect       | Total    | Direct                      | Indirect | Total |
| Eligible Population |        |  |          |           |          |       |        |                |          |                             |          |       |
| Numerator           |        |  |          |           |          |       |        |                |          |                             |          |       |
| Reported Rate       |        |  |          |           |          |       |        |                |          |                             |          |       |

|                     |  |          | Unkr  | nown   |          |       |  |  |  |  |
|---------------------|--|----------|-------|--------|----------|-------|--|--|--|--|
| Data Element        | Within 7 Days of Discharge Within 30 Days of Discharge |          |       |        |          |       |  |  |  |  |
|                     | Direct   | Indirect | Total | Direct | Indirect | Total |  |  |  |  |
| Eligible Population |  |          |       |        |          |       |  |  |  |  |
| Numerator           |  |          |       |        |          |       |  |  |  |  |
| Reported Rate       |  |          |       |        |          |       |  |  |  |  |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### **Commercial - Ethnicity**

|                     |        |  | Hispanic | or Latino | )        |       |        | No               | ot Hispan | ic or Lati                  | no       |       |  |
|---------------------|--------|--|----------|-----------|----------|-------|--------|------------------|-----------|-----------------------------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |          |           |          |       | Within | n 7 Days of Disc | charge    | Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect   | Total    | Direct    | Indirect | Total | Direct | Indirect         | Total     | Direct                      | Indirect | Total |  |
| Eligible Population |        |  |          |           |          |       |        |                  |           |                             |          |       |  |
| Numerator           |        |  |          |           |          |       |        |                  |           |                             |          |       |  |
| Reported Rate       |        |  |          |           |          |       |        |                  |           |                             |          |       |  |

|                     |        | Α  | sked by I | No Answ | er       |       |        |                | Unkr   | nown                           |          |       |  |
|---------------------|--------|--|-----------|---------|----------|-------|--------|----------------|--------|--------------------------------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |           |         |          |       | Withir | 7 Days of Disc | charge | ge Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect   | Total     | Direct  | Indirect | Total | Direct | Indirect       | Total  | Direct                         | Indirect | Total |  |
| Eligible Population |        |  |           |         |          |       |        |                |        |                                |          |       |  |
| Numerator           |        |  |           |         |          |       |        |                |        |                                |          |       |  |
| Reported Rate       |        |  |           |         |          |       |        |                |        |                                |          |       |  |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### **Medicare Advantage**

| Data Elements                                     | Within | 7 Days of Dis | charge | Within | 30 Days of Dis | charge |
|---|--------|---------------|--------|--------|----------------|--------|
| Data Elements                                     | 13-17  | 18+           | Total  | 13-17  | 18+            | Total  |
| Eligible Member Population                        |        |               |        |        |                |        |
| Number of Required Admin Data Records<br>Excluded |        |               |        |        |                |        |
| Numerator Events by Admin Data                    |        |               |        |        |                |        |
| Numerator Events by Supplemental Data             |        |               |        |        |                |        |
| Reported Rate                                     |        |               |        |        |                |        |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### **Medicare Advantage - Race**

|                     |        |  | Wh | nite |          |       |        | Blac             | k or Afric | can Amer                    | ican     |       |
|---------------------|--------|--|----|------|----------|-------|--------|------------------|------------|-----------------------------|----------|-------|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |    |      |          |       | Withir | n 7 Days of Disc | charge     | Within 30 Days of Discharge |          |       |
|                     | Direct | Direct Indirect Total                                  |    |      | Indirect | Total | Direct | Indirect         | Total      | Direct                      | Indirect | Total |
| Eligible Population |        |  |    |      |          |       |        |                  |            |                             |          |       |
| Numerator           |        |  |    |      |          |       |        |                  |            |                             |          |       |
| Reported Rate       |        |  |    |      |          |       |        |                  |            |                             |          |       |

|                     |        | America  | an Indian | or Alask | a Native |       |        |               | As     | ian                         |          |       |  |
|---------------------|--------|--|-----------|----------|----------|-------|--------|---------------|--------|-----------------------------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |           |          |          |       | Withir | 7 Days of Dis | charge | Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect   | Total     | Direct   | Indirect | Total | Direct | Indirect      | Total  | Direct                      | Indirect | Total |  |
| Eligible Population |        |  |           |          |          |       |        |               |        |                             |          |       |  |
| Numerator           |        |  |           |          |          |       |        |               |        |                             |          |       |  |
| Reported Rate       |        |  |           |          |          |       |        |               |        |                             |          |       |  |

|                     | Na     | tive Haw                                  | aiian or C | Other Pac | ific Island | der   |        |                  | Some Ot | her Race                    |          |       |  |
|---------------------|--------|---|------------|-----------|-------------|-------|--------|------------------|---------|-----------------------------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days |            |           |             |       | Withir | n 7 Days of Disc | charge  | Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect                                  | Total      | Direct    | Indirect    | Total | Direct | Indirect         | Total   | Direct                      | Indirect | Total |  |
| Eligible Population |        |   |            |           |             |       |        |                  |         |                             |          |       |  |
| Numerator           |        |   |            |           |             |       |        |                  |         |                             |          |       |  |
| Reported Rate       |        |   |            |           |             |       |        |                  |         |                             |          |       |  |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

#### **Medicare Advantage - Race**

|                     |        | 7  | Two or M | ore Race | S        |       |        | Α              | sked but | No Answ                     | er       |       |  |
|---------------------|--------|--|----------|----------|----------|-------|--------|----------------|----------|-----------------------------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |          |          |          |       | Withir | 7 Days of Disc | charge   | Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect   | Total    | Direct   | Indirect | Total | Direct | Indirect       | Total    | Direct                      | Indirect | Total |  |
| Eligible Population |        |  |          |          |          |       |        |                |          |                             |          |       |  |
| Numerator           |        |  |          |          |          |       |        |                |          |                             |          |       |  |
| Reported Rate       |        |  |          |          |          |       |        |                |          |                             |          |       |  |

|                     |        |                | Unkr   | nown   |                |        |
|---------------------|--------|----------------|--------|--------|----------------|--------|
| Data Element        | Within | 7 Days of Disc | charge | Within | 30 Days of Dis | charge |
|                     | Direct | Indirect       | Total  | Direct | Indirect       | Total  |
| Eligible Population |        | ·              |        |        |                |        |
| Numerator           |        |                |        |        |                |        |
| Reported Rate       |        |                |        |        |                |        |

### Follow-up After Emergecy Visit for Alcohol and Other Drug Abuse

### **Medicare Advantage - Ethnicity**

|                     |        |  | Hispanic | or Latino | )        |       |        | No               | ot Hispan | ic or Lati                  | no       |       |  |
|---------------------|--------|--|----------|-----------|----------|-------|--------|------------------|-----------|-----------------------------|----------|-------|--|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |          |           |          |       | Within | n 7 Days of Disc | charge    | Within 30 Days of Discharge |          |       |  |
|                     | Direct | Indirect   | Total    | Direct    | Indirect | Total | Direct | Indirect         | Total     | Direct                      | Indirect | Total |  |
| Eligible Population |        |  |          |           |          |       |        |                  |           |                             |          |       |  |
| Numerator           |        |  |          |           |          |       |        |                  |           |                             |          |       |  |
| Reported Rate       |        |  |          |           |          |       |        |                  |           |                             |          |       |  |

|                     |        | Α  | sked by I | No Answ | er       |       |        |                | Unkr   | nown                        |          |       |
|---------------------|--------|--|-----------|---------|----------|-------|--------|----------------|--------|-----------------------------|----------|-------|
| Data Element        | Within | Within 7 Days of Discharge Within 30 Days of Discharge |           |         |          |       | Withir | 7 Days of Disc | charge | Within 30 Days of Discharge |          |       |
|                     | Direct | Indirect   | Total     | Direct  | Indirect | Total | Direct | Indirect       | Total  | Direct                      | Indirect | Total |
| Eligible Population |        |  |           |         |          |       |        |                |        |                             |          |       |
| Numerator           |        |  |           |         |          |       |        |                |        |                             |          |       |
| Reported Rate       |        |  |           |         |          |       |        |                |        |                             |          |       |

### Pharmacotherapy for Opioid Use Disorder

#### Commercial

| Data Element                                   | Ages 16-64 | Ages 65+ | Total |
|--|------------|----------|-------|
| Eligible Member Population                     |            |          |       |
| Number of required admin data records excluded |            |          |       |
| Numerator Events by Admin Data                 |            |          |       |
| Numerator Events by Supplemental Data          |            |          |       |
| Reported Rate                                  |            |          |       |

### Pharmacotherapy for Opioid Use Disorder

#### **Commercial - Race**

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             |        | Asian    |       |        | Native Hawaiian and Other Pacific Islander |       |        | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|--------|--|-------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                                   | Total | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |        |  |       |        |                 |       |  |
| Eligible Member Population  |        |          |       |        |  |       |        | •               |       |  |
| Denominator                 |        |          |       |        |  |       |        |                 |       |  |
| Numerator                   |        |          |       |        |  |       |        |                 |       |  |
| Reported Rate               |        |          |       |        |  |       |        |                 |       |  |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |       |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|-------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |       |
| Eligible Member Population  |                   |          |                     |        |          |         |        |          |       |
| Denominator                 |                   |          |                     |        |          |         |        |          |       |
| Numerator                   |                   |          |                     |        |          |         |        |          |       |
| Reported Rate               |                   |          |                     |        |          |         |        |          |       |

### Pharmacotherapy for Opioid Use Disorder

### **Commercial - Ethnicity**

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        | •                |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

### Pharmacotherapy for Opioid Use Disorder

### **Medicare Advantage**

| Data Element                                   | Ages 16-64 | Ages 65+ | Total |
|--|------------|----------|-------|
| Eligible Member Population                     |            |          |       |
| Number of required admin data records excluded |            |          |       |
| Numerator Events by Admin Data                 |            |          |       |
| Numerator Events by Supplemental Data          |            |          |       |
| Reported Rate                                  |            |          |       |

### Pharmacotherapy for Opioid Use Disorder

### **Medicare Advantage - Race**

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   |          |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             |        | Asian    |       |        | Native Hawaiian and Other Pacific Islander |       |        | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|--------|--|-------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                                   | Total | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |        |  |       |        |                 |       |  |
| Eligible Member Population  |        |          |       |        |  |       |        |                 |       |  |
| Denominator                 |        |          |       |        |  |       |        |                 |       |  |
| Numerator                   |        |          |       |        |  |       |        |                 |       |  |
| Reported Rate               |        |          |       |        |  |       |        |                 |       |  |

|                             | Two or More Races |          | Asked but No Answer |        |          | Unknown |        |          |       |
|-----------------------------|-------------------|----------|---------------------|--------|----------|---------|--------|----------|-------|
| Data Element                | Direct            | Indirect | Total               | Direct | Indirect | Total   | Direct | Indirect | Total |
| Data Collection Methodology |                   |          |                     |        |          |         |        |          |       |
| Eligible Member Population  |                   |          |                     |        |          |         |        |          |       |
| Denominator                 |                   |          |                     |        |          |         |        |          |       |
| Numerator                   |                   |          |                     |        |          |         |        |          |       |
| Reported Rate               |                   |          |                     |        |          |         |        |          |       |

### Pharmacotherapy for Opioid Use Disorder

### **Medicare Advantage - Ethnicity**

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        | •                |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                |       |         |          |       |  |
| Eligible Member Population  |        |                |       |         |          |       |  |
| Denominator                 |        |                |       |         |          |       |  |
| Numerator                   |        |                |       |         |          |       |  |
| Reported Rate               |        |                |       |         |          |       |  |

### Adherence to Antipsychotic Medications for Individuals With Schizophrenia

| Data Elements                                  | Commercial | Medicare<br>Advantage |
|--|------------|-----------------------|
| Eligible Member Population                     |            |                       |
| Number of Required Admin Data Records Excluded |            |                       |
| Numerator Events by Admin Data                 |            |                       |
| Numerator Events by Supplemental Data          |            |                       |
| Reported Rate                                  |            |                       |

#### **Transitions of Care**

### **Medicare Advantage**

| Data Elements   | Notification of Inpatient Admission |     | Receipt of | Receipt of Discharge Information |     | Patient Engagement After Inpatient Discharge |       |     | Medication Reconciliation Post-<br>Discharge |       |     |       |
|---|-------------------------------------|-----|------------|----------------------------------|-----|--|-------|-----|--|-------|-----|-------|
|   | 18-64                               | 65+ | Total      | 18-64                            | 65+ | Total  | 18-64 | 65+ | Total  | 18-64 | 65+ | Total |
| Data Collection Methodology                             |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Eligible Member Population                              |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Number of Required Exclusions by Admin<br>Data          |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Numerator events by admin data in eligible population   |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Current Year's Admin Rate                               |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Minimum Required Sample Size                            |                                     |     |            |                                  |     |  |       | •   |  |       |     |       |
| Oversampling Rate                                       |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Number of oversample records                            |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Number of Records Excluded Because of Valid Data Errors |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Number of employee/dependent medical records excluded   |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Additional Records Added from the<br>Oversample List    |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Denominator   |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Numerator Events by Admin Data                          |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Numerator Events by Medical Record                      |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Numerator Events by Supplemental Data                   |                                     |     |            |                                  |     |  |       |     |  |       |     |       |
| Reported Rate   |                                     |     |            |                                  |     |  |       |     |  |       |     |       |

#### **Transitions of Care**

### **Minnesota Senior Health Options**

| Data Elements   | Notification of Inpatient Admission |     | Receipt of | Receipt of Discharge Information |     |       | Patient Engagement After Inpatient Discharge |     |       | Medication Reconciliation Post-<br>Discharge |     |       |
|---|-------------------------------------|-----|------------|----------------------------------|-----|-------|--|-----|-------|--|-----|-------|
|   | 18-64                               | 65+ | Total      | 18-64                            | 65+ | Total | 18-64  | 65+ | Total | 18-64  | 65+ | Total |
| Data Collection Methodology                             |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Eligible Member Population                              |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Number of Required Exclusions by Admin<br>Data          |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Numerator events by admin data in eligible population   |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Current Year's Admin Rate                               |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Minimum Required Sample Size                            |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Oversampling Rate                                       |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Number of oversample records                            |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Number of Records Excluded Because of Valid Data Errors |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Number of employee/dependent medical records excluded   |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Additional Records Added from the<br>Oversample List    |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Denominator   |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Numerator Events by Admin Data                          |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Numerator Events by Medical Record                      |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Numerator Events by Supplemental Data                   |                                     |     |            |                                  |     |       |  |     |       |  |     |       |
| Reported Rate   |                                     |     |            |                                  |     |       |  |     |       |  |     |       |

#### **Transitions of Care**

### **Special Needs Basic Care - Special Needs Plan**

| Data Elements   | Notification of Inpatient Admission Receipt of Di |     | Discharge Ir | nformation | Patient Eng | Patient Engagement After Inpatient<br>Discharge |       |     | Medication Reconciliation Post-<br>Discharge |       |     |       |
|---|---|-----|--------------|------------|-------------|---|-------|-----|--|-------|-----|-------|
|   | 18-64   | 65+ | Total        | 18-64      | 65+         | Total   | 18-64 | 65+ | Total  | 18-64 | 65+ | Total |
| Data Collection Methodology                             |   |     |              |            |             |   |       |     |  |       |     |       |
| Eligible Member Population                              |   |     |              |            |             |   |       |     |  |       |     |       |
| Number of Required Exclusions by Admin<br>Data          |   |     |              |            |             |   |       |     |  |       |     |       |
| Numerator events by admin data in eligible population   |   |     |              |            |             |   |       |     |  |       |     |       |
| Current Year's Admin Rate                               |   |     |              |            |             |   |       |     |  |       |     |       |
| Minimum Required Sample Size                            |   |     |              |            |             |   |       |     |  |       |     |       |
| Oversampling Rate                                       |   |     |              |            |             |   |       |     |  |       |     |       |
| Number of oversample records                            |   |     |              |            |             |   |       |     |  |       |     |       |
| Number of Records Excluded Because of Valid Data Errors |   |     |              |            |             |   |       |     |  |       |     |       |
| Number of employee/dependent medical records excluded   |   |     |              |            |             |   |       |     |  |       |     |       |
| Additional Records Added from the<br>Oversample List    |   |     |              |            |             |   |       |     |  |       |     |       |
| Denominator   |   |     |              |            |             |   |       |     |  |       |     |       |
| Numerator Events by Admin Data                          |   |     |              |            |             |   |       |     |  |       |     |       |
| Numerator Events by Medical Record                      |   |     |              |            |             |   |       |     |  |       |     |       |
| Numerator Events by Supplemental Data                   |   |     |              |            | ·           |   |       |     |  |       |     |       |
| Reported Rate   |   |     |              |            |             |   |       |     |  |       |     |       |

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions

## **Medicare Advantage**

|  | 7-Day Follow-Up |          |       |  |  |  |
|--|-----------------|----------|-------|--|--|--|
| Data Elements                                  | Ages 16-64      | Ages 65+ | Total |  |  |  |
| Eligible Member Population                     |                 |          |       |  |  |  |
| Number of Required Admin Data Records Excluded |                 |          |       |  |  |  |
| Numerator Events by Admin Data                 |                 |          |       |  |  |  |
| Numerator Events by Supplemental Data          |                 |          |       |  |  |  |
| Reported Rate                                  |                 |          |       |  |  |  |

Potentially Harmful Drug-Disease Interactions in the Elderly

## **Medicare Advantage**

|  |  | Drug-Disease Interactions  |   |       |  |  |  |  |  |  |
|--|--|--|---|-------|--|--|--|--|--|--|
| Data Elements                                  | History of Falls +<br>Tricyclic<br>Antidepressants,<br>Antipsychotics or<br>Sleep Agents | Dementia +<br>Tricyclic<br>Antidepressants<br>or Anticholinergic<br>Agents | Chronic Renal<br>Failure +<br>Nonaspirin<br>NSAIDs or Cox-2<br>Selective NSAIDs | Total |  |  |  |  |  |  |
| Eligible Member Population                     |  |  |   |       |  |  |  |  |  |  |
| Number of Required Exclusions by Admin<br>Data |  |  |   |       |  |  |  |  |  |  |
| Numerator Events by Admin Data                 |  |  |   |       |  |  |  |  |  |  |
| Reported Rate                                  |  |  |   |       |  |  |  |  |  |  |

### Use of High Risk Medications in the Elderly

|  | Medicare Advantage                   |   |       |  |  |  |
|--|--------------------------------------|---|-------|--|--|--|
| Data Elements                                  | High Risk<br>Medications to<br>Avoid | High Risk<br>Medications to<br>Avoid except<br>for Appropriate<br>Diagnosis | Total |  |  |  |
| Eligible Member Population                     |                                      |   |       |  |  |  |
| Number of Required Exclusions by Admin<br>Data |                                      |   |       |  |  |  |
| Numerator Events by Admin Data                 |                                      |   |       |  |  |  |
| Reported Rate                                  |                                      |   |       |  |  |  |

### Use of Opioids at High Dosage

| Data Elements                                  | Commercial | Medicare<br>Advantage | MHCP-MC<br>(F&C) | MHCP-MC<br>(MN Care) | MSHO | SNBC<br>SNP | SNBC<br>Non-SNP |
|--|------------|-----------------------|------------------|----------------------|------|-------------|-----------------|
| Eligible Member Population                     |            |                       | 174              | 17                   |      |             |                 |
| Number of Required Exclusions by Admin<br>Data |            |                       | 19               | 5                    |      |             |                 |
| Numerator Events by Admin Data                 |            |                       | 7                | 2                    |      |             |                 |
| Reported Rate                                  |            |                       | 4.02%            | 11.76%               |      |             |                 |

### Use of Opioids from Multiple Providers

### Commercial

| Data Elements                                  | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|--|-------------------------|------------------------|---|
| Audit Designation                              |                         |                        |   |
| Measurement Year                               |                         |                        |   |
| Denominator                                    |                         |                        |   |
| Numerator                                      |                         |                        |   |
| Eligible Member Population                     |                         |                        |   |
| Number of Required Exclusions by Admin<br>Data |                         |                        |   |
| Numerator Events by Admin Data                 |                         |                        |   |
| Reported Rate                                  |                         |                        |   |

### Use of Opioids from Multiple Providers

## **Medicare Advantage**

| Data Elements                                  | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|--|-------------------------|------------------------|---|
| Audit Designation                              |                         |                        |   |
| Measurement Year                               |                         |                        |   |
| Denominator                                    |                         |                        |   |
| Numerator                                      |                         |                        |   |
| Eligible Member Population                     |                         |                        |   |
| Number of Required Exclusions by Admin<br>Data |                         |                        |   |
| Numerator Events by Admin Data                 |                         |                        |   |
| Reported Rate                                  |                         |                        |   |

Use of Opioids from Multiple Providers

## Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                                  | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|--|-------------------------|------------------------|---|
| Audit Designation                              | Reported                | Reported               | Reported                                  |
| Measurement Year                               | 2023                    | 2023                   | 2023                                      |
| Denominator                                    | 206                     | 206                    | 206                                       |
| Numerator                                      | 11                      | 73                     | 9   |
| Eligible Member Population                     | 206                     | 206                    | 206                                       |
| Number of Required Exclusions by Admin<br>Data | 1                       | 1                      | 1   |
| Numerator Events by Admin Data                 | 11                      | 73                     | 9   |
| Reported Rate                                  | 5.34%                   | 35.44%                 | 4.37%                                     |

Use of Opioids from Multiple Providers

## Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                               | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|---|-------------------------|------------------------|---|
| Audit Designation                           | Reported                | Reported               | Reported                                  |
| Measurement Year                            | 2023                    | 2023                   | 2023                                      |
| Denominator                                 | 23                      | 23                     | 23  |
| Numerator                                   | 3                       | 7                      | 1   |
| Eligible Member Population                  | 23                      | 23                     | 23  |
| Number of Required Exclusions by Admin Data | 0                       | 0                      | 0   |
| Numerator Events by Admin Data              | 3                       | 7                      | 1   |
| Reported Rate                               | 13.04%                  | 30.43%                 | 4.35%                                     |

Use of Opioids from Multiple Providers

## **Minnesota Senior Health Options**

| Data Elements                                  | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|--|-------------------------|------------------------|---|
| Audit Designation                              |                         |                        |   |
| Measurement Year                               |                         |                        |   |
| Denominator                                    |                         |                        |   |
| Numerator                                      |                         |                        |   |
| Eligible Member Population                     |                         |                        |   |
| Number of Required Exclusions by Admin<br>Data |                         |                        |   |
| Numerator Events by Admin Data                 |                         |                        |   |
| Reported Rate                                  |                         |                        |   |

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Use of Opioids from Multiple Providers

## **Special Needs Basic Care - Special Needs Plan**

| Data Elements                                  | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|--|-------------------------|------------------------|---|
| Audit Designation                              |                         |                        |   |
| Measurement Year                               |                         |                        |   |
| Denominator                                    |                         |                        |   |
| Numerator                                      |                         |                        |   |
| Eligible Member Population                     |                         |                        |   |
| Number of Required Exclusions by Admin<br>Data |                         |                        |   |
| Numerator Events by Admin Data                 |                         |                        |   |
| Reported Rate                                  |                         |                        |   |

Use of Opioids from Multiple Providers

## **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                                  | Multiple<br>Prescribers | Multiple<br>Pharmacies | Multiple<br>Prescribers and<br>Pharmacies |
|--|-------------------------|------------------------|---|
| Audit Designation                              |                         |                        |   |
| Measurement Year                               |                         |                        |   |
| Denominator                                    |                         |                        |   |
| Numerator                                      |                         |                        |   |
| Eligible Member Population                     |                         |                        |   |
| Number of Required Exclusions by Admin<br>Data |                         |                        |   |
| Numerator Events by Admin Data                 |                         |                        |   |
| Reported Rate                                  |                         |                        |   |

### Risk of Continued Opiod Use

### Commercial

| Data Elements                                  | >= 15 Days |     |       | >= 31 Days |     |       |
|--|------------|-----|-------|------------|-----|-------|
|  | 6-17       | 65+ | Total | 6-17       | 65+ | Total |
| Eligible Member Population                     |            |     |       |            |     |       |
| Number of Required Exclusions by Admin<br>Data |            |     |       |            |     |       |
| Numerator Events by Admin Data                 |            |     |       |            |     |       |
| Reported Rate                                  |            |     |       |            |     |       |

### Risk of Continued Opiod Use

# **Medicare Advantage**

| Data Elements                                  | >= 15 Days |     |       | >= 31 Days |     |       |
|--|------------|-----|-------|------------|-----|-------|
|  | 6-17       | 65+ | Total | 6-17       | 65+ | Total |
| Eligible Member Population                     |            |     |       |            |     |       |
| Number of Required Exclusions by Admin<br>Data |            |     |       |            |     |       |
| Numerator Events by Admin Data                 |            |     |       |            |     |       |
| Reported Rate                                  |            |     |       |            |     |       |

### Risk of Continued Opiod Use

# Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                                  | >= 15 Days |     |       | >= 31 Days |     |       |  |
|--|------------|-----|-------|------------|-----|-------|--|
|  | 6-17       | 65+ | Total | 6-17       | 65+ | Total |  |
| Eligible Member Population                     | 1095       | 0   | 1095  | 1095       | 0   | 1095  |  |
| Number of Required Exclusions by Admin<br>Data | 50         | 0   | 50    | 50         | 0   | 50    |  |
| Numerator Events by Admin Data                 | 42         | 0   | 42    | 17         | 0   | 17    |  |
| Reported Rate                                  | 3.84%      |     | 3.84% | 1.55%      |     | 1.55% |  |

#### Risk of Continued Opiod Use

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                                  | >= 15 Days |        |       | >= 31 Days |       |       |  |
|--|------------|--------|-------|------------|-------|-------|--|
| Data Elements                                  | 6-17       | 65+    | Total | 6-17       | 65+   | Total |  |
| Eligible Member Population                     | 148        | 5      | 153   | 148        | 5     | 153   |  |
| Number of Required Exclusions by Admin<br>Data | 7          | 3      | 10    | 7          | 3     | 10    |  |
| Numerator Events by Admin Data                 | 3          | 1      | 4     | 1          | 0     | 1     |  |
| Reported Rate                                  | 2.03%      | 20.00% | 2.61% | 0.68%      | 0.00% | 0.65% |  |

#### Risk of Continued Opiod Use

## **Minnesota Senior Health Options**

| Data Elements                                  | >= 15 Days |     |       | >= 31 Days |     |       |
|--|------------|-----|-------|------------|-----|-------|
| Data Elements                                  | 6-17       | 65+ | Total | 6-17       | 65+ | Total |
| Eligible Member Population                     |            |     |       |            |     |       |
| Number of Required Exclusions by Admin<br>Data |            |     |       |            |     |       |
| Numerator Events by Admin Data                 |            |     |       |            |     |       |
| Reported Rate                                  |            |     |       |            |     |       |

#### Risk of Continued Opiod Use

### **Special Needs Basic Care - Special Needs Plan**

| Data Elements                                  | >= 15 Days |     |       | >= 31 Days |     |       |
|--|------------|-----|-------|------------|-----|-------|
| Data Elements                                  | 6-17       | 65+ | Total | 6-17       | 65+ | Total |
| Eligible Member Population                     |            |     |       |            |     |       |
| Number of Required Exclusions by Admin<br>Data |            |     |       |            |     |       |
| Numerator Events by Admin Data                 |            |     |       |            |     |       |
| Reported Rate                                  |            |     |       |            |     |       |

#### Risk of Continued Opiod Use

### **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                                  | >= 15 Days |     |       | >= 31 Days |     |       |
|--|------------|-----|-------|------------|-----|-------|
| Data Elements                                  | 6-17       | 65+ | Total | 6-17       | 65+ | Total |
| Eligible Member Population                     |            |     |       |            |     |       |
| Number of Required Exclusions by Admin<br>Data |            |     |       |            |     |       |
| Numerator Events by Admin Data                 |            |     |       |            |     |       |
| Reported Rate                                  |            |     |       |            |     |       |

#### Non-Recommended PSA-Based Screening in Older Men

| Data Elements                                  | Medicare<br>Advantage |
|--|-----------------------|
| Eligible Member Population                     |                       |
| Number of Required Admin Data Records Excluded |                       |
| Numerator Events by Admin Data                 |                       |
| Reported Rate                                  |                       |

#### Adult's Access to Preventive/Ambulatory Health Services

### Commercial

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total |
|---|------------|------------|----------|-------|
| Eligible member population              |            |            |          |       |
| Number of required exclusions           |            |            |          |       |
| Numerator events by administrative data |            |            |          |       |
| Reported rate                           |            |            |          |       |

#### Adult's Access to Preventive/Ambulatory Health Services

### **Medicare Advantage**

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total |
|---|------------|------------|----------|-------|
| Eligible member population              |            |            |          |       |
| Number of required exclusions           |            |            |          |       |
| Numerator events by administrative data |            |            |          |       |
| Reported rate                           |            |            |          |       |

Adult's Access to Preventive/Ambulatory Health Services

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total  |
|---|------------|------------|----------|--------|
| Eligible member population              | 8839       | 3094       | 4        | 11937  |
| Number of required exclusions           | 0          | 3          | 0        | 3      |
| Numerator events by administrative data | 5848       | 2302       | 4        | 8154   |
| Reported rate                           | 66.16%     | 74.40%     | 100.00%  | 68.31% |

Adult's Access to Preventive/Ambulatory Health Services

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total  |
|---|------------|------------|----------|--------|
| Eligible member population              | 1504       | 726        | 184      | 2414   |
| Number of required exclusions           | 0          | 0          | 0        | 0      |
| Numerator events by administrative data | 1006       | 553        | 128      | 1687   |
| Reported rate                           | 66.89%     | 76.17%     | 69.57%   | 69.88% |

Adult's Access to Preventive/Ambulatory Health Services

### **Minnesota Senior Health Options**

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total |
|---|------------|------------|----------|-------|
| Eligible member population              |            |            |          |       |
| Number of required exclusions           |            |            |          |       |
| Numerator events by administrative data |            |            |          |       |
| Reported rate                           |            |            |          |       |

Adult's Access to Preventive/Ambulatory Health Services

# **Special Needs Basic Care - Special Needs Plan**

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total |
|---|------------|------------|----------|-------|
| Eligible member population              |            |            |          |       |
| Number of required exclusions           |            |            |          |       |
| Numerator events by administrative data |            |            |          |       |
| Reported rate                           |            |            |          |       |

Adult's Access to Preventive/Ambulatory Health Services

### **Special Needs Basic Care - Non-Special Needs Plan**

| Data Elements                           | Ages 20-44 | Ages 45-64 | Ages 65+ | Total |
|---|------------|------------|----------|-------|
| Eligible member population              |            |            |          |       |
| Number of required exclusions           |            |            |          |       |
| Numerator events by administrative data |            |            |          |       |
| Reported rate                           |            |            |          |       |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### Commercial

|                       |  |                  | •               | Jonninero                | ıaı   |                  |               |                            |             |
|-----------------------|--|------------------|-----------------|--------------------------|-------|------------------|---------------|----------------------------|-------------|
|                       |  |                  | Initiation of S | UD Treatment             |       | E                | ingagement of | SUD Treatmer               | nt          |
|                       | Data Elements  | Alcohol<br>Abuse | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use     | Other Drug                 | Total       |
|                       | Eligible member population   |                  |                 |                          |       |                  |               |                            |             |
| 13-17<br>Year<br>Olds | Number of required exclusions  |                  |                 |                          |       |                  |               |                            |             |
| 13-17<br>Year<br>Olds | Numerator events by administrative data  |                  |                 |                          |       |                  |               |                            |             |
| `                     | Reported rate  |                  |                 |                          |       |                  |               |                            |             |
| -                     |  |                  | Initiation of S | UD Treatment             |       | E                | ngagement of  | SUD Treatmer               | nt          |
|                       | Data Elements  | Alcohol<br>Abuse | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use     | Other Drug                 | Total       |
| a                     | Eligible member population   |                  |                 |                          |       |                  |               |                            |             |
| ;+ Ye                 | Number of required exclusions  |                  |                 |                          |       |                  |               |                            |             |
| 18+ Year<br>Olds      | Numerator events by administrative data  |                  |                 |                          |       |                  |               |                            |             |
| 1 &                   | Reported rate  |                  |                 |                          |       |                  |               |                            |             |
|                       | ·  |                  |                 |                          |       |                  |               |                            |             |
|                       |  |                  | Initiation of S | UD Treatment             |       | E                | ingagement of | SUD Treatmer               | nt          |
| <b>I</b>              | Data Elements  | Alcohol<br>Abuse | Initiation of S | UD Treatment Other Drug  | Total | Alcohol<br>Abuse | ingagement of | SUD Treatmer<br>Other Drug | nt<br>Total |
| ar                    | Data Elements Eligible member population   |                  |                 |                          | Total | Alcohol          |               |                            |             |
| Year                  |  |                  |                 |                          | Total | Alcohol          |               |                            |             |
| 5+ Year<br>Olds       | Eligible member population   |                  |                 |                          | Total | Alcohol          |               |                            |             |
| 65+ Year<br>Olds      | Eligible member population  Number of required exclusions  |                  |                 |                          | Total | Alcohol          |               |                            |             |
| 65+ Year<br>Olds      | Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use       |                          | Total | Alcohol<br>Abuse | Opiod Use     |                            | Total       |
| 65+ Year<br>Olds      | Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use     | Other Drug                 | Total       |
| 65+<br>0              | Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use     | Other Drug  SUD Treatmer   | Total       |
| 65+<br>0              | Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements                             | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use     | Other Drug  SUD Treatmer   | Total       |
| Total 65+ Year Olds   | Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements  Eligible member population | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use     | Other Drug  SUD Treatmer   | Total       |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Commercial - Race**

|                     |                             |                       | Wh    | ite     |               |          |                             | Blac     | k or Afric | can Amer | ican          |          |
|---------------------|-----------------------------|-----------------------|-------|---------|---------------|----------|-----------------------------|----------|------------|----------|---------------|----------|
| Data Element        | Initiation of SUD Treatment |                       |       | Engagei | ment of SUD T | reatment | Initiation of SUD Treatment |          |            | Engage   | ment of SUD T | reatment |
|                     | Direct                      | Indirect              | Total | Direct  | Indirect      | Total    | Direct                      | Indirect | Total      | Direct   | Indirect      | Total    |
| Eligible Population |                             | Direct Indirect Total |       |         |               |          |                             |          |            |          |               |          |
| Numerator           |                             |                       |       |         |               |          |                             |          |            |          |               |          |
| Reported Rate       |                             |                       |       |         |               |          |                             |          |            |          |               |          |

|                     |          | America               | an Indian | or Alask                    | a Native |       | Asian                       |          |       |        |                |          |  |
|---------------------|----------|-----------------------|-----------|-----------------------------|----------|-------|-----------------------------|----------|-------|--------|----------------|----------|--|
| Data Element        | Initiati | on of SUD Trea        | atment    | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engage | ment of SUD Ti | reatment |  |
|                     | Direct   | Direct Indirect Total |           |                             | Indirect | Total | Direct                      | Indirect | Total | Direct | Indirect       | Total    |  |
| Eligible Population |          | Direct Indirect Total |           |                             |          |       |                             |          |       |        |                |          |  |
| Numerator           |          |                       |           |                             |          |       |                             |          |       |        |                |          |  |
| Reported Rate       |          |                       |           |                             |          |       |                             |          |       |        |                |          |  |

|                     | Na       | tive Haw              | aiian or C | Other Pac                   | ific Island | der   | Some Other Race |               |        |        |               |          |  |
|---------------------|----------|-----------------------|------------|-----------------------------|-------------|-------|-----------------|---------------|--------|--------|---------------|----------|--|
| Data Element        | Initiati | on of SUD Tre         | atment     | Engagement of SUD Treatment |             |       | Initiati        | on of SUD Tre | atment | Engage | ment of SUD T | reatment |  |
|                     | Direct   | Direct Indirect Total |            |                             | Indirect    | Total | Direct          | Indirect      | Total  | Direct | Indirect      | Total    |  |
| Eligible Population |          | Direct Indirect Total |            |                             |             |       |                 |               |        |        |               |          |  |
| Numerator           |          |                       |            |                             |             |       |                 |               |        |        |               |          |  |
| Reported Rate       |          |                       |            |                             |             |       |                 |               |        |        |               |          |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Commercial - Race**

|                     |                             | 7 | wo or Mo | ore Race                    | s        |       |                             | A        | sked but | No Answ | er            |          |
|---------------------|-----------------------------|---|----------|-----------------------------|----------|-------|-----------------------------|----------|----------|---------|---------------|----------|
| Data Element        | Initiation of SUD Treatment |   |          | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |          | Engage  | ment of SUD T | reatment |
|                     | Direct Indirect Total       |   |          | Direct                      | Indirect | Total | Direct                      | Indirect | Total    | Direct  | Indirect      | Total    |
| Eligible Population |                             |   |          |                             |          |       |                             |          |          |         |               |          |
| Numerator           |                             |   |          |                             |          |       |                             |          |          |         |               |          |
| Reported Rate       |                             |   |          |                             |          |       |                             |          |          |         |               |          |

|                     |          |               | Unkr   | nown                        |          |       |  |
|---------------------|----------|---------------|--------|-----------------------------|----------|-------|--|
| Data Element        | Initiati | on of SUD Tre | atment | Engagement of SUD Treatment |          |       |  |
|                     | Direct   | Indirect      | Total  | Direct                      | Indirect | Total |  |
| Eligible Population |          |               |        |                             |          |       |  |
| Numerator           |          |               |        |                             |          |       |  |
| Reported Rate       |          |               |        |                             |          |       |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Commercial - Ethnicity**

|                     |                               |                 | Hispanic | or Latino                   | )        |       |                             | No       | ot Hispan | ic or Lati | no            |          |
|---------------------|-------------------------------|-----------------|----------|-----------------------------|----------|-------|-----------------------------|----------|-----------|------------|---------------|----------|
| Data Element        | Initiati                      | ion of SUD Trea | atment   | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |           | Engage     | ment of SUD T | reatment |
|                     | Data Element  Direct Indirect |                 |          |                             | Indirect | Total | Direct                      | Indirect | Total     | Direct     | Indirect      | Total    |
| Eligible Population |                               |                 |          |                             |          |       |                             |          |           |            |               |          |
| Numerator           |                               |                 |          |                             |          |       |                             |          |           |            |               |          |
| Reported Rate       |                               |                 |          |                             |          |       |                             |          |           |            |               |          |

|                     |          | Α                     | sked by I | No Answ                     | er       |       | Unknown                     |          |       |        |                |          |  |
|---------------------|----------|-----------------------|-----------|-----------------------------|----------|-------|-----------------------------|----------|-------|--------|----------------|----------|--|
| Data Element        | Initiati | on of SUD Trea        | atment    | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engage | ment of SUD Ti | reatment |  |
|                     | Direct   | Direct Indirect Total |           |                             | Indirect | Total | Direct                      | Indirect | Total | Direct | Indirect       | Total    |  |
| Eligible Population |          |                       |           |                             |          |       |                             |          |       |        |                |          |  |
| Numerator           |          |                       |           |                             |          |       |                             |          |       |        |                |          |  |
| Reported Rate       |          |                       |           |                             |          |       |                             |          |       |        |                |          |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **MSHO (Minnesota Senior Health Options)**

|                       |   | WICHTO           | (winnes         | ota Ocino                |       | optiono,         |                            |                          |            |
|-----------------------|---|------------------|-----------------|--------------------------|-------|------------------|----------------------------|--------------------------|------------|
|                       |   |                  | Initiation of S | UD Treatment             |       | E                | ngagement of               | SUD Treatmen             | it         |
|                       | Data Elements   | Alcohol<br>Abuse | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use                  | Other Drug               | Total      |
|                       | Eligible member population  |                  |                 |                          |       |                  |                            |                          |            |
| 13-17<br>Year<br>Olds | Number of required exclusions   |                  |                 |                          |       |                  |                            |                          |            |
| [                     | Numerator events by administrative data   |                  |                 |                          |       |                  |                            |                          |            |
|                       | Reported rate   |                  |                 |                          |       |                  |                            |                          |            |
|                       |   |                  | Initiation of S | UD Treatment             |       | E                | ingagement of              | SUD Treatmen             | it         |
|                       | Data Elements   | Alcohol<br>Abuse | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use                  | Other Drug               | Total      |
| ä                     | Eligible member population  |                  |                 |                          |       |                  |                            |                          |            |
| ;+ Ye                 | Number of required exclusions   |                  |                 |                          |       |                  |                            |                          |            |
| 18+ Year<br>Olds      | Numerator events by administrative data   |                  |                 |                          |       |                  |                            |                          |            |
| 1 8                   | Reported rate   |                  |                 |                          |       |                  |                            |                          |            |
|                       |   |                  |                 |                          |       |                  |                            |                          |            |
|                       |   |                  | Initiation of S | UD Treatment             |       | E                | Ingagement of              | SUD Treatmen             | ıt         |
|                       | Data Elements   | Alcohol<br>Abuse | Initiation of S | UD Treatment Other Drug  | Total | Alcohol<br>Abuse | Engagement of<br>Opiod Use | SUD Treatmen             | t<br>Total |
| es es                 |   |                  |                 |                          | Total | Alcohol          |                            |                          |            |
| Year                  | Data Elements   |                  |                 |                          | Total | Alcohol          |                            |                          |            |
| 5+ Year<br>Olds       | Data Elements  Eligible member population   |                  |                 |                          | Total | Alcohol          |                            |                          |            |
| 65+ Year<br>Olds      | Data Elements  Eligible member population  Number of required exclusions  |                  |                 |                          | Total | Alcohol          |                            |                          |            |
| 65+ Year<br>Olds      | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  |                 | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use                  |                          | Total      |
| 65+ Year<br>Olds      | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use                  | Other Drug               | Total      |
| 65 <del>+</del>       | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use                  | Other Drug  SUD Treatmen | Total      |
| 65 <del>+</del>       | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements                             | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use                  | Other Drug  SUD Treatmen | Total      |
| Total 65+ Year Olds   | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements  Eligible member population | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use                  | Other Drug  SUD Treatmen | Total      |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MSHO (Minnesota Senior Health Options) - Race

|                     |                             |          |       |                             | ,        |       |                             | - 1 /    |            |          |               |          |
|---------------------|-----------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|------------|----------|---------------|----------|
|                     |                             |          | Wh    | nite                        |          |       |                             | Blac     | k or Afric | can Amer | ican          |          |
| Data Element        | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |            | Engage   | ment of SUD T | reatment |
|                     | Direct                      | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total      | Direct   | Indirect      | Total    |
| Eligible Population |                             |          |       |                             |          |       |                             |          |            |          |               |          |
| Numerator           |                             |          |       |                             |          |       |                             |          |            |          |               |          |
| Reported Rate       |                             |          |       |                             |          |       |                             |          |            |          |               |          |

|                     |          | America               | an Indian | or Alask                    | a Native |       | Asian                       |          |       |         |                |          |  |
|---------------------|----------|-----------------------|-----------|-----------------------------|----------|-------|-----------------------------|----------|-------|---------|----------------|----------|--|
| Data Element        | Initiati | on of SUD Trea        | atment    | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engagei | ment of SUD Ti | reatment |  |
|                     | Direct   | Direct Indirect Total |           |                             | Indirect | Total | Direct                      | Indirect | Total | Direct  | Indirect       | Total    |  |
| Eligible Population |          |                       |           |                             |          |       |                             |          |       |         |                |          |  |
| Numerator           |          |                       |           |                             |          |       |                             |          |       |         |                |          |  |
| Reported Rate       |          |                       |           |                             |          |       |                             |          |       |         |                |          |  |

|                     | Na                          | tive Hawa | aiian or C | Other Pac                   | ific Islan | der   | Some Other Race             |          |       |        |               |          |
|---------------------|-----------------------------|-----------|------------|-----------------------------|------------|-------|-----------------------------|----------|-------|--------|---------------|----------|
| Data Element        | Initiation of SUD Treatment |           |            | Engagement of SUD Treatment |            |       | Initiation of SUD Treatment |          |       | Engage | ment of SUD T | reatment |
|                     | Direct                      | Indirect  | Total      | Direct                      | Indirect   | Total | Direct                      | Indirect | Total | Direct | Indirect      | Total    |
| Eligible Population |                             |           |            |                             |            |       |                             |          |       |        |               |          |
| Numerator           |                             |           |            |                             |            |       |                             |          |       |        |               |          |
| Reported Rate       |                             |           |            |                             |            |       |                             |          |       |        |               |          |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MSHO (Minnesota Senior Health Options) - Race

|                     |          | Two or More Races |        |                       |                             |        |          | Asked but No Answer         |        |          |                             |  |  |
|---------------------|----------|-------------------|--------|-----------------------|-----------------------------|--------|----------|-----------------------------|--------|----------|-----------------------------|--|--|
| Data Element        | Initiati | on of SUD Trea    | atment | Engagei               | Engagement of SUD Treatment |        |          | Initiation of SUD Treatment |        |          | Engagement of SUD Treatment |  |  |
|                     | Direct   | Indirect          | Total  | Direct Indirect Total |                             | Direct | Indirect | Total                       | Direct | Indirect | Total                       |  |  |
| Eligible Population |          |                   |        |                       |                             |        |          |                             |        |          |                             |  |  |
| Numerator           |          |                   |        |                       |                             |        |          |                             |        |          |                             |  |  |
| Reported Rate       |          |                   |        |                       |                             |        |          |                             |        |          |                             |  |  |

|                     |          |   | Unkr  | nown   |          |       |  |  |  |  |
|---------------------|----------|---|-------|--------|----------|-------|--|--|--|--|
| Data Element        | Initiati | Initiation of SUD Treatment Engagement of SUD Treatment |       |        |          |       |  |  |  |  |
|                     | Direct   | Indirect  | Total | Direct | Indirect | Total |  |  |  |  |
| Eligible Population |          |   |       |        |          |       |  |  |  |  |
| Numerator           |          |   |       |        |          |       |  |  |  |  |
| Reported Rate       |          |   |       |        |          |       |  |  |  |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MSHO (Minnesota Senior Health Options) - Ethnicity

|                     |          | ,                  |        |         |               |          |          | •                           |       |        |                             |       |  |
|---------------------|----------|--------------------|--------|---------|---------------|----------|----------|-----------------------------|-------|--------|-----------------------------|-------|--|
|                     |          | Hispanic or Latino |        |         |               |          |          | Not Hispanic or Latino      |       |        |                             |       |  |
| Data Element        | Initiati | ion of SUD Trea    | atment | Engagei | ment of SUD T | reatment | Initiati | Initiation of SUD Treatment |       |        | Engagement of SUD Treatment |       |  |
|                     | Direct   | Indirect           | Total  | Direct  | Indirect      | Total    | Direct   | Indirect                    | Total | Direct | Indirect                    | Total |  |
| Eligible Population |          |                    |        |         |               |          |          |                             |       |        |                             |       |  |
| Numerator           |          |                    |        |         |               |          |          |                             |       |        |                             |       |  |
| Reported Rate       |          |                    |        |         |               |          |          |                             |       |        |                             |       |  |

|                     |                             | Asked by No Answer    |  |         |               |          |                             | Unknown  |       |                             |          |       |  |
|---------------------|-----------------------------|-----------------------|--|---------|---------------|----------|-----------------------------|----------|-------|-----------------------------|----------|-------|--|
| Data Element        | Initiation of SUD Treatment |                       |  | Engager | ment of SUD T | reatment | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       |  |
|                     | Direct                      | Direct Indirect Total |  |         | Indirect      | Total    | Direct                      | Indirect | Total | Direct                      | Indirect | Total |  |
| Eligible Population |                             |                       |  |         |               |          |                             |          |       |                             |          |       |  |
| Numerator           |                             |                       |  |         |               |          |                             |          |       |                             |          |       |  |
| Reported Rate       |                             |                       |  |         |               |          |                             |          |       |                             |          |       |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Medicare Advantage**

|   |   |                  | Mean            | care Auv                 | aage  |                  |                         |                          |            |
|---|---|------------------|-----------------|--------------------------|-------|------------------|-------------------------|--------------------------|------------|
|   |   |                  | Initiation of S | UD Treatment             |       | E                | ngagement of            | SUD Treatmen             | t          |
| D   | ata Elements  | Alcohol<br>Abuse | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
| Eligible membe  | er population   |                  |                 |                          |       |                  |                         |                          |            |
| Vear Vear Numerator even  | uired exclusions  |                  |                 |                          |       |                  |                         |                          |            |
| Numerator eve   | nts by administrative data  |                  |                 |                          |       |                  |                         |                          |            |
| Reported rate   |   |                  |                 |                          |       |                  |                         |                          |            |
|   |   |                  | Initiation of S | UD Treatment             |       | E                | Ingagement of           | SUD Treatmen             | t          |
| D   | ata Elements  | Alcohol<br>Abuse | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
| Eligible membe  | er population   |                  |                 |                          |       |                  |                         |                          |            |
| Number of requ  | uired exclusions  |                  |                 |                          |       |                  |                         |                          |            |
|   | nts by administrative data  |                  |                 |                          |       |                  |                         |                          |            |
| Number of requirements of Numerator even  | ,   |                  |                 |                          |       |                  |                         |                          |            |
| Hamber of requirements of the second of the | ,   |                  |                 |                          |       |                  |                         |                          |            |
| Numerator eve<br>Reported rate  | ,   |                  | Initiation of S | UD Treatment             |       | E                | Engagement of           | SUD Treatmen             | t          |
| , topolica i alic   | ata Elements  | Alcohol<br>Abuse | Initiation of S | UD Treatment Other Drug  | Total | Alcohol<br>Abuse | Engagement of Opiod Use | SUD Treatmen             | t<br>Total |
| D   | ata Elements  |                  |                 |                          | Total | Alcohol          |                         |                          |            |
| Eligible membe  | ata Elements  |                  |                 |                          | Total | Alcohol          |                         |                          |            |
| Eligible member Number of requirements  | ata Elements<br>er population   |                  |                 |                          | Total | Alcohol          |                         |                          |            |
| Eligible membe  | er population   |                  |                 |                          | Total | Alcohol          |                         |                          |            |
| Eligible member Number of requirements of the Numerator even  | er population   |                  | Opiod Use       |                          | Total | Alcohol<br>Abuse | Opiod Use               |                          | Total      |
| Eligible members of requirements of the Number of requirements of the Numerator even Reported rate  | er population   |                  | Opiod Use       | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
| Eligible member Numerator ever Reported rate  | er population uired exclusions nts by administrative data   | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |
| Eligible member Numerator ever Reported rate  | er population uired exclusions nts by administrative data   | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |
| Eligible member of requirements of the ported rate    Eligible member of the ported rate    | rata Elements er population uired exclusions ents by administrative data erata Elements er population | Alcohol          | Opiod Use       | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Medicare Advantage - Race**

|                     |          | White          |        |        |               |          |          | Black or African American |        |                           |          |          |
|---------------------|----------|----------------|--------|--------|---------------|----------|----------|---------------------------|--------|---------------------------|----------|----------|
| Data Element        | Initiati | on of SUD Trea | atment | Engage | ment of SUD T | reatment | Initiati | on of SUD Tre             | atment | Engagement of SUD Treatme |          | reatment |
|                     | Direct   | Indirect       | Total  | Direct | Indirect      | Total    | Direct   | Indirect                  | Total  | Direct                    | Indirect | Total    |
| Eligible Population |          |                |        |        |               |          |          |                           |        |                           |          |          |
| Numerator           |          |                |        |        |               |          |          |                           |        |                           |          |          |
| Reported Rate       |          |                |        |        |               |          |          |                           |        |                           |          |          |

|                     |          | American Indian or Alaska Native |        |         |               |          |          | Asian                       |       |        |                             |       |  |
|---------------------|----------|----------------------------------|--------|---------|---------------|----------|----------|-----------------------------|-------|--------|-----------------------------|-------|--|
| Data Element        | Initiati | on of SUD Trea                   | atment | Engagei | ment of SUD T | reatment | Initiati | Initiation of SUD Treatment |       |        | Engagement of SUD Treatment |       |  |
|                     | Direct   | Direct Indirect Total            |        |         | Indirect      | Total    | Direct   | Indirect                    | Total | Direct | Indirect                    | Total |  |
| Eligible Population |          |                                  |        |         |               |          |          |                             |       |        |                             |       |  |
| Numerator           |          |                                  |        |         |               |          |          |                             |       |        |                             |       |  |
| Reported Rate       |          |                                  |        |         |               |          |          |                             |       |        |                             |       |  |

|                     | Na       | Native Hawaiian or Other Pacific Islander |  |  |                             |       | Some Other Race |                             |       |        |                             |       |  |
|---------------------|----------|---|--|--|-----------------------------|-------|-----------------|-----------------------------|-------|--------|-----------------------------|-------|--|
| Data Element        | Initiati | Initiation of SUD Treatment               |  |  | Engagement of SUD Treatment |       |                 | Initiation of SUD Treatment |       |        | Engagement of SUD Treatment |       |  |
|                     | Direct   | Direct Indirect Total                     |  |  | Indirect                    | Total | Direct          | Indirect                    | Total | Direct | Indirect                    | Total |  |
| Eligible Population |          |   |  |  |                             |       |                 |                             |       |        |                             |       |  |
| Numerator           |          |   |  |  |                             |       |                 |                             |       |        |                             |       |  |
| Reported Rate       |          |   |  |  |                             |       |                 |                             |       |        |                             |       |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Medicare Advantage - Race**

|                     |          | Two or More Races |        |                             |          |       | Asked but No Answer         |  |       |                             |          |       |
|---------------------|----------|-------------------|--------|-----------------------------|----------|-------|-----------------------------|--|-------|-----------------------------|----------|-------|
| Data Element        | Initiati | on of SUD Trea    | atment | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |  |       | Engagement of SUD Treatment |          |       |
|                     | Direct   | Indirect          | Total  | Direct                      | Indirect | Total | Direct Indirect             |  | Total | Direct                      | Indirect | Total |
| Eligible Population |          |                   |        |                             |          |       |                             |  |       |                             |          |       |
| Numerator           |          |                   |        |                             |          |       |                             |  |       |                             |          |       |
| Reported Rate       |          |                   |        |                             |          |       |                             |  |       |                             |          |       |

|                     |          |                | Unknown |         |                |          |  |  |  |  |  |
|---------------------|----------|----------------|---------|---------|----------------|----------|--|--|--|--|--|
| Data Element        | Initiati | on of SUD Trea | atment  | Engagei | ment of SUD Ti | reatment |  |  |  |  |  |
|                     | Direct   | Indirect       | Total   | Direct  | Indirect       | Total    |  |  |  |  |  |
| Eligible Population |          |                |         |         |                |          |  |  |  |  |  |
| umerator            |          |                |         |         |                |          |  |  |  |  |  |
| Reported Rate       |          |                |         |         |                |          |  |  |  |  |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Medicare Advantage - Ethnicity**

|                     |          | Hispanic or Latino |        |         |               |          |                             | No | ot Hispan | ic or Lati                  | no       |       |
|---------------------|----------|--------------------|--------|---------|---------------|----------|-----------------------------|----|-----------|-----------------------------|----------|-------|
| Data Element        | Initiati | on of SUD Trea     | atment | Engagei | ment of SUD T | reatment | Initiation of SUD Treatment |    |           | Engagement of SUD Treatment |          |       |
|                     | Direct   | Indirect           | Total  | Direct  | Indirect      | Total    | Direct Indirect             |    | Total     | Direct                      | Indirect | Total |
| Eligible Population |          |                    |        |         |               |          |                             |    |           |                             |          |       |
| Numerator           |          |                    |        |         |               |          |                             |    |           |                             |          |       |
| Reported Rate       |          |                    |        |         |               |          |                             |    |           |                             |          |       |

|                     |          | Asked by No Answer    |        |                             |          |       |                             |          | Unkr  | nown                        |          |       |
|---------------------|----------|-----------------------|--------|-----------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|
| Data Element        | Initiati | on of SUD Trea        | atment | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       |
|                     | Direct   | Direct Indirect Total |        |                             | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total |
| Eligible Population |          |                       |        |                             |          |       |                             |          |       |                             |          |       |
| Numerator           |          |                       |        |                             |          |       |                             |          |       |                             |          |       |
| Reported Rate       |          |                       |        |                             |          |       |                             |          |       |                             |          |       |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MA Expand F&C)

|        |   |                  | Initiation of S | UD Treatment |        | E                | ingagement of | SUD Treatmer | nt     |
|--------|---|------------------|-----------------|--------------|--------|------------------|---------------|--------------|--------|
|        | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total  | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total  |
|        | Eligible member population              | 4                | 5               | 19           | 28     | 4                | 5             | 19           | 28     |
|        | Number of required exclusions           | 0                | 0               | 0            | 0      | 0                | 0             | 0            | 0      |
| 15 % S | Numerator events by administrative data | 2                | 1               | 8            | 11     | 0                | 0             | 3            | 3      |
|        | Reported rate                           | 50.00%           | 20.00%          | 42.11%       | 39.29% | 0.00%            | 0.00%         | 15.79%       | 10.71% |

|         |   |                  | Initiation of S | UD Treatment |        | E                | ingagement of | SUD Treatmer | nt     |
|---------|---|------------------|-----------------|--------------|--------|------------------|---------------|--------------|--------|
|         | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total  | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total  |
| ar      | Eligible member population              | 353              | 141             | 401          | 895    | 353              | 141           | 401          | 895    |
| ,<br>ds | Number of required exclusions           | 4                | 1               | 3            | 8      | 4                | 1             | 3            | 8      |
| 8+ Ye   | Numerator events by administrative data | 150              | 71              | 170          | 391    | 48               | 33            | 64           | 145    |
| 1 2     | Reported rate                           | 42.49%           | 50.35%          | 42.39%       | 43.69% | 13.60%           | 23.40%        | 15.96%       | 16.20% |

|           |   |                  | Initiation of S | UD Treatment |       | Е                | ingagement of | SUD Treatmer | nt    |
|-----------|---|------------------|-----------------|--------------|-------|------------------|---------------|--------------|-------|
|           | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total |
| ar        | Eligible member population              | 0                | 0               | 0            | 0     | 0                | 0             | 0            | 0     |
| Υe<br>Ids | Number of required exclusions           | 0                | 0               | 0            | 0     | 0                | 0             | 0            | 0     |
|           | Numerator events by administrative data | 0                | 0               | 0            | 0     | 0                | 0             | 0            | 0     |
| 65+       | Reported rate                           |                  |                 |              |       |                  |               |              |       |

|          |   |                  | Initiation of S | UD Treatment |        | E                | ingagement of | SUD Treatmer | nt     |
|----------|---|------------------|-----------------|--------------|--------|------------------|---------------|--------------|--------|
|          | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total  | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total  |
|          | Eligible member population              | 357              | 146             | 420          | 923    | 357              | 146           | 420          | 923    |
| <u> </u> | Number of required exclusions           | 4                | 1               | 3            | 8      | 4                | 1             | 3            | 8      |
| °        | Numerator events by administrative data | 152              | 72              | 178          | 402    | 48               | 33            | 67           | 148    |
|          | Reported rate                           | 42.58%           | 49.32%          | 42.38%       | 43.55% | 13.45%           | 22.60%        | 15.95%       | 16.03% |

### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MA Expand F&C) - Race

|                     |          |                | Wh     | nite    |               |          |          | Blac           | k or Afric | an Amer | ican          |          |
|---------------------|----------|----------------|--------|---------|---------------|----------|----------|----------------|------------|---------|---------------|----------|
| Data Element        | Initiati | on of SUD Trea | atment | Engager | ment of SUD T | reatment | Initiati | on of SUD Trea | atment     | Engage  | ment of SUD T | reatment |
|                     | Direct   | Indirect       | Total  | Direct  | Indirect      | Total    | Direct   | Indirect       | Total      | Direct  | Indirect      | Total    |
| Eligible Population | 328      | 0              | 328    | 328     | 0             | 328      | 196      | 0              | 196        | 196     | 0             | 196      |
| Numerator           | 136      | 0              | 136    | 55      | 0             | 55       | 103      | 0              | 103        | 40      | 0             | 40       |
| Reported Rate       | 41.46%   |                | 41.46% | 16.77%  |               | 16.77%   | 52.55%   |                | 52.55%     | 20.41%  |               | 20.41%   |

|                     |          | America        | n Indian | or Alask | a Native      |          |          |               | As     | ian     |               |          |
|---------------------|----------|----------------|----------|----------|---------------|----------|----------|---------------|--------|---------|---------------|----------|
| Data Element        | Initiati | on of SUD Trea | atment   | Engager  | ment of SUD T | reatment | Initiati | on of SUD Tre | atment | Engagei | ment of SUD T | reatment |
|                     | Direct   | Indirect       | Total    | Direct   | Indirect      | Total    | Direct   | Indirect      | Total  | Direct  | Indirect      | Total    |
| Eligible Population | 59       | 0              | 59       | 59       | 0             | 59       | 60       | 0             | 60     | 60      | 0             | 60       |
| Numerator           | 24       | 0              | 24       | 13       | 0             | 13       | 21       | 0             | 21     | 9       | 0             | 9        |
| Reported Rate       | 40.68%   |                | 40.68%   | 22.03%   |               | 22.03%   | 35.00%   |               | 35.00% | 15.00%  |               | 15.00%   |

|                     | Na       | tive Haw      | aiian or C | Other Pac | ific Island    | der      |          |                | Some Ot | her Race |               |          |
|---------------------|----------|---------------|------------|-----------|----------------|----------|----------|----------------|---------|----------|---------------|----------|
| Data Element        | Initiati | on of SUD Tre | atment     | Engagei   | ment of SUD Ti | reatment | Initiati | on of SUD Trea | atment  | Engagei  | ment of SUD T | reatment |
|                     | Direct   | Indirect      | Total      | Direct    | Indirect       | Total    | Direct   | Indirect       | Total   | Direct   | Indirect      | Total    |
| Eligible Population | 0        | 0             | 0          | 0         | 0              | 0        | 0        | 0              | 0       | 0        | 0             | 0        |
| Numerator           | 0        | 0             | 0          | 0         | 0              | 0        | 0        | 0              | 0       | 0        | 0             | 0        |
| Reported Rate       |          |               |            |           |                |          |          |                |         |          |               |          |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MA Expand F&C) - Race

|                     |          | 7              | wo or M | ore Race | S             |          |          | A             | sked but | No Answ | er            |          |
|---------------------|----------|----------------|---------|----------|---------------|----------|----------|---------------|----------|---------|---------------|----------|
| Data Element        | Initiati | on of SUD Trea | atment  | Engager  | ment of SUD T | reatment | Initiati | on of SUD Tre | atment   | Engage  | ment of SUD T | reatment |
|                     | Direct   | Indirect       | Total   | Direct   | Indirect      | Total    | Direct   | Indirect      | Total    | Direct  | Indirect      | Total    |
| Eligible Population | 0        | 0              | 0       | 0        | 0             | 0        | 0        |               | 0        | 0       |               | 0        |
| Numerator           | 0        | 0              | 0       | 0        | 0             | 0        | 0        |               | 0        | 0       |               | 0        |
| Reported Rate       |          |                |         |          |               |          |          |               |          |         |               |          |

|                     |   |          | Unkr   | nown   |          |        |  |  |  |
|---------------------|---|----------|--------|--------|----------|--------|--|--|--|
| Data Element        | Initiation of SUD Treatment Engagement of SUD Treatment |          |        |        |          |        |  |  |  |
|                     | Direct  | Indirect | Total  | Direct | Indirect | Total  |  |  |  |
| Eligible Population |   | 280      | 280    |        | 280      | 280    |  |  |  |
| Numerator           |   | 118      | 118    |        | 31       | 31     |  |  |  |
| Reported Rate       |   | 42.14%   | 42.14% |        | 11.07%   | 11.07% |  |  |  |

### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MA Expand F&C) - Ethnicity

|                     |          |                | Hispanic | or Latino | )             |          |          | No             | t Hispan | ic or Lati | no            |          |
|---------------------|----------|----------------|----------|-----------|---------------|----------|----------|----------------|----------|------------|---------------|----------|
| Data Element        | Initiati | on of SUD Trea | atment   | Engager   | nent of SUD T | reatment | Initiati | on of SUD Trea | atment   | Engage     | ment of SUD T | reatment |
|                     | Direct   | Indirect       | Total    | Direct    | Indirect      | Total    | Direct   | Indirect       | Total    | Direct     | Indirect      | Total    |
| Eligible Population |          |                | 79       |           |               | 79       |          |                | 844      |            |               | 844      |
| Numerator           |          |                | 32       |           |               | 13       |          |                | 370      |            |               | 135      |
| Reported Rate       | 40.51%   |                | 40.51%   | 16.46%    |               | 16.46%   | 43.84%   |                | 43.84%   | 16.00%     |               | 16.00%   |

|                     |          | Α             | sked by l | No Answe | er            |          |          |                | Unkr   | nown   |               |          |
|---------------------|----------|---------------|-----------|----------|---------------|----------|----------|----------------|--------|--------|---------------|----------|
| Data Element        | Initiati | on of SUD Tre | atment    | Engager  | ment of SUD T | reatment | Initiati | on of SUD Trea | atment | Engage | ment of SUD T | reatment |
|                     | Direct   | Indirect      | Total     | Direct   | Indirect      | Total    | Direct   | Indirect       | Total  | Direct | Indirect      | Total    |
| Eligible Population |          |               | 0         |          |               | 0        |          |                | 0      |        |               | 0        |
| Numerator           |          |               | 0         |          |               | 0        |          |                | 0      |        |               | 0        |
| Reported Rate       |          |               |           |          |               |          |          |                |        |        |               |          |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MN Care)

|         |   |                  | Initiation of S | UD Treatment |       | E                | ngagement of | SUD Treatmer | it    |
|---------|---|------------------|-----------------|--------------|-------|------------------|--------------|--------------|-------|
|         | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total | Alcohol<br>Abuse | Opiod Use    | Other Drug   | Total |
|         | Eligible member population              | 0                | 0               | 0            | 0     | 0                | 0            | 0            | 0     |
| '. 'V T | Number of required exclusions           | 0                | 0               | 0            | 0     | 0                | 0            | 0            | 0     |
|         | Numerator events by administrative data | 0                | 0               | 0            | 0     | 0                | 0            | 0            | 0     |
| _       | Reported rate                           |                  |                 |              |       |                  |              |              |       |

|           |   |                  | Initiation of S | UD Treatment |        | E                | ingagement of | SUD Treatmer | nt     |
|-----------|---|------------------|-----------------|--------------|--------|------------------|---------------|--------------|--------|
|           | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total  | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total  |
| ar        | Eligible member population              | 32               | 7               | 17           | 56     | 32               | 7             | 17           | 56     |
| ≺e,<br>ds | Number of required exclusions           | 0                | 0               | 0            | 0      | 0                | 0             | 0            | 0      |
| # Ö       | Numerator events by administrative data | 13               | 3               | 4            | 20     | 8                | 3             | 2            | 13     |
| 18        | eported rate                            | 40.63%           | 42.86%          | 23.53%       | 35.71% | 25.00%           | 42.86%        | 11.76%       | 23.21% |

|     |   |                  | Initiation of S | UD Treatment |       | Е                | ingagement of | SUD Treatmer | it    |
|-----|---|------------------|-----------------|--------------|-------|------------------|---------------|--------------|-------|
|     | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total |
| ar  | Eligible member population              | 1                | 0               | 0            | 1     | 1                | 0             | 0            | 1     |
| 4 4 | Number of required exclusions           | 0                | 0               | 0            | 0     | 0                | 0             | 0            | 0     |
|     | Numerator events by administrative data | 0                | 0               | 0            | 0     | 0                | 0             | 0            | 0     |
|     | Reported rate                           | 0.00%            |                 |              | 0.00% | 0.00%            |               |              | 0.00% |

|     |   |                  | Initiation of S | UD Treatment |        | Е                | ingagement of | SUD Treatmer | it     |
|-----|---|------------------|-----------------|--------------|--------|------------------|---------------|--------------|--------|
|     | Data Elements                           | Alcohol<br>Abuse | Opiod Use       | Other Drug   | Total  | Alcohol<br>Abuse | Opiod Use     | Other Drug   | Total  |
|     | Eligible member population              | 33               | 7               | 17           | 57     | 33               | 7             | 17           | 57     |
| tal | Number of required exclusions           | 0                | 0               | 0            | 0      | 0                | 0             | 0            | 0      |
|     | Numerator events by administrative data | 13               | 3               | 4            | 20     | 8                | 3             | 2            | 13     |
|     | Reported rate                           | 39.39%           | 42.86%          | 23.53%       | 35.09% | 24.24%           | 42.86%        | 11.76%       | 22.81% |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MN Care) - Race

|                     |          |                       | Wh     | nite    |                             |       |        | Blac          | k or Afric | can Amer                    | rican    |        |
|---------------------|----------|-----------------------|--------|---------|-----------------------------|-------|--------|---------------|------------|-----------------------------|----------|--------|
| Data Element        | Initiati | on of SUD Trea        | atment | Engager | Engagement of SUD Treatment |       |        | on of SUD Tre | atment     | Engagement of SUD Treatment |          |        |
|                     | Direct   | Direct Indirect Total |        |         | Indirect                    | Total | Direct | Indirect      | Total      | Direct                      | Indirect | Total  |
| Eligible Population | 21       |                       |        |         | 0                           | 21    | 15     | 0             | 15         | 15                          | 0        | 15     |
| Numerator           | 8        | 8 0 8                 |        |         | 0                           | 4     | 2      | 0             | 2          | 2                           | 0        | 2      |
| Reported Rate       | 38.10%   | 38.10% 19.05% 19.0    |        |         |                             |       | 13.33% |               | 13.33%     | 13.33%                      |          | 13.33% |

|                     |          | America        | an Indian | or Alask                    | a Native |       |          |               | As     | ian                         |          |        |
|---------------------|----------|----------------|-----------|-----------------------------|----------|-------|----------|---------------|--------|-----------------------------|----------|--------|
| Data Element        | Initiati | on of SUD Trea | atment    | Engagement of SUD Treatment |          |       | Initiati | on of SUD Tre | atment | Engagement of SUD Treatment |          |        |
|                     | Direct   | Indirect       | Total     | Direct                      | Indirect | Total | Direct   | Indirect      | Total  | Direct                      | Indirect | Total  |
| Eligible Population | 2        | 0              | 2         | 2                           | 0        | 2     | 2        | 0             | 2      | 2                           | 0        | 2      |
| Numerator           | 1        | 0              | 1         | 0                           | 0        | 0     | 1        | 0             | 1      | 1                           | 0        | 1      |
| Reported Rate       | 50.00%   |                | 50.00%    | 0.00%                       |          | 0.00% | 50.00%   |               | 50.00% | 50.00%                      |          | 50.00% |

|                     | Na                                       | tive Haw  | aiian or C | Other Pac | ific Island | der      |          |                | Some Ot | her Race                    |          |       |
|---------------------|--|---|------------|-----------|-------------|----------|----------|----------------|---------|-----------------------------|----------|-------|
| Data Element        | Data Element Initiation of SUD Treatment |   |            |           |             | reatment | Initiati | on of SUD Trea | atment  | Engagement of SUD Treatment |          |       |
|                     | Direct                                   | Indirect  | Total      | Direct    | Indirect    | Total    | Direct   | Indirect       | Total   | Direct                      | Indirect | Total |
| Eligible Population | 0  | Direct         Indirect         Total           0         0         0 |            |           | 0           | 0        | 0        | 0              | 0       | 0                           | 0        | 0     |
| Numerator           | 0  | 0 0 0   |            |           | 0           | 0        | 0        | 0              | 0       | 0                           | 0        | 0     |
| Reported Rate       |  |   |            |           |             |          |          |                |         |                             |          |       |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MN Care) - Race

|                     |   |                             |          |          |          | _     |          |               |          |         |               |          |  |
|---------------------|---|-----------------------------|----------|----------|----------|-------|----------|---------------|----------|---------|---------------|----------|--|
|                     |   | ٦                           | Two or M | ore Race | s        |       |          | A             | sked but | No Answ | er            |          |  |
| Data Element        | Initiation of SUD Treatment Engagement of SUD Treatment |                             |          |          |          |       | Initiati | on of SUD Tre | atment   | Engage  | ment of SUD T | reatment |  |
|                     | Direct  | Direct Indirect Total       |          |          | Indirect | Total | Direct   | Indirect      | Total    | Direct  | Indirect      | Total    |  |
| Eligible Population | 0   | Direct Indirect Total 0 0 0 |          |          | 0        | 0     | 0        |               | 0        | 0       |               | 0        |  |
| Numerator           | 0   | 0 0 0                       |          |          | 0        | 0     | 0        |               | 0        | 0       |               | 0        |  |
| Reported Rate       |   |                             |          |          |          |       |          |               |          |         |               |          |  |

|                     |          |               | Unkr   | nown    |               |          |
|---------------------|----------|---------------|--------|---------|---------------|----------|
| Data Element        | Initiati | on of SUD Tre | atment | Engager | ment of SUD T | reatment |
|                     | Direct   | Indirect      | Total  | Direct  | Indirect      | Total    |
| Eligible Population |          | 17            | 17     |         | 17            | 17       |
| Numerator           |          | 8             | 8      |         | 6             | 6        |
| Reported Rate       |          | 47.06%        | 47.06% |         | 35.29%        | 35.29%   |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### MHCP-MC (MN Care) - Ethnicity

|                     |          |                |          |               |               | <u> </u> |          |                |          |            |               |          |
|---------------------|----------|----------------|----------|---------------|---------------|----------|----------|----------------|----------|------------|---------------|----------|
|                     |          | I              | Hispanic | or Latino     | )             |          |          | No             | t Hispan | ic or Lati | no            |          |
| Data Element        | Initiati | on of SUD Trea | atment   | Engager       | nent of SUD T | reatment | Initiati | on of SUD Trea | atment   | Engage     | ment of SUD T | reatment |
|                     | Direct   | Indirect       | Total    | Direct        | Indirect      | Total    | Direct   | Indirect       | Total    | Direct     | Indirect      | Total    |
| Eligible Population |          |                | 7        | 7 7           |               |          | 50       |                |          |            |               | 50       |
| Numerator           | 3        |                |          | 3             |               |          |          | 17             |          |            | 10            |          |
| Reported Rate       | 42.86%   |                | 42.86%   | 42.86% 42.86% |               | 34.00%   |          | 34.00%         | 20.00%   |            | 20.00%        |          |

|                     |          | Α                     | sked by l | No Answe | er            |          |          |                | Unkr   | nown    |                |          |
|---------------------|----------|-----------------------|-----------|----------|---------------|----------|----------|----------------|--------|---------|----------------|----------|
| Data Element        | Initiati | on of SUD Trea        | atment    | Engager  | ment of SUD T | reatment | Initiati | on of SUD Trea | atment | Engagei | ment of SUD Ti | reatment |
|                     | Direct   | Direct Indirect Total |           |          | Indirect      | Total    | Direct   | Indirect       | Total  | Direct  | Indirect       | Total    |
| Eligible Population |          |                       | 0         |          |               | 0        |          |                | 0      |         |                | 0        |
| Numerator           |          | 0                     |           |          |               | 0        |          |                | 0      |         |                | 0        |
| Reported Rate       |          | 0                     |           |          |               |          |          |                |        |         |                |          |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Special Needs Basic Care - Special Needs Plan**

|                       |  | special in       |                           |                         |       |                  |                         |                          |            |
|-----------------------|--|------------------|---------------------------|-------------------------|-------|------------------|-------------------------|--------------------------|------------|
|                       |  |                  | Initiation of S           | UD Treatment            |       | E                | ngagement of            | SUD Treatmen             | t          |
|                       | Data Elements  | Alcohol<br>Abuse | Opiod Use                 | Other Drug              | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
|                       | Eligible member population   |                  |                           |                         |       |                  |                         |                          |            |
| -17<br>ar<br>ds       | Number of required exclusions  |                  |                           |                         |       |                  |                         |                          |            |
| 13-17<br>Year<br>Olds | Numerator events by administrative data  |                  |                           |                         |       |                  |                         |                          |            |
|                       | Reported rate  |                  |                           |                         |       |                  |                         |                          |            |
| -                     |  |                  | Initiation of S           | UD Treatment            |       | E                | Ingagement of           | SUD Treatmen             | t          |
|                       | Data Elements  | Alcohol<br>Abuse | Opiod Use                 | Other Drug              | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
| ä                     | Eligible member population   |                  |                           |                         |       |                  |                         |                          |            |
| 18+ Year<br>Olds      | Number of required exclusions  |                  |                           |                         |       |                  |                         |                          |            |
| ± ō                   | Numerator events by administrative data  |                  |                           |                         |       |                  |                         |                          |            |
| 1 2                   | Reported rate  |                  |                           |                         |       |                  |                         |                          |            |
| I————                 | ·  |                  |                           |                         |       |                  |                         |                          |            |
|                       |  |                  | Initiation of S           | UD Treatment            |       | E                | Ingagement of           | SUD Treatmen             | t          |
|                       | Data Elements  | Alcohol<br>Abuse | Initiation of S Opiod Use | UD Treatment Other Drug | Total | Alcohol<br>Abuse | Engagement of Opiod Use | SUD Treatmen Other Drug  | t<br>Total |
| - a                   | Data Elements  Eligible member population  |                  |                           |                         | Total | Alcohol          |                         |                          |            |
| Year                  |  |                  |                           |                         | Total | Alcohol          |                         |                          |            |
| 5+ Year<br>Olds       | Eligible member population   |                  |                           |                         | Total | Alcohol          |                         |                          |            |
| 65+ Year<br>Olds      | Eligible member population  Number of required exclusions  |                  |                           |                         | Total | Alcohol          |                         |                          |            |
| 65+ Year<br>Olds      | Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use                 |                         | Total | Alcohol<br>Abuse | Opiod Use               |                          | Total      |
| 65+ Year<br>Olds      | Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use                 | Other Drug              | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
|                       | Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  | Alcohol          | Opiod Use                 | Other Drug              |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |
|                       | Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements                             | Alcohol          | Opiod Use                 | Other Drug              |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |
| Total 65+ Year Olds   | Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements  Eligible member population | Alcohol          | Opiod Use                 | Other Drug              |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### Special Needs Basic Care - Special Needs Plan - Race

|                     |          |               | Wh     | nite   |               |          |          | Blac           | k or Afric | can Amer                    | ican     |       |
|---------------------|----------|---------------|--------|--------|---------------|----------|----------|----------------|------------|-----------------------------|----------|-------|
| Data Element        | Initiati | on of SUD Tre | atment | Engage | ment of SUD T | reatment | Initiati | on of SUD Trea | atment     | Engagement of SUD Treatment |          |       |
|                     | Direct   | Indirect      | Total  | Direct | Indirect      | Total    | Direct   | Indirect       | Total      | Direct                      | Indirect | Total |
| Eligible Population |          |               |        |        |               |          |          |                |            |                             |          |       |
| Numerator           |          |               |        |        |               |          |          |                |            |                             |          |       |
| Reported Rate       |          |               |        |        |               |          |          |                |            |                             |          |       |

|                     | American Indian or Alaska Native |          |       |                             |          |       | Asian                       |          |       |                             |          |       |  |
|---------------------|----------------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|--|
| Data Element        | Initiation of SUD Treatment      |          |       | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       |  |
|                     | Direct                           | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total |  |
| Eligible Population |                                  |          |       |                             |          |       |                             |          |       |                             |          |       |  |
| Numerator           |                                  |          |       |                             |          |       |                             |          |       |                             |          |       |  |
| Reported Rate       |                                  |          |       |                             |          |       |                             |          |       |                             |          |       |  |

|                     | Native Hawaiian or Other Pacific Islander |          |       |                             |          |       | Some Other Race             |          |       |                             |          |       |  |
|---------------------|---|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|--|
| Data Element        | Initiation of SUD Treatment               |          |       | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       |  |
|                     | Direct                                    | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total |  |
| Eligible Population |   |          |       |                             |          |       |                             |          |       |                             |          |       |  |
| Numerator           |   |          |       |                             |          |       |                             |          |       |                             |          |       |  |
| Reported Rate       |   |          |       |                             |          |       |                             |          |       |                             |          |       |  |

### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### Special Needs Basic Care - Special Needs Plan - Race

|                     | Two or More Races           |          |       |                             |          |       | Asked but No Answer         |          |       |                             |          |       |  |
|---------------------|-----------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|--|
|                     | I WO OF WIDTE Races         |          |       |                             |          |       | ASKEU DUL NO AllSWEI        |          |       |                             |          |       |  |
| Data Element        | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       |  |
|                     | Direct                      | Indirect | Total |  |
| Eligible Population |                             |          |       |                             |          |       |                             |          |       |                             |          |       |  |
| Numerator           |                             |          |       |                             |          |       |                             |          |       |                             |          |       |  |
| Reported Rate       |                             |          |       |                             |          |       |                             |          |       |                             |          |       |  |

|                     | Unknown              |                |        |         |          |       |  |  |  |
|---------------------|----------------------|----------------|--------|---------|----------|-------|--|--|--|
| Data Element        | Initiati             | on of SUD Trea | atment | Engagei | reatment |       |  |  |  |
|                     | Direct Indirect Tota |                | Total  | Direct  | Indirect | Total |  |  |  |
| Eligible Population |                      |                |        |         |          |       |  |  |  |
| Numerator           |                      |                |        |         |          |       |  |  |  |
| Reported Rate       |                      |                |        |         |          |       |  |  |  |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Special Needs Basic Care - Special Needs Plan - Ethnicity**

|                     | Hispanic or Latino |                             |       |        |                             |       | Not Hispanic or Latino |                             |       |        |                             |       |  |
|---------------------|--------------------|-----------------------------|-------|--------|-----------------------------|-------|------------------------|-----------------------------|-------|--------|-----------------------------|-------|--|
| Data Element        | Initiati           | Initiation of SUD Treatment |       |        | Engagement of SUD Treatment |       |                        | Initiation of SUD Treatment |       |        | Engagement of SUD Treatment |       |  |
|                     | Direct             | Indirect                    | Total | Direct | Indirect                    | Total | Direct                 | Indirect                    | Total | Direct | Indirect                    | Total |  |
| Eligible Population |                    |                             |       |        |                             |       |                        |                             |       |        |                             |       |  |
| Numerator           |                    |                             |       |        |                             |       |                        |                             |       |        |                             |       |  |
| Reported Rate       |                    |                             |       |        |                             |       |                        |                             |       |        |                             |       |  |

|                     | Asked by No Answer          |          |       |                                  |          |       | Unknown                     |          |       |                             |          |       |  |
|---------------------|-----------------------------|----------|-------|----------------------------------|----------|-------|-----------------------------|----------|-------|-----------------------------|----------|-------|--|
| Data Element        | Initiation of SUD Treatment |          |       | nent Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |          |       | Engagement of SUD Treatment |          |       |  |
|                     | Direct                      | Indirect | Total | Direct                           | Indirect | Total | Direct                      | Indirect | Total | Direct                      | Indirect | Total |  |
| Eligible Population |                             |          |       |                                  |          |       |                             |          |       |                             |          |       |  |
| Numerator           |                             |          |       |                                  |          |       |                             |          |       |                             |          |       |  |
| Reported Rate       |                             |          |       |                                  |          |       |                             |          |       |                             |          |       |  |

### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### **Special Needs Basic Care - Non-Special Needs Plan**

|                       | - Sp  |                  |                           |                          |       |                  |                         |                          |            |
|-----------------------|---|------------------|---------------------------|--------------------------|-------|------------------|-------------------------|--------------------------|------------|
|                       |   |                  | Initiation of S           | UD Treatment             |       | E                | ngagement of            | SUD Treatmen             | t          |
|                       | Data Elements   | Alcohol<br>Abuse | Opiod Use                 | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
|                       | Eligible member population  |                  |                           |                          |       |                  |                         |                          |            |
| 13-17<br>Year<br>Olds | Number of required exclusions   |                  |                           |                          |       |                  |                         |                          |            |
| [                     | Numerator events by administrative data   |                  |                           |                          |       |                  |                         |                          |            |
|                       | Reported rate   |                  |                           |                          |       |                  |                         |                          |            |
|                       |   |                  | Initiation of S           | UD Treatment             |       | E                | ngagement of            | SUD Treatmen             | t          |
|                       | Data Elements   | Alcohol<br>Abuse | Opiod Use                 | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
| <u>_</u>              | Eligible member population  |                  |                           |                          |       |                  |                         |                          |            |
| 18+ Year<br>Olds      | Number of required exclusions   |                  |                           |                          |       |                  |                         |                          |            |
| 3+ Ye                 | Numerator events by administrative data   |                  |                           |                          |       |                  |                         |                          |            |
| w                     |   |                  |                           |                          |       |                  |                         |                          |            |
|                       | Reported rate   |                  |                           |                          |       |                  |                         |                          |            |
|                       | Reported rate   |                  | Initiation of S           | UD Treatment             |       | E                | Engagement of           | SUD Treatmen             | t          |
|                       | Data Elements   | Alcohol<br>Abuse | Initiation of S Opiod Use | UD Treatment Other Drug  | Total | Alcohol<br>Abuse | Engagement of Opiod Use | SUD Treatmen             | t<br>Total |
|                       |   |                  |                           |                          | Total | Alcohol          |                         |                          |            |
|                       | Data Elements   |                  |                           |                          | Total | Alcohol          |                         |                          |            |
| Year                  | Data Elements Eligible member population  |                  |                           |                          | Total | Alcohol          |                         |                          |            |
|                       | Data Elements  Eligible member population  Number of required exclusions  |                  |                           |                          | Total | Alcohol          |                         |                          |            |
| 5+ Year<br>Olds       | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use                 |                          | Total | Alcohol<br>Abuse | Opiod Use               |                          | Total      |
| 5+ Year<br>Olds       | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data   |                  | Opiod Use                 | Other Drug               | Total | Alcohol<br>Abuse | Opiod Use               | Other Drug               | Total      |
| 65+ Year<br>Olds      | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  | Alcohol          | Opiod Use                 | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |
| 65+ Year<br>Olds      | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements                             | Alcohol          | Opiod Use                 | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |
| 5+ Year<br>Olds       | Data Elements  Eligible member population  Number of required exclusions  Numerator events by administrative data  Reported rate  Data Elements  Eligible member population | Alcohol          | Opiod Use                 | Other Drug  UD Treatment |       | Alcohol<br>Abuse | Opiod Use               | Other Drug  SUD Treatmen | Total      |

### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

### Special Needs Basic Care - Non-Special Needs Plan - Race

|                     |          |   | Wh    | ite    |          |       |        | Blac          | k or Afric | can Amer                    | ican     |       |
|---------------------|----------|---|-------|--------|----------|-------|--------|---------------|------------|-----------------------------|----------|-------|
| Data Element        | Initiati | Initiation of SUD Treatment Engagement of SUD Treatment |       |        |          |       |        | on of SUD Tre | atment     | Engagement of SUD Treatment |          |       |
|                     | Direct   | Indirect  | Total | Direct | Indirect | Total | Direct | Indirect      | Total      | Direct                      | Indirect | Total |
| Eligible Population |          |   |       |        |          |       |        |               |            |                             |          |       |
| Numerator           |          |   |       |        |          |       |        |               |            |                             |          |       |
| Reported Rate       |          |   |       |        |          |       |        |               |            |                             |          |       |

|                     |          | American Indian or Alaska Native  Initiation of SUD Treatment Engagement of SUD Treatment  Direct Indirect Total Direct Indirect Total |  |  |          |                             |        |          | As                          | ian    |          |                             |  |  |
|---------------------|----------|--|--|--|----------|-----------------------------|--------|----------|-----------------------------|--------|----------|-----------------------------|--|--|
| Data Element        | Initiati | Initiation of SUD Treatment Eng-   |  |  |          | Engagement of SUD Treatment |        |          | Initiation of SUD Treatment |        |          | Engagement of SUD Treatment |  |  |
|                     | Direct   |  |  |  | Indirect | Total                       | Direct | Indirect | Total                       | Direct | Indirect | Total                       |  |  |
| Eligible Population |          | Direct Indirect Total  |  |  |          |                             |        |          |                             |        |          |                             |  |  |
| Numerator           |          |  |  |  |          |                             |        |          |                             |        |          |                             |  |  |
| Reported Rate       |          |  |  |  |          |                             |        |          |                             |        |          |                             |  |  |

|                     | Na       | tive Haw       | aiian or C | Other Pac | ific Island   | der      |          |               | Some Ot | her Race                        | !        |       |
|---------------------|----------|----------------|------------|-----------|---------------|----------|----------|---------------|---------|---------------------------------|----------|-------|
| Data Element        | Initiati | on of SUD Trea | atment     | Engagei   | ment of SUD T | reatment | Initiati | on of SUD Tre | atment  | nent Engagement of SUD Treatmen |          |       |
|                     | Direct   | Indirect       | Total      | Direct    | Indirect      | Total    | Direct   | Indirect      | Total   | Direct                          | Indirect | Total |
| Eligible Population |          |                |            |           |               |          |          |               |         |                                 |          |       |
| Numerator           |          |                |            |           |               |          |          |               |         |                                 |          |       |
| Reported Rate       |          |                |            |           |               |          |          |               |         |                                 |          |       |

### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

#### Special Needs Basic Care - Non-Special Needs Plan - Race

|                     |          | Two or More Races  Initiation of SUD Treatment Engagement of SUD Treatment  Direct Indirect Total Direct Indirect Total |        |                             |          |       |                             | As | sked but | No Answ                     | er       |       |
|---------------------|----------|---|--------|-----------------------------|----------|-------|-----------------------------|----|----------|-----------------------------|----------|-------|
| Data Element        | Initiati | ion of SUD Tre  | atment | Engagement of SUD Treatment |          |       | Initiation of SUD Treatment |    |          | Engagement of SUD Treatment |          |       |
|                     | Direct   |   |        |                             | Indirect | Total | Direct Indirect Total       |    | Total    | Direct                      | Indirect | Total |
| Eligible Population |          | Direct Indirect Total   |        |                             |          |       |                             |    |          |                             |          |       |
| Numerator           |          | muncet 18ta   |        |                             |          |       |                             |    |          |                             |          |       |
| Reported Rate       |          |   |        |                             |          |       |                             |    |          |                             |          |       |

|                     |   |  | Unkr | nown |  |          |
|---------------------|---|--|------|------|--|----------|
| Data Element        | Initiation of SUD Treatment Engagement of SUD Treatment |  |      |      |  | reatment |
|                     | Direct Indirect Total Direct Indirect To                |  |      |      |  |          |
| Eligible Population |   |  |      |      |  |          |
| Numerator           |   |  |      |      |  |          |
| Reported Rate       |   |  |      |      |  |          |

#### Initiation/Engagement of Alcohol Other Drug Dependence Treatment

### Special Needs Basic Care - Non-Special Needs Plan - Ethnicity

|                     |         | Hispanic or Latino Initiation of SUD Treatment Engagement of SUD Treatment Direct Indirect Total Direct Indirect Total |        |                             |  |  |                             | No       | ot Hispan | ic or Lati                  | no       |       |
|---------------------|---------|--|--------|-----------------------------|--|--|-----------------------------|----------|-----------|-----------------------------|----------|-------|
| Data Element        | Initiat | ion of SUD Trea  | atment | Engagement of SUD Treatment |  |  | Initiation of SUD Treatment |          |           | Engagement of SUD Treatment |          |       |
|                     | Direct  | Indirect   | Total  | Direct Indirect Total       |  |  | Direct                      | Indirect | Total     | Direct                      | Indirect | Total |
| Eligible Population |         | Direct Indirect Total  |        |                             |  |  |                             |          |           |                             |          |       |
| Numerator           |         |  |        |                             |  |  |                             |          |           |                             |          |       |
| Reported Rate       |         |  |        |                             |  |  |                             |          |           |                             |          |       |

|                     |          | Asked by No Answer  Initiation of SUD Treatment Engagement of SUD Treatment  Direct Indirect Total Direct Indirect Total |  |  |                             |       |        |                 | Unkr   | nown                        |          |       |
|---------------------|----------|--|--|--|-----------------------------|-------|--------|-----------------|--------|-----------------------------|----------|-------|
| Data Element        | Initiati | Initiation of SUD Treatment  |  |  | Engagement of SUD Treatment |       |        | on of SUD Trea  | atment | Engagement of SUD Treatment |          |       |
|                     | Direct   |  |  |  | Indirect                    | Total | Direct | Direct Indirect |        | Direct                      | Indirect | Total |
| Eligible Population |          | Direct Indirect Total  |  |  |                             |       |        |                 |        |                             |          |       |
| Numerator           |          |  |  |  |                             |       |        |                 |        |                             |          |       |
| Reported Rate       |          |  |  |  |                             |       |        |                 |        |                             |          |       |

#### Prenatal and Postpartum Care

#### Timliness of Postpartum **Data Element Prenatal Care** Care Data Collection Methodology Eligible Member Population Number of Required Admin Data Records Excluded Numerator Events by Admin Data on Eligible Population Current Year's Admin Rate Minimum Required Sample Size Oversampling Rate Number of Oversample Records Number of original sample records excluded because of valid data errors Number of Employee/Dependent Medical Records Excluded Records Added from the Oversample List Denominator Numerator Events by Admin Data Numerator Events by Medical Record Reported rate

#### Commercial

#### Prenatal and Postpartum Care

#### Commercial - Race Timeliness of Prenatal Care

|                             |                       | White |  | Black  | or African Am | erican | American | Indian and Ala | ska Native |
|-----------------------------|-----------------------|-------|--|--------|---------------|--------|----------|----------------|------------|
| Data Element                | Direct Indirect Total |       |  | Direct | Indirect      | Total  | Direct   | Indirect       | Total      |
| Data Collection Methodology |                       |       |  |        |               |        |          |                |            |
| Eligible Member Population  |                       |       |  |        |               |        |          |                |            |
| Denominator                 |                       |       |  |        |               |        |          |                |            |
| Numerator                   |                       |       |  |        |               |        |          |                |            |
| Reported Rate               |                       |       |  |        |               |        |          |                |            |

|                             |                       | Asian |  | Native Hawaii | an and Other P | acific Islander | s      | Some Other Rac | e     |
|-----------------------------|-----------------------|-------|--|---------------|----------------|-----------------|--------|----------------|-------|
| Data Element                | Direct Indirect Total |       |  | Direct        | Indirect       | Total           | Direct | Indirect       | Total |
| Data Collection Methodology |                       |       |  |               |                |                 |        |                |       |
| Eligible Member Population  |                       |       |  |               |                |                 |        | •              |       |
| Denominator                 |                       | •     |  |               |                |                 |        |                |       |
| Numerator                   |                       |       |  |               |                |                 |        |                |       |
| Reported Rate               |                       |       |  |               |                |                 |        |                |       |

|                             | Tv     | vo or More Rac | es    | Ask    | ked but No Ans | wer   |        | Unknown  |       |
|-----------------------------|--------|----------------|-------|--------|----------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect       | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                |       |        |                |       |        |          |       |
| Eligible Member Population  |        |                |       |        |                |       |        |          |       |
| Denominator                 |        |                |       |        |                |       |        |          |       |
| Numerator                   |        |                |       |        |                |       |        |          |       |
| Reported Rate               |        |                |       |        |                |       |        |          |       |

#### Prenatal and Postpartum Care

# Commercial - Race Postpartum Care

|                             |                       | White |  | Black  | or African Ame | erican | American | Indian and Ala | ska Native |
|-----------------------------|-----------------------|-------|--|--------|----------------|--------|----------|----------------|------------|
| Data Element                | Direct Indirect Total |       |  | Direct | Indirect       | Total  | Direct   | Indirect       | Total      |
| Data Collection Methodology |                       |       |  |        |                |        |          |                |            |
| Eligible Member Population  |                       |       |  |        |                |        |          | •              |            |
| Denominator                 |                       |       |  |        |                |        |          |                |            |
| Numerator                   |                       |       |  |        |                |        |          |                |            |
| Reported Rate               |                       |       |  |        |                |        |          |                |            |

|                             |        | Asian    |       |        | Native Hawaiian and Other Pacific Islander |       |        | Some Other Race |       |  |
|-----------------------------|--------|----------|-------|--------|--|-------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                                   | Total | Direct | Indirect        | Total |  |
| Data Collection Methodology |        |          |       |        |  |       |        |                 |       |  |
| Eligible Member Population  |        |          |       |        |  |       |        | •               |       |  |
| Denominator                 |        |          |       |        |  |       |        |                 |       |  |
| Numerator                   |        |          |       |        |  |       |        |                 |       |  |
| Reported Rate               |        |          |       |        |  |       |        |                 |       |  |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

### Prenatal and Postpartum Care

# Commercial - Ethnicity Timliness of Prenatal Care

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asl    | red but No Ans | wer   |        | Unknown  |       |
|-----------------------------|--------|----------------|-------|--------|----------|-------|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect | Total |
| Data Collection Methodology |        |                |       |        |          |       |
| Eligible Member Population  |        |                |       |        |          |       |
| Denominator                 |        |                |       |        |          |       |
| Numerator                   |        |                |       |        |          |       |
| Reported Rate               |        |                |       |        |          |       |

#### Prenatal and Postpartum Care

# Commercial - Ethnicity Postpartum Care

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |
| Data Collection Methodology |        |                |       |         |          |       |  |  |
| Eligible Member Population  |        |                |       |         |          |       |  |  |
| Denominator                 |        |                |       |         |          |       |  |  |
| Numerator                   |        |                |       |         |          |       |  |  |
| Reported Rate               |        |                |       |         |          |       |  |  |

#### Prenatal and Postpartum Care

## Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Element  | Timliness of<br>Prenatal Care | Postpartum<br>Care |
|---|-------------------------------|--------------------|
| Data Collection Methodology   | Н                             | Н                  |
| Eligible Member Population  | 631                           | 631                |
| Number of Required Admin Data Records<br>Excluded                       | 1                             | 1                  |
| Numerator Events by Admin Data on<br>Eligible Population                | 335                           | 370                |
| Current Year's Admin Rate   | 53.09%                        | 58.64%             |
| Minimum Required Sample Size  |                               |                    |
| Oversampling Rate   |                               |                    |
| Number of Oversample Records  |                               |                    |
| Number of original sample records excluded because of valid data errors | 1                             | 1                  |
| Number of Employee/Dependent Medical<br>Records Excluded                |                               |                    |
| Records Added from the Oversample List                                  |                               |                    |
| Denominator   | 411                           | 411                |
| Numerator Events by Admin Data  | 217                           | 233                |
| Numerator Events by Medical Record                                      | 77                            | 66                 |
| Reported rate   | 71.53%                        | 72.75%             |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (Families and Children) - Race Timeliness of Prenatal Care

|                             |        | White    |        | Black  | Black or African American |        |        | American Indian and Alaska Native |        |  |
|-----------------------------|--------|----------|--------|--------|---------------------------|--------|--------|-----------------------------------|--------|--|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect                  | Total  | Direct | Indirect                          | Total  |  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                         | Н      | Н      | Н                                 | Н      |  |
| Eligible Member Population  | 98     | 0        | 98     |        |                           | 111    |        |                                   | 19     |  |
| Denominator                 |        |          | 68     |        |                           | 66     |        |                                   | 14     |  |
| Numerator                   |        |          | 57     |        |                           | 48     |        |                                   | 8      |  |
| Reported Rate               | 83.82% |          | 83.82% | 72.73% |                           | 72.73% | 57.14% |                                   | 57.14% |  |

|                             |        | Asian    |        | Native Hawaii | Native Hawaiian and Other Pacific Islander |       |        | Some Other Race |       |  |
|-----------------------------|--------|----------|--------|---------------|--|-------|--------|-----------------|-------|--|
| Data Element                | Direct | Indirect | Total  | Direct        | Indirect                                   | Total | Direct | Indirect        | Total |  |
| Data Collection Methodology | Н      | Н        | Н      | Н             | Н  | Н     | Н      | Н               | Н     |  |
| Eligible Member Population  | 84     | 0        | 84     |               |  | 3     |        | •               | 0     |  |
| Denominator                 |        |          | 56     |               |  | 2     |        |                 | 0     |  |
| Numerator                   |        |          | 39     |               |  | 0     |        |                 | 0     |  |
| Reported Rate               | 69.64% |          | 69.64% | 0.00%         |  | 0.00% |        |                 |       |  |

|                             | Tv     | Two or More Races |       |        | Asked but No Answer |       |        | Unknown  |        |  |
|-----------------------------|--------|-------------------|-------|--------|---------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect          | Total | Direct | Indirect            | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | Н      | Н                 | Н     | Н      |                     | Н     |        | Н        | Н      |  |
| Eligible Member Population  | 0      | 0                 | 0     |        |                     | 0     |        |          | 316    |  |
| Denominator                 |        |                   | 0     |        |                     | 0     |        |          | 205    |  |
| Numerator                   |        |                   | 0     |        |                     | 0     |        |          | 142    |  |
| Reported Rate               |        |                   |       |        |                     |       |        | 69.27%   | 69.27% |  |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (Families and Children) - Race Postpartum Care

|                             |        | White    |        | Black  | Black or African American |        |        | American Indian and Alaska Native |        |  |
|-----------------------------|--------|----------|--------|--------|---------------------------|--------|--------|-----------------------------------|--------|--|
| Data Element                | Direct | Indirect | Total  | Direct | Indirect                  | Total  | Direct | Indirect                          | Total  |  |
| Data Collection Methodology | Н      | Н        | Н      | Н      | Н                         | Н      | Н      | Н                                 | Н      |  |
| Eligible Member Population  | 98     | 0        | 98     |        |                           | 111    |        |                                   | 19     |  |
| Denominator                 |        |          | 68     |        |                           | 66     |        |                                   | 14     |  |
| Numerator                   |        |          | 50     |        |                           | 39     |        |                                   | 7      |  |
| Reported Rate               | 73.53% |          | 73.53% | 59.09% |                           | 59.09% | 50.00% |                                   | 50.00% |  |

|                             |        | Asian    |        | Native Hawaiian and Other Pacific Islander |          |        | Some Other Race |          |       |
|-----------------------------|--------|----------|--------|--|----------|--------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                                     | Indirect | Total  | Direct          | Indirect | Total |
| Data Collection Methodology | Н      | Н        | Н      | Н  | Н        | Н      | Н               | Н        | Н     |
| Eligible Member Population  | 84     | 0        | 84     |  |          | 3      |                 |          | 0     |
| Denominator                 |        |          | 56     |  |          | 2      |                 |          | 0     |
| Numerator                   |        |          | 39     |  |          | 1      |                 |          | 0     |
| Reported Rate               | 69.64% |          | 69.64% | 50.00%                                     |          | 50.00% |                 |          |       |

|                             | Tv     | Two or More Races |       |        | Asked but No Answer |       |        | Unknown  |        |  |
|-----------------------------|--------|-------------------|-------|--------|---------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect          | Total | Direct | Indirect            | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | Н      | Н                 | Н     | Н      |                     | Н     |        | Н        | Н      |  |
| Eligible Member Population  | 0      | 0                 | 0     |        |                     | 0     |        |          | 316    |  |
| Denominator                 |        |                   | 0     |        |                     | 0     |        |          | 205    |  |
| Numerator                   |        |                   | 0     |        |                     | 0     |        |          | 163    |  |
| Reported Rate               |        |                   |       |        |                     |       |        | 79.51%   | 79.51% |  |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity Timliness of Prenatal Care

|                             | н      | ispanic or Latii | 10     | Not    | Hispanic or La | tino   |
|-----------------------------|--------|------------------|--------|--------|----------------|--------|
| Data Element                | Direct | Indirect         | Total  | Direct | Indirect       | Total  |
| Data Collection Methodology | Н      | Н                | Н      | Н      | Н              | Н      |
| Eligible Member Population  | 142    | 0                | 142    |        |                | 489    |
| Denominator                 |        |                  | 89     |        |                | 322    |
| Numerator                   | 1      |                  | 64     |        |                | 230    |
| Reported Rate               | 71.91% |                  | 71.91% | 71.43% |                | 71.43% |

|                             | Asl    | ked but No Ans | Unknown |        |          |       |
|-----------------------------|--------|----------------|---------|--------|----------|-------|
| Data Element                | Direct | Indirect       | Total   | Direct | Indirect | Total |
| Data Collection Methodology |        |                | Н       |        | Н        | Н     |
| Eligible Member Population  | 0      |                | 0       |        |          | 0     |
| Denominator                 |        |                | 0       |        |          | 0     |
| Numerator                   |        |                | 0       |        |          | 0     |
| Reported Rate               |        |                |         |        |          |       |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity Postpartum Care

|                             | н      | ispanic or Lati | no     | Not    | Hispanic or La | tino   |
|-----------------------------|--------|-----------------|--------|--------|----------------|--------|
| Data Element                | Direct | Indirect        | Total  | Direct | Indirect       | Total  |
| Data Collection Methodology | Н      | Н               | Н      | Н      | Н              | Н      |
| Eligible Member Population  | 142    | 0               | 142    |        |                | 489    |
| Denominator                 |        |                 | 89     |        |                | 322    |
| Numerator                   |        |                 | 79     |        |                | 220    |
| Reported Rate               | 88.76% |                 | 88.76% | 68.32% |                | 68.32% |

|                             | Asi    | Asked but No Answer Unknown |       |        |          |       |  |  |
|-----------------------------|--------|-----------------------------|-------|--------|----------|-------|--|--|
| Data Element                | Direct | Indirect                    | Total | Direct | Indirect | Total |  |  |
| Data Collection Methodology |        |                             | Н     |        | Н        | Н     |  |  |
| Eligible Member Population  | 0      |                             | 0     |        |          | 0     |  |  |
| Denominator                 |        |                             | 0     |        |          | 0     |  |  |
| Numerator                   |        |                             | 0     |        |          | 0     |  |  |
| Reported Rate               |        |                             |       |        |          |       |  |  |

#### Prenatal and Postpartum Care

## Minnesota Health Care Programs - Managed Care (MN Care)

| Data Element  | Timliness of<br>Prenatal Care | Postpartum<br>Care |
|---|-------------------------------|--------------------|
| Data Collection Methodology   | Α                             | Α                  |
| Eligible Member Population  | 17                            | 17                 |
| Number of Required Admin Data Records<br>Excluded                       | 0                             | 0                  |
| Numerator Events by Admin Data on<br>Eligible Population                |                               |                    |
| Current Year's Admin Rate   |                               |                    |
| Minimum Required Sample Size  |                               |                    |
| Oversampling Rate   |                               |                    |
| Number of Oversample Records  |                               |                    |
| Number of original sample records excluded because of valid data errors |                               |                    |
| Number of Employee/Dependent Medical<br>Records Excluded                |                               |                    |
| Records Added from the Oversample List                                  |                               |                    |
| Denominator   | 17                            | 17                 |
| Numerator Events by Admin Data  | 12                            | 11                 |
| Numerator Events by Medical Record                                      |                               |                    |
| Reported rate   | 70.59%                        | 64.71%             |

### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (MN Care) - Race Timeliness of Prenatal Care

|                             |        | White    |        | Black or African American |          |         | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|--------|---------------------------|----------|---------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total   | Direct                            | Indirect | Total |
| Data Collection Methodology | Α      | А        | Α      | Α                         | А        | Α       | Α                                 | А        | Α     |
| Eligible Member Population  | 3      | 0        | 3      |                           |          | 5       |                                   |          | 0     |
| Denominator                 |        |          | 3      |                           |          | 5       |                                   |          | 0     |
| Numerator                   |        |          | 1      |                           |          | 5       |                                   |          | 0     |
| Reported Rate               | 33.33% |          | 33.33% | 100.00%                   |          | 100.00% |                                   |          |       |

|                             |         | Asian    |         | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|---------|----------|---------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct  | Indirect | Total   | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology | Α       | Α        | Α       | Α  | Α        | Α     | А               | Α        | А     |
| Eligible Member Population  | 1       | 0        | 1       |  |          | 0     |                 |          | 0     |
| Denominator                 |         |          | 1       |  |          | 0     |                 |          | 0     |
| Numerator                   |         |          | 1       |  |          | 0     |                 |          | 0     |
| Reported Rate               | 100.00% |          | 100.00% |  |          |       |                 |          |       |

|                             | Tv     | Two or More Races |       |        | Asked but No Answer |       |        | Unknown  |        |  |
|-----------------------------|--------|-------------------|-------|--------|---------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect          | Total | Direct | Indirect            | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | Α      | Α                 | А     | Α      |                     | Α     |        | Α        | Α      |  |
| Eligible Member Population  | 0      | 0                 | 0     |        |                     | 0     |        |          | 8      |  |
| Denominator                 |        |                   | 0     |        |                     | 0     |        |          | 8      |  |
| Numerator                   |        |                   | 0     |        |                     | 0     |        |          | 5      |  |
| Reported Rate               |        |                   |       |        |                     |       |        | 62.50%   | 62.50% |  |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (MN Care) - Race Postpartum Care

|                             |        | White    |        | Black or African American |          |        | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total |
| Data Collection Methodology | Α      | А        | А      | Α                         | А        | А      | Α                                 | А        | Α     |
| Eligible Member Population  | 3      | 0        | 3      |                           |          | 5      |                                   |          | 0     |
| Denominator                 |        |          | 3      |                           |          | 5      |                                   |          | 0     |
| Numerator                   |        |          | 1      |                           |          | 2      |                                   |          | 0     |
| Reported Rate               | 33.33% |          | 33.33% | 40.00%                    |          | 40.00% |                                   |          |       |

|                             |         | Asian    |         | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|---------|----------|---------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct  | Indirect | Total   | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology | Α       | Α        | А       | Α  | Α        | А     | Α               | А        | Α     |
| Eligible Member Population  | 1       | 0        | 1       |  |          | 0     |                 | •        | 0     |
| Denominator                 |         |          | 1       |  |          | 0     |                 |          | 0     |
| Numerator                   |         |          | 1       |  |          | 0     |                 |          | 0     |
| Reported Rate               | 100.00% |          | 100.00% |  |          |       |                 |          |       |

|                             | Tv     | wo or More Rac | es    | Asi    | Asked but No Answer |       |        | Unknown  |        |  |
|-----------------------------|--------|----------------|-------|--------|---------------------|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect       | Total | Direct | Indirect            | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | А      | А              | А     | А      |                     | Α     |        | А        | А      |  |
| Eligible Member Population  | 0      | 0              | 0     |        |                     | 0     |        |          | 8      |  |
| Denominator                 |        |                | 0     |        |                     | 0     |        |          | 8      |  |
| Numerator                   |        |                | 0     |        |                     | 0     |        |          | 7      |  |
| Reported Rate               |        |                |       |        |                     |       |        | 87.50%   | 87.50% |  |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity Timliness of Prenatal Care

|                             | н      | Hispanic or Latino Not Hispanic or Lat |       |        |          |        |  |
|-----------------------------|--------|--|-------|--------|----------|--------|--|
| Data Element                | Direct | Indirect                               | Total | Direct | Indirect | Total  |  |
| Data Collection Methodology | А      | Α                                      | А     | Α      | Α        | А      |  |
| Eligible Member Population  | 0      | 0                                      | 0     |        |          | 17     |  |
| Denominator                 |        |  | 0     |        |          | 17     |  |
| Numerator                   |        |  | 0     |        |          | 12     |  |
| Reported Rate               |        |  |       | 70.59% |          | 70.59% |  |

|                             | Asl    | ked but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                | А     |         | Α        | А     |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |
| Numerator                   | ]      |                | 0     |         |          | 0     |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Prenatal and Postpartum Care

# Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity Postpartum Care

|                             | н      | ispanic or Lati | 10    | Not    | itino    |        |
|-----------------------------|--------|-----------------|-------|--------|----------|--------|
| Data Element                | Direct | Indirect        | Total | Direct | Indirect | Total  |
| Data Collection Methodology | А      | Α               | А     | Α      | Α        | А      |
| Eligible Member Population  | 0      | 0               | 0     |        |          | 17     |
| Denominator                 |        |                 | 0     |        |          | 17     |
| Numerator                   |        |                 | 0     |        |          | 11     |
| Reported Rate               |        |                 |       | 64.71% |          | 64.71% |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |
| Data Collection Methodology |        |                | А     |         | Α        | А     |  |
| Eligible Member Population  | 0      |                | 0     |         |          | 0     |  |
| Denominator                 |        |                | 0     |         |          | 0     |  |
| Numerator                   |        |                | 0     |         |          | 0     |  |
| Reported Rate               |        |                |       |         |          |       |  |

#### Prenatal and Postpartum Care

## **Special Needs Basic Care - Non-Special Needs Plan**

| Data Element  | Timliness of<br>Prenatal Care | Postpartum<br>Care |
|---|-------------------------------|--------------------|
| Data Collection Methodology   |                               |                    |
| Eligible Member Population  |                               |                    |
| Number of Required Admin Data Records Excluded                          |                               |                    |
| Numerator Events by Admin Data on<br>Eligible Population                |                               |                    |
| Current Year's Admin Rate   |                               |                    |
| Minimum Required Sample Size  |                               |                    |
| Oversampling Rate   |                               |                    |
| Number of Oversample Records  |                               |                    |
| Number of original sample records excluded because of valid data errors |                               |                    |
| Number of Employee/Dependent Medical<br>Records Excluded                |                               |                    |
| Records Added from the Oversample List                                  |                               |                    |
| Denominator   |                               |                    |
| Numerator Events by Admin Data  | _                             |                    |
| Numerator Events by Medical Record                                      |                               | _                  |
| Reported rate   |                               |                    |

#### Prenatal and Postpartum Care

# Special Needs Basic Care - Non-Special Needs Plan - Race Timeliness of Prenatal Care

|                             | White  |          |       | Black or African American |          |       | American Indian and Alaska Native |          |       |
|-----------------------------|--------|----------|-------|---------------------------|----------|-------|-----------------------------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                    | Indirect | Total | Direct                            | Indirect | Total |
| Data Collection Methodology |        |          |       |                           |          |       |                                   |          |       |
| Eligible Member Population  |        |          |       |                           |          |       |                                   | •        |       |
| Denominator                 |        |          |       |                           |          |       |                                   |          |       |
| Numerator                   |        |          |       |                           |          |       |                                   |          |       |
| Reported Rate               |        |          |       |                           |          |       |                                   |          |       |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Prenatal and Postpartum Care

# Special Needs Basic Care - Non-Special Needs Plan - Race Postpartum Care

|                             | White  |          |       | Black  | Black or African American |       |        | American Indian and Alaska Native |       |  |
|-----------------------------|--------|----------|-------|--------|---------------------------|-------|--------|-----------------------------------|-------|--|
| Data Element                | Direct | Indirect | Total | Direct | Indirect                  | Total | Direct | Indirect                          | Total |  |
| Data Collection Methodology |        |          |       |        |                           |       |        |                                   |       |  |
| Eligible Member Population  |        |          |       |        |                           |       |        | •                                 |       |  |
| Denominator                 |        |          |       |        |                           |       |        |                                   |       |  |
| Numerator                   |        |          |       |        |                           |       |        |                                   |       |  |
| Reported Rate               |        |          |       |        |                           |       |        |                                   |       |  |

|                             | Asian  |          |       | Native Hawaiian and Other Pacific Islander |          |       | Some Other Race |          |       |
|-----------------------------|--------|----------|-------|--|----------|-------|-----------------|----------|-------|
| Data Element                | Direct | Indirect | Total | Direct                                     | Indirect | Total | Direct          | Indirect | Total |
| Data Collection Methodology |        |          |       |  |          |       |                 |          |       |
| Eligible Member Population  |        |          |       |  |          |       |                 |          |       |
| Denominator                 |        |          |       |  |          |       |                 |          |       |
| Numerator                   |        |          |       |  |          |       |                 |          |       |
| Reported Rate               |        |          |       |  |          |       |                 |          |       |

|                             | Two or More Races |          | Ask   | Asked but No Answer |          |       | Unknown |          |       |
|-----------------------------|-------------------|----------|-------|---------------------|----------|-------|---------|----------|-------|
| Data Element                | Direct            | Indirect | Total | Direct              | Indirect | Total | Direct  | Indirect | Total |
| Data Collection Methodology |                   |          |       |                     |          |       |         |          |       |
| Eligible Member Population  |                   |          |       |                     |          |       |         |          |       |
| Denominator                 |                   |          |       |                     |          |       |         |          |       |
| Numerator                   |                   |          |       |                     |          |       |         |          |       |
| Reported Rate               |                   |          |       |                     |          |       |         |          |       |

#### Prenatal and Postpartum Care

# Special Needs Basic Care - Non-Special Needs Plan - Ethnicity Timliness of Prenatal Care

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |
| Denominator                 |        |                  |       |                        |          |       |  |
| Numerator                   |        |                  |       |                        |          |       |  |
| Reported Rate               |        |                  |       |                        |          |       |  |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |  |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|--|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |  |
| Data Collection Methodology |        |                |       |         |          |       |  |  |  |
| Eligible Member Population  |        |                |       |         |          |       |  |  |  |
| Denominator                 |        |                |       |         |          |       |  |  |  |
| Numerator                   |        |                |       |         |          |       |  |  |  |
| Reported Rate               |        |                |       |         |          |       |  |  |  |

#### Prenatal and Postpartum Care

# Special Needs Basic Care - Non-Special Needs Plan - Ethnicity Postpartum Care

|                             | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |  |
|-----------------------------|--------|------------------|-------|------------------------|----------|-------|--|--|
| Data Element                | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |  |
| Data Collection Methodology |        |                  |       |                        |          |       |  |  |
| Eligible Member Population  |        |                  |       |                        |          |       |  |  |
| Denominator                 |        | •                |       |                        |          |       |  |  |
| Numerator                   |        |                  |       |                        |          |       |  |  |
| Reported Rate               |        |                  |       |                        |          |       |  |  |

|                             | Asl    | red but No Ans | wer   | Unknown |          |       |  |  |  |
|-----------------------------|--------|----------------|-------|---------|----------|-------|--|--|--|
| Data Element                | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |  |
| Data Collection Methodology |        |                |       |         |          |       |  |  |  |
| Eligible Member Population  |        |                |       |         |          |       |  |  |  |
| Denominator                 |        |                |       |         |          |       |  |  |  |
| Numerator                   |        |                |       |         |          |       |  |  |  |
| Reported Rate               |        |                |       |         |          |       |  |  |  |

#### Well Child Visits in the First 30 Months of Life

#### Commercial

| Data Elements                                     | First 15<br>Months | 15 Months -<br>30 Months |
|---|--------------------|--------------------------|
| Eligible Member Population                        |                    |                          |
| Number of Required Admin Data Records<br>Excluded |                    |                          |
| Numerator Events by Admin Data                    |                    |                          |
| Numerator Events by Supplemental Data             |                    |                          |
| Reported Rate                                     |                    |                          |

#### **Commercial - Race**

|                            |                       | White |        |                       |       |        |                 | Black or African American |        |                       |       |  |  |  |
|----------------------------|-----------------------|-------|--------|-----------------------|-------|--------|-----------------|---------------------------|--------|-----------------------|-------|--|--|--|
| Data Element               | First 15 Months       |       |        | 15 Months - 30 Months |       |        | First 15 Months |                           |        | 15 Months - 30 Months |       |  |  |  |
|                            | Direct Indirect Total |       | Direct | Indirect              | Total | Direct | Indirect        | Total                     | Direct | Indirect              | Total |  |  |  |
| Eligible Member Population |                       |       |        |                       |       |        |                 |                           |        |                       |       |  |  |  |
| Numerator                  |                       |       |        |                       |       |        |                 |                           |        |                       |       |  |  |  |
| Reported Rate              |                       |       |        |                       |       |        |                 |                           |        |                       |       |  |  |  |

#### **Commercial - Race**

|                            | American Indian or Alaska Native |               |       |                       |          |       |                 | Asian    |       |                       |          |       |  |
|----------------------------|----------------------------------|---------------|-------|-----------------------|----------|-------|-----------------|----------|-------|-----------------------|----------|-------|--|
| Data Element               | F                                | irst 15 Month | IS    | 15 Months - 30 Months |          |       | First 15 Months |          |       | 15 Months - 30 Months |          |       |  |
|                            | Direct                           | Indirect      | Total | Direct                | Indirect | Total | Direct          | Indirect | Total | Direct                | Indirect | Total |  |
| Eligible Member Population |                                  |               |       |                       |          |       |                 |          |       |                       |          |       |  |
| Numerator                  |                                  |               |       |                       |          |       |                 |          |       |                       |          |       |  |
| Reported Rate              |                                  |               |       |                       |          |       |                 |          |       |                       |          |       |  |

#### Well Child Visits in the First 30 Months of Life

#### **Commercial - Race**

|                            |        | Native Hawaiian or Other Pacific Islander |       |        |                       |       |        | Some Other Race |       |        |                       |       |  |
|----------------------------|--------|---|-------|--------|-----------------------|-------|--------|-----------------|-------|--------|-----------------------|-------|--|
| Data Element               | F      | First 15 Months                           |       |        | 15 Months - 30 Months |       |        | First 15 Months |       |        | 15 Months - 30 Months |       |  |
|                            | Direct | Indirect                                  | Total | Direct | Indirect              | Total | Direct | Indirect        | Total | Direct | Indirect              | Total |  |
| Eligible Member Population |        |   |       |        |                       |       |        |                 |       |        |                       |       |  |
| Numerator                  |        |   |       |        |                       |       |        |                 |       |        |                       |       |  |
| Reported Rate              |        |   |       |        |                       |       |        |                 |       |        |                       |       |  |

#### **Commercial - Race**

|                            |                 | Two or More Races |       |                       |          |       |                 | Asked but No Answer |       |                       |          |       |  |
|----------------------------|-----------------|-------------------|-------|-----------------------|----------|-------|-----------------|---------------------|-------|-----------------------|----------|-------|--|
| Data Element               | First 15 Months |                   |       | 15 Months - 30 Months |          |       | First 15 Months |                     |       | 15 Months - 30 Months |          |       |  |
|                            | Direct          | Indirect          | Total | Direct                | Indirect | Total | Direct          | Indirect            | Total | Direct                | Indirect | Total |  |
| Eligible Member Population |                 |                   |       |                       |          |       |                 |                     |       |                       |          |       |  |
| Numerator                  |                 |                   |       |                       |          |       |                 |                     |       |                       |          |       |  |
| Reported Rate              |                 |                   |       |                       |          |       |                 |                     |       |                       |          |       |  |

#### **Commercial - Race**

|                            | Unknown |               |       |                       |          |       |  |  |  |  |
|----------------------------|---------|---------------|-------|-----------------------|----------|-------|--|--|--|--|
| Data Element               | F       | irst 15 Month | ıs    | 15 Months - 30 Months |          |       |  |  |  |  |
|                            | Direct  | Indirect      | Total | Direct                | Indirect | Total |  |  |  |  |
| Eligible Member Population |         |               |       |                       |          |       |  |  |  |  |
| Numerator                  |         |               |       |                       |          |       |  |  |  |  |
| Reported Rate              |         |               |       |                       |          |       |  |  |  |  |

#### Well Child Visits in the First 30 Months of Life

### **Commercial - Ethnicity**

|                            |        | Hispanic or Latino |       |        |                       |       |        | Not Hispanic or Latino |       |        |                       |       |  |
|----------------------------|--------|--------------------|-------|--------|-----------------------|-------|--------|------------------------|-------|--------|-----------------------|-------|--|
| Data Element               |        | First 15 Months    |       |        | 15 Months - 30 Months |       |        | First 15 Months        |       |        | 15 Months - 30 Months |       |  |
|                            | Direct | Indirect           | Total | Direct | Indirect              | Total | Direct | Indirect               | Total | Direct | Indirect              | Total |  |
| Eligible Member Population |        |                    |       |        |                       |       |        |                        |       |        |                       |       |  |
| Numerator                  |        |                    |       |        |                       |       |        |                        |       |        |                       |       |  |
| Reported Rate              |        |                    |       |        |                       |       |        |                        |       |        |                       |       |  |

### **Commercial - Ethnicity**

|                            |                         | Asked by No Answer |       |                                   |          |       |        |                       | Unknown |        |          |       |  |  |
|----------------------------|-------------------------|--------------------|-------|-----------------------------------|----------|-------|--------|-----------------------|---------|--------|----------|-------|--|--|
| Data Element               | First 15 Months 15 Mont |                    |       | onths - 30 Months First 15 Months |          |       | ıs     | 15 Months - 30 Months |         |        |          |       |  |  |
|                            | Direct                  | Indirect           | Total | Direct                            | Indirect | Total | Direct | Indirect              | Total   | Direct | Indirect | Total |  |  |
| Eligible Member Population |                         |                    |       |                                   |          |       |        |                       |         |        |          |       |  |  |
| Numerator                  |                         |                    |       |                                   |          |       |        |                       |         |        |          |       |  |  |
| Reported Rate              |                         |                    |       |                                   |          |       |        |                       |         |        |          |       |  |  |

#### Well Child Visits in the First 30 Months of Life

#### MHCP-MC (MA Expand F&C)

| Data Elements                                     | First 15<br>Months | 15 Months -<br>30 Months |
|---|--------------------|--------------------------|
| Eligible Member Population                        | 387                | 459                      |
| Number of Required Admin Data Records<br>Excluded | 0                  | 0                        |
| Numerator Events by Admin Data                    | 162                | 214                      |
| Numerator Events by Supplemental Data             | 6                  | 16                       |
| Reported Rate                                     | 43.41%             | 50.11%                   |

#### MHCP-MC (MA Expand F&C) - Race

|                            |        |                         | Wh | nite          |                       |        |        | Bla           | ack or Afric | an Americ             | an       |       |
|----------------------------|--------|-------------------------|----|---------------|-----------------------|--------|--------|---------------|--------------|-----------------------|----------|-------|
| Data Element               | F      | irst 15 Month           | ıs | 15 M          | 15 Months - 30 Months |        |        | irst 15 Month | s            | 15 Months - 30 Months |          |       |
|                            | Direct | Direct Indirect Total [ |    | Direct        | Indirect              | Total  | Direct | Indirect      | Total        | Direct                | Indirect | Total |
| Eligible Member Population | 27     | 0                       | 27 | 35            | 0                     | 35     | 27     | 0             | 27           | 38                    | 0        | 38    |
| Numerator                  | 11     | 0                       | 11 | 17            | 0                     | 17     | 7      | 0             | 7            | 16                    | 0        | 16    |
| Reported Rate              | 40.74% | .74% 40.74% 4           |    | 48.57% 48.57% |                       | 25.93% |        | 25.93%        | 42.11%       |                       | 42.11%   |       |

#### MHCP-MC (MA Expand F&C) - Race

|                            |                       | Amer          | ican Indian | or Alaska | Native        |        | Asian  |               |        |                       |          |        |  |
|----------------------------|-----------------------|---------------|-------------|-----------|---------------|--------|--------|---------------|--------|-----------------------|----------|--------|--|
| Data Element               | F                     | irst 15 Month | ns          | 15 M      | onths - 30 Mo | onths  | F      | irst 15 Month | s      | 15 Months - 30 Months |          |        |  |
|                            | Direct Indirect Total |               |             | Direct    | Indirect      | Total  | Direct | Indirect      | Total  | Direct                | Indirect | Total  |  |
| Eligible Member Population | 3                     | 0             | 3           | 4         | 0             | 4      | 15     | 0             | 15     | 24                    | 0        | 24     |  |
| Numerator                  | 1                     | 0             | 1           | 2         | 0             | 2      | 11     | 0             | 11     | 10                    | 0        | 10     |  |
| Reported Rate              | 33.33%                |               | 33.33%      | 50.00%    |               | 50.00% | 73.33% |               | 73.33% | 41.67%                |          | 41.67% |  |

#### Well Child Visits in the First 30 Months of Life

### MHCP-MC (MA Expand F&C) - Race

|                            |                 | Native Ha               | waiian or C | Other Pacifi | c Islander            |       | Some Other Race |               |         |                       |          |       |  |  |
|----------------------------|-----------------|-------------------------|-------------|--------------|-----------------------|-------|-----------------|---------------|---------|-----------------------|----------|-------|--|--|
| Data Element               | First 15 Months |                         |             | 15 M         | 15 Months - 30 Months |       |                 | irst 15 Month | ıs      | 15 Months - 30 Months |          |       |  |  |
|                            | Direct          | Direct Indirect Total I |             |              | Indirect              | Total | Direct          | Indirect      | Total   | Direct                | Indirect | Total |  |  |
| Eligible Member Population | 0               | 0                       | 0           | 0            | 0                     | 0     | 1               | 0             | 1       | 0                     | 0        | 0     |  |  |
| Numerator                  | 0               | 0                       | 0           | 0            | 0                     | 0     | 1               | 0             | 1       | 0                     | 0        | 0     |  |  |
| Reported Rate              |                 |                         |             |              |                       |       | 100.00%         |               | 100.00% |                       |          |       |  |  |

## MHCP-MC (MA Expand F&C) - Race

|                            |                 |                       | Two or Mo | ore Races             |          |       | Asked but No Answer |          |       |                       |          |       |  |
|----------------------------|-----------------|-----------------------|-----------|-----------------------|----------|-------|---------------------|----------|-------|-----------------------|----------|-------|--|
| Data Element               | First 15 Months |                       |           | 15 Months - 30 Months |          |       | First 15 Months     |          |       | 15 Months - 30 Months |          |       |  |
|                            | Direct          | Direct Indirect Total |           |                       | Indirect | Total | Direct              | Indirect | Total | Direct                | Indirect | Total |  |
| Eligible Member Population | 0               | 0                     | 0         | 0                     | 0        | 0     | 0                   |          | 0     | 0                     |          | 0     |  |
| Numerator                  | 0               | 0                     | 0         | 0                     | 0        | 0     | 0                   |          | 0     | 0                     |          | 0     |  |
| Reported Rate              |                 |                       |           |                       |          |       |                     |          |       |                       |          |       |  |

### MHCP-MC (MA Expand F&C) - Race

|                            |        |               | Unkr   | nown   |               |        |
|----------------------------|--------|---------------|--------|--------|---------------|--------|
| Data Element               | F      | irst 15 Month | ıs     | 15 M   | onths - 30 Mo | onths  |
|                            | Direct | Indirect      | Total  | Direct | Indirect      | Total  |
| Eligible Member Population |        | 314           | 314    |        | 358           | 358    |
| Numerator                  |        | 137           | 137    |        | 185           | 185    |
| Reported Rate              |        | 43.63%        | 43.63% |        | 51.68%        | 51.68% |

#### Well Child Visits in the First 30 Months of Life

### MHCP-MC (MA Expand F&C) - Ethnicity

|                            |        |               | Hispanic | or Latino             |          |        |        | ı             | Not Hispan | ic or Latino          | )        |        |
|----------------------------|--------|---------------|----------|-----------------------|----------|--------|--------|---------------|------------|-----------------------|----------|--------|
| Data Element               | F      | irst 15 Month | ıs       | 15 Months - 30 Months |          |        | F      | irst 15 Month | s          | 15 Months - 30 Months |          |        |
|                            | Direct |               |          |                       | Indirect | Total  | Direct | Indirect      | Total      | Direct                | Indirect | Total  |
| Eligible Member Population |        |               | 37       |                       |          | 41     |        |               | 350        |                       |          | 418    |
| Numerator                  |        |               | 13       |                       |          | 20     |        |               | 155        |                       |          | 210    |
| Reported Rate              | 35.14% |               | 35.14%   | 48.78%                |          | 48.78% | 44.29% |               | 44.29%     | 50.24%                |          | 50.24% |

### MHCP-MC (MA Expand F&C) - Ethnicity

|                            |                       |               | Asked by I | No Answer |               |       |        |               | Unkr  | nown                  |          |       |
|----------------------------|-----------------------|---------------|------------|-----------|---------------|-------|--------|---------------|-------|-----------------------|----------|-------|
| Data Element               | F                     | irst 15 Month | s          | 15 M      | onths - 30 Mo | onths | F      | irst 15 Month | ıs    | 15 Months - 30 Months |          |       |
|                            | Direct Indirect Total |               |            | Direct    | Indirect      | Total | Direct | Indirect      | Total | Direct                | Indirect | Total |
| Eligible Member Population |                       |               | 0          |           |               | 0     |        |               | 0     |                       |          | 0     |
| Numerator                  |                       |               | 0          |           |               | 0     |        |               | 0     |                       |          | 0     |
| Reported Rate              |                       |               |            |           |               |       |        |               |       |                       |          |       |

#### Well Child Visits in the First 30 Months of Life

#### MHCP-MC (MN Care)

| Data Elements                                     | First 15<br>Months | 15 Months -<br>30 Months |
|---|--------------------|--------------------------|
| Eligible Member Population                        | 0                  | 0                        |
| Number of Required Admin Data Records<br>Excluded | 0                  | 0                        |
| Numerator Events by Admin Data                    | 0                  | 0                        |
| Numerator Events by Supplemental Data             | 0                  | 0                        |
| Reported Rate                                     |                    |                          |

### MHCP-MC (MN Care) - Race

|                            |        |                       | Wr | nite   |                       |       |        | Bla           | Black or African American |                       |          |       |  |  |  |  |
|----------------------------|--------|-----------------------|----|--|-----------------------|-------|--------|---------------|---------------------------|-----------------------|----------|-------|--|--|--|--|
| Data Element               | F      | irst 15 Month         | s  | 15 M   | 15 Months - 30 Months |       |        | irst 15 Month | s                         | 15 Months - 30 Months |          |       |  |  |  |  |
|                            | Direct | Direct Indirect Total |    | Direct                                       | Indirect              | Total | Direct | Indirect      | Total                     | Direct                | Indirect | Total |  |  |  |  |
| Eligible Member Population | 0      | 0                     | 0  | 0  | 0                     | 0     | 0      | 0             | 0                         | 0                     | 0        | 0     |  |  |  |  |
| Numerator                  | 0      | 0                     | 0  | 0  | 0                     | 0     | 0      | 0             | 0                         | 0                     | 0        | 0     |  |  |  |  |
| Reported Rate              |        |                       |    | <u>,                                    </u> |                       |       |        |               |                           |                       |          |       |  |  |  |  |

### MHCP-MC (MN Care) - Race

|                            |                 | Amer                  | ican Indian | or Alaska             | Native   |       | Asian           |          |       |                       |          |       |  |
|----------------------------|-----------------|-----------------------|-------------|-----------------------|----------|-------|-----------------|----------|-------|-----------------------|----------|-------|--|
| Data Element               | First 15 Months |                       |             | 15 Months - 30 Months |          |       | First 15 Months |          |       | 15 Months - 30 Months |          |       |  |
|                            | Direct          | Direct Indirect Total |             | Direct                | Indirect | Total | Direct          | Indirect | Total | Direct                | Indirect | Total |  |
| Eligible Member Population | 0               | 0                     | 0           | 0                     | 0        | 0     | 0               | 0        | 0     | 0                     | 0        | 0     |  |
| Numerator                  | 0               | 0                     | 0           | 0                     | 0        | 0     | 0               | 0        | 0     | 0                     | 0        | 0     |  |
| Reported Rate              |                 |                       |             |                       |          |       |                 |          |       |                       |          |       |  |

#### Well Child Visits in the First 30 Months of Life

#### MHCP-MC (MN Care) - Race

|                            |                 | Native Ha             | waiian or C | Other Pacifi | c Islander            |       | Some Other Race |               |       |                       |          |       |  |  |
|----------------------------|-----------------|-----------------------|-------------|--------------|-----------------------|-------|-----------------|---------------|-------|-----------------------|----------|-------|--|--|
| Data Element               | First 15 Months |                       |             | 15 M         | 15 Months - 30 Months |       |                 | irst 15 Month | ıs    | 15 Months - 30 Months |          |       |  |  |
|                            | Direct          | Direct Indirect Total |             | Direct       | Indirect              | Total | Direct          | Indirect      | Total | Direct                | Indirect | Total |  |  |
| Eligible Member Population | 0               | 0                     | 0           | 0            | 0                     | 0     | 0               | 0             | 0     | 0                     | 0        | 0     |  |  |
| Numerator                  | 0               | 0                     | 0           | 0            | 0                     | 0     | 0               | 0             | 0     | 0                     | 0        | 0     |  |  |
| Reported Rate              |                 |                       |             |              |                       |       |                 |               |       |                       |          |       |  |  |

#### MHCP-MC (MN Care) - Race

|                            |                 |                       | Two or M | ore Races             |          |       | Asked but No Answer |               |       |                       |          |       |  |  |
|----------------------------|-----------------|-----------------------|----------|-----------------------|----------|-------|---------------------|---------------|-------|-----------------------|----------|-------|--|--|
| Data Element               | First 15 Months |                       |          | 15 Months - 30 Months |          |       | F                   | irst 15 Month | s     | 15 Months - 30 Months |          |       |  |  |
|                            | Direct          | Direct Indirect Total |          |                       | Indirect | Total | Direct              | Indirect      | Total | Direct                | Indirect | Total |  |  |
| Eligible Member Population | 0               | 0                     | 0        | 0                     | 0        | 0     | 0                   |               | 0     | 0                     |          | 0     |  |  |
| Numerator                  | 0               | 0                     | 0        | 0                     | 0        | 0     | 0                   |               | 0     | 0                     |          | 0     |  |  |
| Reported Rate              |                 |                       |          |                       |          |       |                     |               |       |                       |          |       |  |  |

### MHCP-MC (MN Care) - Race

|                            | Unknown |               |       |                       |          |       |  |  |  |  |
|----------------------------|---------|---------------|-------|-----------------------|----------|-------|--|--|--|--|
| Data Element               | F       | irst 15 Month | ıs    | 15 Months - 30 Months |          |       |  |  |  |  |
|                            | Direct  | Indirect      | Total | Direct                | Indirect | Total |  |  |  |  |
| Eligible Member Population |         | 0             | 0     |                       | 0        | 0     |  |  |  |  |
| Numerator                  |         | 0             | 0     |                       | 0        | 0     |  |  |  |  |
| Reported Rate              |         |               |       |                       |          |       |  |  |  |  |

#### Well Child Visits in the First 30 Months of Life

### MHCP-MC (MN Care) - Ethnicity

|                            |        | Hispanic or Latino |       |                       |          |       |                 | Not Hispanic or Latino |       |                       |          |       |
|----------------------------|--------|--------------------|-------|-----------------------|----------|-------|-----------------|------------------------|-------|-----------------------|----------|-------|
| Data Element               | F      | irst 15 Month      | ıs    | 15 Months - 30 Months |          |       | First 15 Months |                        |       | 15 Months - 30 Months |          |       |
|                            | Direct | Indirect           | Total | Direct                | Indirect | Total | Direct          | Indirect               | Total | Direct                | Indirect | Total |
| Eligible Member Population |        |                    | 0     |                       |          | 0     |                 |                        | 0     |                       |          | 0     |
| Numerator                  |        |                    | 0     |                       |          | 0     |                 |                        | 0     |                       |          | 0     |
| Reported Rate              |        |                    |       |                       |          |       |                 |                        |       |                       |          |       |

### MHCP-MC (MN Care) - Ethnicity

| -                          |                 | Asked by No Answer |       |                       |          |       |                 | Unknown  |       |                       |          |       |
|----------------------------|-----------------|--------------------|-------|-----------------------|----------|-------|-----------------|----------|-------|-----------------------|----------|-------|
| Data Element               | First 15 Months |                    |       | 15 Months - 30 Months |          |       | First 15 Months |          |       | 15 Months - 30 Months |          |       |
|                            | Direct          | Indirect           | Total | Direct                | Indirect | Total | Direct          | Indirect | Total | Direct                | Indirect | Total |
| Eligible Member Population |                 |                    | 0     |                       |          | 0     |                 |          | 0     |                       |          | 0     |
| Numerator                  |                 |                    | 0     |                       |          | 0     |                 |          | 0     |                       |          | 0     |
| Reported Rate              |                 |                    |       |                       |          |       |                 |          |       |                       |          |       |

#### Adolescent Well-Care Visits

#### Commercial

| Data Element                                      | Ages 3-11 | Age 12-17 | Age 18-21 | Total |
|---|-----------|-----------|-----------|-------|
| Eligible Member Population                        |           |           |           |       |
| Number of Required Admin Data Records<br>Excluded |           |           |           |       |
| Numerator Events by Admin Data                    |           |           |           |       |
| Numerator Events by Supplemental Data             |           |           |           |       |
| Reported rate                                     |           |           |           |       |

#### Adolescent Well-Care Visits

#### **Commercial - Race**

|                            | White  |          |       | Black  | or African Am | erican | American Indian and Alaska Native |          |       |
|----------------------------|--------|----------|-------|--------|---------------|--------|-----------------------------------|----------|-------|
| Data Element               | Direct | Indirect | Total | Direct | Indirect      | Total  | Direct                            | Indirect | Total |
| Eligible Member Population |        |          |       |        |               |        |                                   |          |       |
| Numerator                  |        |          |       |        |               |        |                                   |          |       |
| Reported Rate              |        |          |       |        |               |        |                                   |          |       |

|                            | Asian  |          |       | Native Hawaii | an and Other P | acific Islander | Some Other Race |          |       |
|----------------------------|--------|----------|-------|---------------|----------------|-----------------|-----------------|----------|-------|
| Data Element               | Direct | Indirect | Total | Direct        | Indirect       | Total           | Direct          | Indirect | Total |
| Eligible Member Population |        |          |       |               |                |                 |                 |          |       |
| Numerator                  |        |          |       |               |                |                 |                 |          |       |
| Reported Rate              |        |          |       |               |                |                 |                 |          |       |

|                            | Two or More Races |  |       | Ask    | ked but No Ans | wer            | Unknown |          |       |
|----------------------------|-------------------|--|-------|--------|----------------|----------------|---------|----------|-------|
| Data Element               | Direct Indirect   |  | Total | Direct | Indirect       | Indirect Total |         | Indirect | Total |
| Eligible Member Population |                   |  |       |        |                |                |         |          |       |
| Numerator                  |                   |  |       |        |                |                |         |          |       |
| Reported Rate              |                   |  |       |        |                |                |         |          |       |

#### Adolescent Well-Care Visits

## **Commercial - Ethnicity**

|               | н      | ispanic or Latir | 10    | Not Hispanic or Latino |          |       |  |
|---------------|--------|------------------|-------|------------------------|----------|-------|--|
| Data Element  | Direct | Indirect         | Total | Direct                 | Indirect | Total |  |
| Numerator     |        |                  |       |                        |          |       |  |
| Reported Rate |        |                  |       |                        |          |       |  |

|                            | Asi    | red but No Ans | wer   | Unknown |          |       |  |  |
|----------------------------|--------|----------------|-------|---------|----------|-------|--|--|
| Data Element               | Direct | Indirect       | Total | Direct  | Indirect | Total |  |  |
| Eligible Member Population |        |                |       |         |          |       |  |  |
| Numerator                  |        |                |       |         |          |       |  |  |
| Reported Rate              |        |                |       |         |          |       |  |  |

#### Adolescent Well-Care Visits

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Data Element                                   | Ages 3-11 | Age 12-17 | Age 18-21 | Total  |
|--|-----------|-----------|-----------|--------|
| Eligible Member Population                     | 5603      | 3145      | 1605      | 10353  |
| Number of Required Admin Data Records Excluded | 0         | 0         | 0         | 0      |
| Numerator Events by Admin Data                 | 2547      | 1105      | 244       | 3896   |
| Numerator Events by Supplemental Data          | 258       | 151       | 32        | 441    |
| Reported rate                                  | 50.06%    | 39.94%    | 17.20%    | 41.89% |

#### Adolescent Well-Care Visits

### Minnesota Health Care Programs - Managed Care (Families and Children) - Race

|                            | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |        |
|----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|--------|
| Data Element               | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total  |
| Eligible Member Population | 1692   | 0        | 1692   | 1756                      | 0        | 1756   | 323                               | 0        | 323    |
| Numerator                  | 754    | 0        | 754    | 668                       | 0        | 668    | 107                               | 0        | 107    |
| Reported Rate              | 44.56% |          | 44.56% | 38.04%                    |          | 38.04% | 33.13%                            |          | 33.13% |

|                            | Asian  |          |        | Native Hawaiian and Other Pacific Islander |          |        | Some Other Race |          |       |
|----------------------------|--------|----------|--------|--|----------|--------|-----------------|----------|-------|
| Data Element               | Direct | Indirect | Total  | Direct                                     | Indirect | Total  | Direct          | Indirect | Total |
| Eligible Member Population |        |          | 1545   |  |          | 49     |                 |          | 0     |
| Numerator                  |        |          | 564    |  |          | 28     |                 |          | 0     |
| Reported Rate              | 36.50% |          | 36.50% | 57.14%                                     |          | 57.14% |                 |          |       |

|                            | Two or More Races |  |       | Asked but No Answer |          |       | Unknown |          |        |
|----------------------------|-------------------|--|-------|---------------------|----------|-------|---------|----------|--------|
| Data Element               | Direct Indirect   |  | Total | Direct              | Indirect | Total | Direct  | Indirect | Total  |
| Eligible Member Population |                   |  | 0     |                     |          | 0     |         |          | 4988   |
| Numerator                  |                   |  | 0     |                     |          | 0     |         |          | 2216   |
| Reported Rate              |                   |  |       |                     |          |       |         | 44.43%   | 44.43% |

#### Adolescent Well-Care Visits

### Minnesota Health Care Programs - Managed Care (Families and Children) - Ethnicity

|                            | н      | ispanic or Latir | 10     | Not    | Hispanic or La | tino   |
|----------------------------|--------|------------------|--------|--------|----------------|--------|
| Data Element               | Direct | Indirect         | Total  | Direct | Indirect       | Total  |
| Eligible Member Population | 1457   | 0                | 1457   |        |                | 8896   |
| Numerator                  |        |                  | 614    |        |                |        |
| Reported Rate              | 42.14% |                  | 42.14% | 41.85% |                | 41.85% |

|                            | Asl    | ked but No Ans | wer   |        | Unknown  |       |
|----------------------------|--------|----------------|-------|--------|----------|-------|
| Data Element               | Direct | Indirect       | Total | Direct | Indirect | Total |
| Eligible Member Population |        |                | 0     |        |          | 0     |
| Numerator                  |        |                | 0     |        |          | 0     |
| Reported Rate              |        |                |       |        |          |       |

#### Adolescent Well-Care Visits

### Minnesota Health Care Programs - Managed Care (MN Care)

| Data Element                                   | Ages 3-11 | Age 12-17 | Age 18-21 | Total  |
|--|-----------|-----------|-----------|--------|
| Eligible Member Population                     | 21        | 9         | 53        | 83     |
| Number of Required Admin Data Records Excluded | 0         | 0         | 0         | 0      |
| Numerator Events by Admin Data                 | 14        | 5         | 12        | 31     |
| Numerator Events by Supplemental Data          | 0         | 0         | 0         | 0      |
| Reported rate                                  | 66.67%    | 55.56%    | 22.64%    | 37.35% |

#### Adolescent Well-Care Visits

### Minnesota Health Care Programs - Managed Care (MN Care) - Race

|                            | White  |          |        | Black or African American |          |        | American Indian and Alaska Native |          |       |
|----------------------------|--------|----------|--------|---------------------------|----------|--------|-----------------------------------|----------|-------|
| Data Element               | Direct | Indirect | Total  | Direct                    | Indirect | Total  | Direct                            | Indirect | Total |
| Eligible Member Population | 23     | 0        | 23     | 10                        | 0        | 10     | 1                                 | 0        | 1     |
| Numerator                  | 9      | 0        | 9      | 4                         | 0        | 4      | 0                                 | 0        | 0     |
| Reported Rate              | 39.13% |          | 39.13% | 40.00%                    |          | 40.00% | 0.00%                             |          | 0.00% |

|                            | Asian           |  |       | Native Hawaii | an and Other P  | acific Islander | Some Other Race |          |       |
|----------------------------|-----------------|--|-------|---------------|-----------------|-----------------|-----------------|----------|-------|
| Data Element               | Direct Indirect |  | Total | Direct        | Direct Indirect |                 | Direct          | Indirect | Total |
| Eligible Member Population |                 |  | 5     |               |                 | 2               |                 |          | 0     |
| Numerator                  |                 |  | 0     |               |                 | 1               |                 |          | 0     |
| Reported Rate              | 0.00%           |  | 0.00% | 50.00%        |                 | 50.00%          |                 |          |       |

|                            | Two or More Races |  | Ask   | Asked but No Answer |                |   | Unknown |                 |        |
|----------------------------|-------------------|--|-------|---------------------|----------------|---|---------|-----------------|--------|
| Data Element               | Direct Indirect   |  | Total | Direct              | Indirect Total |   | Direct  | Direct Indirect |        |
| Eligible Member Population |                   |  | 0     |                     |                | 0 |         |                 | 42     |
| Numerator                  |                   |  | 0     |                     |                | 0 |         |                 | 17     |
| Reported Rate              |                   |  |       |                     |                |   |         | 40.48%          | 40.48% |

#### Adolescent Well-Care Visits

### Minnesota Health Care Programs - Managed Care (MN Care) - Ethnicity

|                            | н      | ispanic or Latir | 10     | Not    | Hispanic or La | tino   |
|----------------------------|--------|------------------|--------|--------|----------------|--------|
| Data Element               | Direct | Indirect         | Total  | Direct | Indirect       | Total  |
| Eligible Member Population | 16     | 0                | 16     |        |                | 67     |
| Numerator                  |        |                  | 6      |        |                |        |
| Reported Rate              | 37.50% |                  | 37.50% | 37.31% |                | 37.31% |

|                            | Asl    | ked but No Ans | wer   |        | Unknown  |       |
|----------------------------|--------|----------------|-------|--------|----------|-------|
| Data Element               | Direct | Indirect       | Total | Direct | Indirect | Total |
| Eligible Member Population |        |                | 0     |        |          | 0     |
| Numerator                  |        |                | 0     |        |          | 0     |
| Reported Rate              |        |                |       |        |          |       |

### **Ambulatory Care**

## MHCP-MC (F&C)

|         |               | , ,              |                               |                       |        |                                  |  |  |  |  |  |  |  |
|---------|---------------|------------------|-------------------------------|-----------------------|--------|----------------------------------|--|--|--|--|--|--|--|
|         | Outpatie      | nt Visits (Exclu | ıdes MH/CD)                   | Emergency Room Visits |        |                                  |  |  |  |  |  |  |  |
| Age     | Member Months | Visits           | Visits/ 1,000<br>Member Years | Member<br>Months      | Visits | Visits/ 1,000<br>Member<br>Years |  |  |  |  |  |  |  |
| <1      | 9782          | 5571             | 68.34                         | 9782                  | 856    | 10.50                            |  |  |  |  |  |  |  |
| 1-9     | 81562         | 15080            | 22.19                         | 81562                 | 2990   | 4.40                             |  |  |  |  |  |  |  |
| 10-19   | 74243         | 9533             | 15.41                         | 74243                 | 1637   | 2.65                             |  |  |  |  |  |  |  |
| 20-44   | 139278        | 27049            | 23.31                         | 139278                | 6700   | 5.77                             |  |  |  |  |  |  |  |
| 45-64   | 45731         | 13539            | 35.53                         | 45731                 | 1999   | 5.25                             |  |  |  |  |  |  |  |
| 65-74   | 60            | 13               | 26.00                         | 60                    | 5      | 10.00                            |  |  |  |  |  |  |  |
| 75-84   | 0             | 0                |                               | 0                     | 0      |                                  |  |  |  |  |  |  |  |
| 85+     | 0             | 0                |                               | 0                     | 0      |                                  |  |  |  |  |  |  |  |
| Unknown | 0             | 0                |                               | 0                     | 0      |                                  |  |  |  |  |  |  |  |
| Total   | 350656        | 70785            | 24.22                         | 350656                | 14187  | 4.86                             |  |  |  |  |  |  |  |

### **Ambulatory Care**

## MHCP-MC (MN Care)

|         |               |                  | •                             | ,                     |        |                                  |  |  |
|---------|---------------|------------------|-------------------------------|-----------------------|--------|----------------------------------|--|--|
|         | Outpatie      | nt Visits (Exclu | ides MH/CD)                   | Emergency Room Visits |        |                                  |  |  |
| Age     | Member Months | Visits           | Visits/ 1,000<br>Member Years | Member<br>Months      | Visits | Visits/ 1,000<br>Member<br>Years |  |  |
| <1      | 25            | 18               | 86.40                         | 25                    | 0      | 0.00                             |  |  |
| 1-9     | 373           | 84               | 27.02                         | 373                   | 9      | 2.90                             |  |  |
| 10-19   | 433           | 65               | 18.01                         | 433                   | 8      | 2.22                             |  |  |
| 20-44   | 25995         | 4590             | 21.19                         | 25995                 | 717    | 3.31                             |  |  |
| 45-64   | 11693         | 3337             | 34.25                         | 11693                 | 262    | 2.69                             |  |  |
| 65-74   | 1898          | 597              | 37.75                         | 1898                  | 38     | 2.40                             |  |  |
| 75-84   | 662           | 215              | 38.97                         | 662                   | 6      | 1.09                             |  |  |
| 85+     | 129           | 71               | 66.05                         | 129                   | 2      | 1.86                             |  |  |
| Unknown | 0             | 0                |                               | 0                     | 0      |                                  |  |  |
| Total   | 41208         | 8977             | 26.14                         | 41208                 | 1042   | 3.03                             |  |  |

### **Ambulatory Care**

## **Special Needs Basic Care - Non-Special Needs Plan**

|       | Outpatie      | nt Visits (Exclu | ıdes MH/CD)                   | Emergency Room Visits |        |                                  |  |  |
|-------|---------------|------------------|-------------------------------|-----------------------|--------|----------------------------------|--|--|
| Age   | Member Months | Visits           | Visits/ 1,000<br>Member Years | Member<br>Months      | Visits | Visits/ 1,000<br>Member<br>Years |  |  |
|       |               |                  |                               |                       |        |                                  |  |  |
|       |               |                  |                               |                       |        |                                  |  |  |
|       |               |                  |                               |                       |        |                                  |  |  |
|       |               |                  |                               |                       |        |                                  |  |  |
|       |               |                  |                               |                       |        |                                  |  |  |
|       |               |                  |                               |                       |        |                                  |  |  |
| Total |               |                  |                               |                       |        |                                  |  |  |

#### Plan All-Cause Readmissions

#### Commercial

| Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of<br>Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-------------|----------------------------------|--------------------|-------------------|-------------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
| 18-44       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| 45-54       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| 55-64       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| Total 18-64 |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### **Medicare Advantage (1 of 2)**

| Stratification | Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|----------------|-------------|----------------------------------|--------------------|-------------------|----------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
|                | 18-44       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | 45-54       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | 55-64       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Total          | 65-74       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Total          | 75-84       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | 85+         |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | Total 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | Total 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### **Medicare Advantage (2 of 2)**

| Stratification  | Age   | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-----------------|-------|----------------------------------|--------------------|-------------------|----------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
|                 | 65-74 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Skilled Nursing | 75-84 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Care            | 85+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                 | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Non-LIS/DE,     | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Nondisability   | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIS/DE          | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIGIDE          | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability -    | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIS/DE and      | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Other -         | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Otilei          | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Unknown         | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| OTIKITOWIT      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### Minnesota Health Care Programs - Managed Care (Families and Children)

| Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of<br>Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-------------|----------------------------------|--------------------|-------------------|-------------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
| 18-44       | 308                              | 13                 | 42.21%            | 388                     | 31                                      | 7.99%                                | 36.1354                                 | 9.31%                                | 32.2996  | 85.79%                         |
| 45-54       | 78                               | 5                  | 64.10%            | 99                      | 7                                       | 7.07%                                | 10.4281                                 | 10.53%                               | 9.2132   | 67.13%                         |
| 55-64       | 99                               | 3                  | 30.30%            | 122                     | 12                                      | 9.84%                                | 15.8338                                 | 12.98%                               | 13.4368  | 75.79%                         |
| Total 18-64 | 485                              | 21                 | 43.30%            | 609                     | 50                                      | 8.21%                                | 62.3973                                 | 10.25%                               | 54.9496  | 80.13%                         |

#### Plan All-Cause Readmissions

## Minnesota Health Care Programs - Managed Care (MN Care)

| Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of<br>Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-------------|----------------------------------|--------------------|-------------------|-------------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
| 18-44       | 21                               | 0                  | 0.00%             | 17                      | 1                                       | 5.88%                                | 1.2158                                  | 7.15%                                | 1.1248   | 82.25%                         |
| 45-54       | 15                               | 0                  | 0.00%             | 14                      | 1                                       | 7.14%                                | 1.1795                                  | 8.43%                                | 1.0643   | 84.78%                         |
| 55-64       | 19                               | 1                  | 52.63%            | 18                      | 0                                       | 0.00%                                | 2.0643                                  | 11.47%                               | 1.7982   | 0.00%                          |
| Total 18-64 | 55                               | 1                  | 18.18%            | 49                      | 2                                       | 4.08%                                | 4.4596                                  | 9.10%                                | 3.9873   | 44.85%                         |

#### Plan All-Cause Readmissions

### Minnesota Senior Health Options (1 of 2)

| Stratification | Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of<br>Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|----------------|-------------|----------------------------------|--------------------|-------------------|-------------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
|                | 18-44       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
|                | 45-54       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
|                | 55-64       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| Total          | 65-74       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| Total          | 75-84       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
|                | 85+         |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
|                | Total 18-64 |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
|                | Total 65+   |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### Minnesota Senior Health Options (2 of 2)

| Stratification  | Age   | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-----------------|-------|----------------------------------|--------------------|-------------------|----------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
|                 | 65-74 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Skilled Nursing | 75-84 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Care            | 85+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                 | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Non-LIS/DE,     | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Nondisability   | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIS/DE          | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LI3/DL          | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Diaghility      | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIS/DE and      | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Other           | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Other           | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Unknown         | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| OTINIOWIT       | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### **Special Needs Basic Care - Special Needs Plan (1 of 2)**

| Stratification | Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|----------------|-------------|----------------------------------|--------------------|-------------------|----------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
|                | 18-44       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | 45-54       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | 55-64       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Total          | 65-74       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Total          | 75-84       |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | 85+         |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | Total 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                | Total 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### Special Needs Basic Care - Special Needs Plan (2 of 2)

| Stratification  | Age   | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-----------------|-------|----------------------------------|--------------------|-------------------|----------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
|                 | 65-74 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Skilled Nursing | 75-84 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Care            | 85+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
|                 | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Non-LIS/DE,     | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Nondisability   | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIS/DE          | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIG/DL          | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Dischility      | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| LIS/DE and      | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Disability      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Other           | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Other           | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| Unknown         | 18-64 |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |
| UTIKITOWIT      | 65+   |                                  |                    |                   |                      |   |                                      |   |                                      |          |                                |

#### Plan All-Cause Readmissions

### Special Needs Basic Care - Non-Special Needs Plan

| Age         | Members in<br>Plan<br>Population | Outlier<br>Members | Outlier Rate x 10 | Count of<br>Index Stays | Observed<br>30-Day<br>Re-<br>admissions | Observed<br>Re-<br>admission<br>Rate | Expected<br>30-Day<br>Re-<br>admissions | Expected<br>Re-<br>admission<br>Rate | Variance | Observed/<br>Expected<br>Ratio |
|-------------|----------------------------------|--------------------|-------------------|-------------------------|---|--------------------------------------|---|--------------------------------------|----------|--------------------------------|
| 18-44       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| 45-54       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| 55-64       |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |
| Total 18-64 |                                  |                    |                   |                         |   |                                      |   |                                      |          |                                |

### Hospitalization Following Discharge From a Skilled Nursing Facility

#### **Medicare Advantage**

|                                    |            | 30-day Hos | pitalization |       | 60-day Hospitalization |            |          |       |  |  |
|------------------------------------|------------|------------|--------------|-------|------------------------|------------|----------|-------|--|--|
| Data Elements                      | Ages 65-74 | Ages 75-84 | Ages 85+     | Total | Ages 65-74             | Ages 75-84 | Ages 85+ | Total |  |  |
| Denominator                        |            |            |              |       |                        |            |          |       |  |  |
| Observed Count                     |            |            |              |       |                        |            |          |       |  |  |
| Observed Hospitalization Rate      |            |            |              |       |                        |            |          |       |  |  |
| Count of Expected Hospitalizations |            |            |              |       |                        |            |          |       |  |  |
| Expected Hospitalization Rate      |            |            |              |       |                        |            |          |       |  |  |
| Variance                           |            |            |              |       |                        |            |          |       |  |  |
| Observed/Expected Ratio            |            |            |              |       |                        |            |          |       |  |  |

### Acute Hospital Utilization

#### Commercial

| Gender | Age         | Non-Outlier<br>Member<br>Count | Outlier<br>Member<br>Count | Member<br>Count | Outlier Rate x 10 | Observed<br>Count | Observed<br>Rate / 1,000<br>Members | Expected<br>Count | Expected<br>Rate / 1,000<br>Members | Variance | Observed/<br>Expected<br>Ratio |
|--------|-------------|--------------------------------|----------------------------|-----------------|-------------------|-------------------|-------------------------------------|-------------------|-------------------------------------|----------|--------------------------------|
|        | 18-44       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 45-54       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 55-64       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 18-64 |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
| Male   | 65-74       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 75-84       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 85+         |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 65+   |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 18-44       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 45-54       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 55-64       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 18-64 |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
| Female | 65-74       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 75-84       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 85+         |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 65+   |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 18-44       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 45-54       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 55-64       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 18-64 |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
| Total  | 65-74       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 75-84       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 85+         |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 65+   |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |

### Acute Hospital Utilization

### **Medicare Advantage**

| Gender | Age         | Non-Outlier<br>Member<br>Count | Outlier<br>Member<br>Count | Member<br>Count | Outlier Rate x 10 | Observed<br>Count | Observed<br>Rate / 1,000<br>Members | Expected<br>Count | Expected<br>Rate / 1,000<br>Members | Variance | Observed/<br>Expected<br>Ratio |
|--------|-------------|--------------------------------|----------------------------|-----------------|-------------------|-------------------|-------------------------------------|-------------------|-------------------------------------|----------|--------------------------------|
|        | 18-44       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 45-54       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 55-64       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 18-64 |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
| Male   | 65-74       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 75-84       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 85+         |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 65+   |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 18-44       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 45-54       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 55-64       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 18-64 |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
| Female | 65-74       | 1                              |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 75-84       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 85+         |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 65+   |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 18-44       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 45-54       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 55-64       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 18-64 |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
| Total  | 65-74       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 75-84       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | 85+         |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total 65+   |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |
|        | Total       |                                |                            |                 |                   |                   |                                     |                   |                                     |          |                                |

### **Emergency Department Utilization**

#### Commercial

|  |        | Total |       |
|--|--------|-------|-------|
| Data Elements                                      | Female | Male  | Total |
| Number of Nonoutliers                              |        |       |       |
| Number of Outliers                                 |        |       |       |
| Number of Members in the Eligible Population       |        |       |       |
| Outlier Rate                                       |        |       |       |
| Number of Observed Events Among Nonoutlier Members |        |       |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |       |       |
| Number of Expected Events Among Nonoutlier Members |        |       |       |
| Expected Visits per 1,000 Nonoutlier Members       |        |       |       |
| Variance Among Nonoutlier Members                  |        |       |       |
| Observed/Expected Ratio                            |        |       |       |

|  |        | Ages 18-44 |       |        | Ages 45-54 |       |        | Ages 55-64 |       | Total 18-64 |      |       |
|--|--------|------------|-------|--------|------------|-------|--------|------------|-------|-------------|------|-------|
| Data Elements                                      | Female | Male       | Total | Female | Male       | Total | Female | Male       | Total | Female      | Male | Total |
| Number of Nonoutliers                              |        |            |       |        |            |       |        |            |       |             |      |       |
| Number of Outliers                                 |        |            |       |        |            |       |        |            |       |             |      |       |
| Number of Members in the Eligible Population       |        |            |       |        |            |       |        |            |       |             |      |       |
| Outlier Rate                                       |        |            |       |        |            |       |        |            |       |             |      |       |
| Number of Observed Events Among Nonoutlier Members |        |            |       |        |            |       |        |            |       |             |      |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |        |            |       |             |      |       |
| Number of Expected Events Among Nonoutlier Members |        |            |       |        |            |       |        |            |       |             |      |       |
| Expected Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |        |            |       |             |      |       |
| Variance Among Nonoutlier Members                  |        |            |       |        |            |       |        |            |       |             |      |       |
| Observed/Expected Ratio                            |        |            |       |        |            |       |        |            |       |             |      |       |

|  |        | Ages 65-74 |       |        | Ages 75-84 |       |        | Ages 85+ |       | Total 65+ |      |       |
|--|--------|------------|-------|--------|------------|-------|--------|----------|-------|-----------|------|-------|
| Data Elements                                      | Female | Male       | Total | Female | Male       | Total | Female | Male     | Total | Female    | Male | Total |
| Number of Nonoutliers                              |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Outliers                                 |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Members in the Eligible Population       |        |            |       |        |            |       |        |          |       |           |      |       |
| Outlier Rate                                       |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Observed Events Among Nonoutlier Members |        |            |       |        |            |       |        |          |       |           |      |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Expected Events Among Nonoutlier Members |        |            |       |        |            |       |        |          |       |           |      |       |
| Expected Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |        |          |       |           |      |       |
| Variance Among Nonoutlier Members                  |        |            |       |        |            |       |        |          |       |           |      |       |
| Observed/Expected Ratio                            |        |            |       |        |            |       |        |          |       | ,         |      |       |

### **Emergency Department Utilization**

#### **Medicare Advantage**

|  |        | Total |       |
|--|--------|-------|-------|
| Data Elements                                      | Female | Male  | Total |
| Number of Nonoutliers                              |        |       |       |
| Number of Outliers                                 |        |       |       |
| Number of Members in the Eligible Population       |        |       |       |
| Outlier Rate                                       |        |       |       |
| Number of Observed Events Among Nonoutlier Members |        |       |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |       |       |
| Number of Expected Events Among Nonoutlier Members |        |       |       |
| Expected Visits per 1,000 Nonoutlier Members       |        |       |       |
| Variance Among Nonoutlier Members                  |        |       |       |
| Observed/Expected Ratio                            |        |       |       |

|  |        | Ages 18-44 |       |        | Ages 45-54 |       | Ages 55-64 |      |       | Total 18-64 |      |       |
|--|--------|------------|-------|--------|------------|-------|------------|------|-------|-------------|------|-------|
| Data Elements                                      | Female | Male       | Total | Female | Male       | Total | Female     | Male | Total | Female      | Male | Total |
| Number of Nonoutliers                              |        |            |       |        |            |       |            |      |       |             |      |       |
| Number of Outliers                                 |        |            |       |        |            |       |            |      |       |             |      |       |
| Number of Members in the Eligible Population       |        |            |       |        |            |       |            |      |       |             |      |       |
| Outlier Rate                                       |        |            |       |        |            |       |            |      |       |             |      |       |
| Number of Observed Events Among Nonoutlier Members |        |            |       |        |            |       |            |      |       |             |      |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |            |      |       |             |      |       |
| Number of Expected Events Among Nonoutlier Members |        |            |       |        |            |       |            |      |       |             |      |       |
| Expected Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |            |      |       |             |      |       |
| Variance Among Nonoutlier Members                  |        |            |       |        |            |       |            |      |       |             |      |       |
| Observed/Expected Ratio                            |        |            |       |        |            |       |            |      |       |             |      |       |

|  |        | Ages 65-74 |       |        | Ages 75-84 |       |        | Ages 85+ |       | Total 65+ |      |       |
|--|--------|------------|-------|--------|------------|-------|--------|----------|-------|-----------|------|-------|
| Data Elements                                      | Female | Male       | Total | Female | Male       | Total | Female | Male     | Total | Female    | Male | Total |
| Number of Nonoutliers                              |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Outliers                                 |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Members in the Eligible Population       |        |            |       |        |            |       |        |          |       |           |      |       |
| Outlier Rate                                       |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Observed Events Among Nonoutlier Members |        |            |       |        |            |       |        |          |       |           |      |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |        |          |       |           |      |       |
| Number of Expected Events Among Nonoutlier Members |        |            |       |        |            |       |        |          |       |           |      |       |
| Expected Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |       |        |          |       |           |      |       |
| Variance Among Nonoutlier Members                  |        |            |       |        |            |       |        |          |       |           |      |       |
| Observed/Expected Ratio                            |        |            |       |        |            |       |        |          |       | ,         |      |       |

### Hospitalization for Potentially Preventable Complications

#### **Medicare Advantage**

|  |        |            |       | C      | Chronic Am | bulatory C | are Sensitiv | e Conditio | n     |        |             |       |  |
|--|--------|------------|-------|--------|------------|------------|--------------|------------|-------|--------|-------------|-------|--|
|  |        | Ages 67-74 |       |        | Ages 75-84 |            |              | Ages 85+   |       |        | Total 18-64 |       |  |
| Data Elements                                      | Female | Male       | Total | Female | Male       | Total      | Female       | Male       | Total | Female | Male        | Total |  |
| Number of Nonoutliers                              |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Number of Outliers                                 |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Number of Members in the Eligible Population       |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Outlier Rate                                       |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Number of Observed Events Among Nonoutlier Members |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Observed Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Number of Expected Events Among Nonoutlier Members |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Expected Discharges per 1,000 Nonoutlier Members   |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Variance Among Nonoutlier Members                  |        |            |       |        |            |            |              |            |       |        |             |       |  |
| Observed/Expected Ratio                            |        |            |       |        |            |            |              |            |       |        |             |       |  |

|  |        |            |       |        | Acute Ami  | oulatory Ca | re Sensitiv | e Codition |       |             |      |       |
|--|--------|------------|-------|--------|------------|-------------|-------------|------------|-------|-------------|------|-------|
|  |        | Ages 67-74 |       |        | Ages 75-84 |             |             | Ages 85+   |       | Total 18-64 |      |       |
| Data Elements                                      | Female | Male       | Total | Female | Male       | Total       | Female      | Male       | Total | Female      | Male | Total |
| Number of Nonoutliers                              |        |            |       |        |            |             |             |            |       |             |      |       |
| Number of Outliers                                 |        |            |       |        |            |             |             |            |       |             |      |       |
| Number of Members in the Eligible Population       |        |            |       |        |            |             |             |            |       |             |      |       |
| Outlier Rate                                       |        |            |       |        |            |             |             |            |       |             |      |       |
| Number of Observed Events Among Nonoutlier Members |        |            |       |        |            |             |             |            |       |             |      |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |            |       |        |            |             |             |            |       |             |      |       |
| Number of Expected Events Among Nonoutlier Members |        |            |       |        |            |             |             |            |       |             |      |       |
| Expected Discharges per 1,000 Nonoutlier Members   |        |            |       |        |            |             |             |            |       |             |      |       |
| Variance Among Nonoutlier Members                  |        |            |       |        |            |             |             |            |       |             |      |       |
| Observed/Expected Ratio                            |        |            |       |        |            |             |             |            |       |             |      |       |

|  |        | Total Ambulatory Care Sensitive Condition |       |        |            |       |          |      |             |        |      |       |
|--|--------|---|-------|--------|------------|-------|----------|------|-------------|--------|------|-------|
|  |        | Ages 67-74                                |       |        | Ages 75-84 |       | Ages 85+ |      | Total 18-64 |        |      |       |
| Data Elements                                      | Female | Male                                      | Total | Female | Male       | Total | Female   | Male | Total       | Female | Male | Total |
| Number of Nonoutliers                              |        |   |       |        |            |       |          |      |             |        |      |       |
| Number of Outliers                                 |        |   |       |        |            |       |          |      |             |        |      |       |
| Number of Members in the Eligible Population       |        |   |       |        |            |       |          |      |             |        |      |       |
| Outlier Rate                                       |        |   |       |        |            |       |          |      |             |        |      |       |
| Number of Observed Events Among Nonoutlier Members |        |   |       |        |            |       |          |      |             |        |      |       |
| Observed Visits per 1,000 Nonoutlier Members       |        |   |       |        |            |       |          |      |             |        |      |       |
| Number of Expected Events Among Nonoutlier Members |        |   |       |        |            |       |          |      |             |        |      |       |
| Expected Discharges per 1,000 Nonoutlier Members   |        |   |       |        |            |       |          |      |             |        |      |       |
| Variance Among Nonoutlier Members                  |        |   |       |        |            |       |          |      |             |        |      |       |
| Observed/Expected Ratio                            |        |   |       |        |            |       |          |      |             |        |      |       |

### **Enrollment by Product Line**

### Commercial

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          |                  |                 |
| 1-4         |                  |                 |
| 5-9         |                  |                 |
| 10-14       |                  |                 |
| 15-17       |                  |                 |
| 18-19       |                  |                 |
| 20-24       |                  |                 |
| 25-29       |                  |                 |
| 30-34       |                  |                 |
| 35-39       |                  |                 |
| 40-44       |                  |                 |
| 45-49       |                  |                 |
| 50-54       |                  |                 |
| 55-59       |                  |                 |
| 60-64       |                  |                 |
| 65-69       |                  |                 |
| 70-74       |                  |                 |
| 75-79       |                  |                 |
| 80-84       |                  |                 |
| 85-89       |                  |                 |
| >=90        |                  |                 |
| Age Unknown |                  |                 |
| Total       |                  |                 |

**Enrollment by Product Line** 

### **MSHO (Minnesota Senior Health Options)**

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          |                  |                 |
| 1-4         |                  |                 |
| 5-9         |                  |                 |
| 10-14       |                  |                 |
| 15-17       |                  |                 |
| 18-19       |                  |                 |
| 20-24       |                  |                 |
| 25-29       |                  |                 |
| 30-34       |                  |                 |
| 35-39       |                  |                 |
| 40-44       |                  |                 |
| 45-49       |                  |                 |
| 50-54       |                  |                 |
| 55-59       |                  |                 |
| 60-64       |                  |                 |
| 65-69       |                  |                 |
| 70-74       |                  |                 |
| 75-79       |                  |                 |
| 80-84       |                  |                 |
| 85-89       |                  |                 |
| >=90        |                  |                 |
| Age Unknown |                  |                 |
| Total       |                  |                 |

**Enrollment by Product Line** 

## **Medicare Advantage**

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          |                  |                 |
| 1-4         |                  |                 |
| 5-9         |                  |                 |
| 10-14       |                  |                 |
| 15-17       |                  |                 |
| 18-19       |                  |                 |
| 20-24       |                  |                 |
| 25-29       |                  |                 |
| 30-34       |                  |                 |
| 35-39       |                  |                 |
| 40-44       |                  |                 |
| 45-49       |                  |                 |
| 50-54       |                  |                 |
| 55-59       |                  |                 |
| 60-64       |                  |                 |
| 65-69       |                  |                 |
| 70-74       |                  |                 |
| 75-79       |                  |                 |
| 80-84       |                  |                 |
| 85-89       |                  |                 |
| >=90        |                  |                 |
| Age Unknown |                  |                 |
| Total       |                  |                 |

**Enrollment by Product Line** 

## MHCP-MC (MA Expand F&C)

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          | 9782             | 815             |
| 1-4         | 36877            | 3073            |
| 5-9         | 44685            | 3724            |
| 10-14       | 39211            | 3268            |
| 15-17       | 21658            | 1805            |
| 18-19       | 13374            | 1115            |
| 20-24       | 29547            | 2462            |
| 25-29       | 31990            | 2666            |
| 30-34       | 31538            | 2628            |
| 35-39       | 26677            | 2223            |
| 40-44       | 19526            | 1627            |
| 45-49       | 12834            | 1070            |
| 50-54       | 11934            | 995             |
| 55-59       | 10975            | 915             |
| 60-64       | 10104            | 842             |
| 65-69       | 60               | 5               |
| 70-74       | 0                | 0               |
| 75-79       | 0                | 0               |
| 80-84       | 0                | 0               |
| 85-89       | 0                | 0               |
| >=90        | 0                | 0               |
| Age Unknown | 0                | 0               |
| Total       | 350772           | 29231           |

### **Enrollment by Product Line**

## MHCP-MC (MN Care)

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          | 25               | 2               |
| 1-4         | 169              | 14              |
| 5-9         | 204              | 17              |
| 10-14       | 139              | 12              |
| 15-17       | 95               | 8               |
| 18-19       | 199              | 17              |
| 20-24       | 4521             | 377             |
| 25-29       | 7206             | 601             |
| 30-34       | 5526             | 461             |
| 35-39       | 4917             | 410             |
| 40-44       | 3831             | 319             |
| 45-49       | 3383             | 282             |
| 50-54       | 2673             | 223             |
| 55-59       | 2328             | 194             |
| 60-64       | 3325             | 277             |
| 65-69       | 1095             | 91              |
| 70-74       | 803              | 67              |
| 75-79       | 436              | 36              |
| 80-84       | 236              | 20              |
| 85-89       | 122              | 10              |
| >=90        | 13               | 1               |
| Age Unknown | 0                | 0               |
| Total       | 41246            | 3437            |

**Enrollment by Product Line** 

## **Special Needs Basic Care - Special Needs Plan**

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          |                  |                 |
| 1-4         |                  |                 |
| 5-9         |                  |                 |
| 10-14       |                  |                 |
| 15-17       |                  |                 |
| 18-19       |                  |                 |
| 20-24       |                  |                 |
| 25-29       |                  |                 |
| 30-34       |                  |                 |
| 35-39       |                  |                 |
| 40-44       |                  |                 |
| 45-49       |                  |                 |
| 50-54       |                  |                 |
| 55-59       |                  |                 |
| 60-64       |                  |                 |
| 65-69       |                  |                 |
| 70-74       |                  |                 |
| 75-79       |                  |                 |
| 80-84       |                  |                 |
| 85-89       |                  |                 |
| >=90        |                  |                 |
| Age Unknown |                  |                 |
| Total       |                  |                 |

**Enrollment by Product Line** 

## **Special Needs Basic Care - Non-Special Needs Plan**

| Age         | Member<br>Months | Member<br>Years |
|-------------|------------------|-----------------|
| <1          |                  |                 |
| 1-4         |                  |                 |
| 5-9         |                  |                 |
| 10-14       |                  |                 |
| 15-17       |                  |                 |
| 18-19       |                  |                 |
| 20-24       |                  |                 |
| 25-29       |                  |                 |
| 30-34       |                  |                 |
| 35-39       |                  |                 |
| 40-44       |                  |                 |
| 45-49       |                  |                 |
| 50-54       |                  |                 |
| 55-59       |                  |                 |
| 60-64       |                  |                 |
| 65-69       |                  |                 |
| 70-74       |                  |                 |
| 75-79       |                  |                 |
| 80-84       |                  |                 |
| 85-89       |                  |                 |
| >=90        |                  |                 |
| Age Unknown |                  |                 |
| Total       |                  |                 |

### Language Diversity of Membership

#### **Medicare Advantage**

| Data Elements               | Spoken Language Preferred for Health Care |                       |  |                  |              |               |  |  |  |
|-----------------------------|---|-----------------------|--|------------------|--------------|---------------|--|--|--|
| Data Elements               | CMS/State Health Plan                     | Other Third-<br>Party |  | %<br>Non-English | %<br>Unknown | %<br>Declined |  |  |  |
| Audit Designation           |   |                       |  |                  |              |               |  |  |  |
| Measurement Year            |   |                       |  |                  |              |               |  |  |  |
| Data Collection Methodology |   |                       |  |                  |              |               |  |  |  |
| Denominator                 |   |                       |  |                  |              |               |  |  |  |
| Member Count                |   |                       |  |                  |              |               |  |  |  |
| Rate Status                 |   |                       |  |                  |              |               |  |  |  |
| Reported Rate               |   |                       |  |                  |              |               |  |  |  |

| Data Elements               | Preferred Language for Written Materials |             |                       |              |                  |              |               |  |  |
|-----------------------------|--|-------------|-----------------------|--------------|------------------|--------------|---------------|--|--|
| Data Elements               | CMS/State Health Pla                     | Health Plan | Other Third-<br>Party | %<br>English | %<br>Non-English | %<br>Unknown | %<br>Declined |  |  |
| Audit Designation           |  |             |                       |              |                  |              |               |  |  |
| Measurement Year            |  |             |                       |              |                  |              |               |  |  |
| Data Collection Methodology |  |             |                       |              |                  |              |               |  |  |
| Denominator                 |  |             |                       |              |                  |              |               |  |  |
| Member Count                |  |             |                       |              |                  |              |               |  |  |
| Rate Status                 |  |             |                       |              |                  |              |               |  |  |
| Reported Rate               |  |             |                       |              |                  |              |               |  |  |

| Data Elements               | Other Language Needs |             |                       |              |                  |              |               |  |  |
|-----------------------------|----------------------|-------------|-----------------------|--------------|------------------|--------------|---------------|--|--|
| Data Elements               | CMS/State            | Health Plan | Other Third-<br>Party | %<br>English | %<br>Non-English | %<br>Unknown | %<br>Declined |  |  |
| Audit Designation           |                      |             |                       |              |                  |              |               |  |  |
| Measurement Year            |                      |             |                       |              |                  |              |               |  |  |
| Data Collection Methodology |                      |             |                       |              |                  |              |               |  |  |
| Denominator                 |                      |             |                       |              |                  |              |               |  |  |
| Member Count                |                      |             |                       |              |                  |              |               |  |  |
| Rate Status                 |                      |             |                       |              |                  |              |               |  |  |
| Reported Rate               |                      |             |                       |              |                  |              |               |  |  |