

**PEBA**<sup>SM</sup>  
SC Retirement Systems  
and State Health Plan

**South Carolina Public Employee Benefit Authority**  
*Serving those who serve South Carolina*

## Meeting Agenda

**| Health Care Policy Committee | Finance, Administration, Audit and Compliance Committee  
| Retirement Policy Committee | Board of Directors**

Thursday, December 4, 2025 | 202 Arbor Lake Drive., Columbia, SC 29223 | 1<sup>st</sup> Floor Conference Room

### **Health Care Policy Committee | 9:30 a.m.**

- I. Call to order
- II. Approval of meeting minutes – October 22, 2025
- III. Open enrollment update
- IV. Value-based program update
- V. Old business/Director's report
- VI. Adjournment

### ***Notice of public meeting***

This notice is given to meet the requirements of the S.C. Freedom of Information Act and the Americans with Disabilities Act. Furthermore, this facility is accessible to individuals with disabilities, and special accommodations will be provided if requested in advance.

**PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM**  
**Health Care Policy Committee**

**Meeting Date:** December 4, 2025

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**1. Subject:** Open enrollment update

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**2. Summary:** Ms. Phyllis Buie, PEBA Director of Insurance Operations, will present statistics and observations regarding the just-completed open enrollment period for 2025.

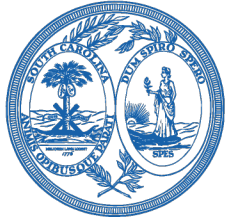
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**3. What is Committee asked to do?** Receive as information

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**4. Supporting Documents:**

(a) Attached: 1. 2025 Insurance open enrollment review



**PEBA**<sup>SM</sup>  
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and State Health Plan

# 2025 Insurance open enrollment review

Health Care Policy Committee  
December 4, 2025

Serving those who serve South Carolina

# Open enrollment changes

## Health

Enroll in or drop coverage.

## Vision

Enroll in or drop coverage.

## Dental

Enroll in or drop coverage.

## Supplemental long term disability

Apply for or change benefit waiting period with no medical evidence.

## Life insurance

**Optional Life** Increase coverage up to \$50k without medical evidence or more than \$50k with medical evidence; cancel or decrease coverage.

**Dependent Life-Spouse** Enroll in or increase coverage with medical evidence; cancel or decrease coverage

**Dependent Life-Child** Enroll in or cancel coverage.

## MoneyPlus

Enroll in or reenroll in flexible spending accounts.

## Health Savings Account

Enroll in, change election amount or stop contributions.<sup>1</sup>

<sup>1</sup>Available only to Savings Plan subscribers.

# Transactions processed

	OE 2025	OE 2024	September 2025
<b>Total transactions</b>	85,349	59,030	8,382
Electronic	77,991	52,165	4,791
Paper	7,358	6,865	3,591
<b>Documents scanned and indexed</b>	37,081	18,161	14,524

# Enrollment changes

	Refused coverage or dropped dependent	New enrollments or added dependent	
Health	2,865	6,127	
Basic Dental	4,357	10,585	
Dental Plus	4,635	18,421	
Vision	3,586	9,633	
	Dropped	Increased	Decreased
Optional Life	564	18,565	6,629

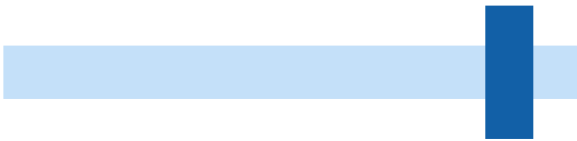
Received **2,024**  
***Statement of Health***  
forms for life insurance  
changes that required  
medical evidence.

# Active employee enrollment

232,227 total subscribers

**92.07%**

Health 213,801



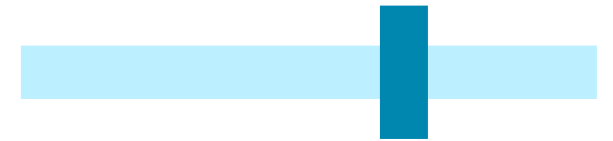
**92.91%**

Basic Dental 215,773



**70.53%**

Dental Plus 163,797



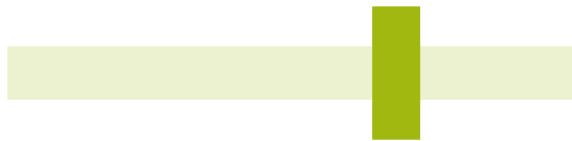
**79.08%**

Vision 183,634



**71.72%**

Optional Life 166,564



**55.92%**

Supplemental LTD 129,854

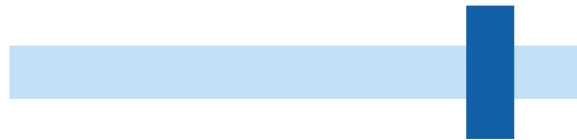


# Retiree, COBRA and survivor enrollment

111,407 total subscribers

**87.75%**

Health 97,760



**97.58%**

Basic Dental 108,715



**64.20%**

Dental Plus 71,520



**59.38%**

Vision 66,150





# MoneyPlus and HSA enrollment

	OE 2025	OE 2024	Average annual contributions for PY 2026	Total annual contributions for PY 2026
<b>Total enrollment</b>	42,870	39,160		
Medical Spending Account	35,662	32,497	\$1,810	\$64,534,431
Dependent Care Spending Account	2,435	2,141	\$3,818	\$9,296,140
Health Savings Account	4,773	4,522	\$2,421	\$11,556,762

# Other operational monthly activity

	October 2025
Enrollment rejections processed	375
Requests for review processed	424
Eligibility determinations for retirees, COBRA and survivors	537
Communications with employers and individuals	696

- Operations staff communicates daily with employers to obtain information to prevent rejecting *Notice of Elections*.
- Operations staff receives daily emails and visits from Customer Service to resolve enrollment issues.
- One Operations staff member is dedicated to working with Medicare-eligible retirees and survivors on coverage issues.

# Customer Service

	OE 2025	OE 2024
Total calls	23,120	21,480
Satisfaction rate	99.96%	99.88%
Insurance emails	3,777	4,112

# Customer Service

	OE 2025	OE 2024
<b>Scheduled appointments</b>		
Phone consultations	336	314
Video consultations	216	117
<b>In-person consultations</b>	1,335	1,127
<b>Total consultations</b>	<b>1,887</b>	<b>1,558</b>

# Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

**PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM**  
**Health Care Policy Committee**

**Meeting Date:** December 4, 2025

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**1. Subject:** Value-based program update

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**2. Summary:** In recent years, health plans in large measure have sought to replace traditional fee-for-service payment with value-based payment. Value-based payment may be generally defined as allowing at least some portion of fees to be determined according to care quality and patient outcomes, rather than solely service volume. Ms. Laura Smoak, PEBA's Analytics and Health Initiatives Director, will present the current status of value-based care and prospects for future growth and development.

**3. What is Committee asked to do?** Receive as information

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**4. Supporting Documents:**

A. Health initiatives and value-based benefits annual review



**PEBA**  
SC Retirement Systems  
and State Health Plan

# Health initiatives and value-based benefits annual review

**State Health Plan  
November 2025**

*Serving those who serve South Carolina*





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## Executive summary

In 2024, the State Health Plan continued to advance its mission of improving member health outcomes through value-based insurance design and strategic partnerships. Key highlights include:

### Chronic conditions

- There is a high prevalence of chronic conditions: Forty percent of State Health Plan primary adults and 80% of Medicare primary adults have high blood pressure, high cholesterol or diabetes.
- **No-Pay Copay** saved members \$404,000 in 2024 on copayments for medications for chronic conditions.
- **Hello Heart** saw strong engagement, averaging 4,500 new enrollments per month in 2024. Hello Heart launched a maternal health component to the program in 2025.
- For members with type 2 diabetes enrolled in **Virta** for one year, the program successfully reduced average HbA1c levels almost 10% and supported an average weight loss of 8%.
- **Wondr Health** helped 58% of participants achieve meaningful weight loss ( $\geq 3\%$ ) in 2024 and enhanced its offerings with personalized care tracks and digital tools. Wondr will offer AI enabled digital coaching in 2026.

### Behavioral health

- There is a need for behavioral health services: Nearly one in three Plan adults and one in five children had a mental health-related medical claim in 2024.
- **Meru Health** reduced depression severity by 36 percentage points and anxiety severity by 43 percentage points in 2024 and expanded to serve young teens in 2025.
- **Bend Health** and **Equip**, new virtual care options, were added in 2024; Bend Health addresses adolescent mental illness and substance use; Equip addresses eating disorders.
- In 2025, BlueCross added a new provider group **Headway**, increasing access to in-network therapists and psychiatrists, both virtually and in-person.

### Prevention and early detection

- Worksite screening events rebounded post COVID, with nearly 50% of screening data shared in 2024.
- Preventive screenings and immunizations are improving but remain below benchmarks in some areas.
  - Colorectal cancer screening rates and mammogram rates exceeded national benchmarks.
  - 88% of children (0–30 months) received all recommended well child visits, but only 44.6% received all 10 recommended vaccines by their second birthday. A major contributor to the low immunization rate is the lack of two flu vaccinations within the first two years of life.
  - Well child visit (3–19 years of age) and adolescent immunization rates are improving but still lag behind national targets. A major contributor to the low immunization rate is the HPV vaccine.
- Flu and shingles vaccination rates are rising among older adults, with shingles rates surpassing national benchmarks.

- New campaigns are planned for 2026 to close care gaps in cancer screenings and well child visits.

## Maternal health

- Approximately 4,300 annual deliveries, with one-third enrolled in **Coming Attractions**.
- Enrollment in Coming Attractions has declined primarily in low-risk pregnancies since 2022, prompting a 2025 maternal health campaign to boost participation and promote benefits like behavioral health services for mothers, Hello Heart and lactation support.
- The Plan saw an 18% increase from 2023 to 2024 in breast pump utilization.
- Deliveries in 2024 in which members received recommended vaccines well exceeded the national benchmarks.

## Patient-centered medical home

- There are more than 710 participating providers and utilization is growing. The patient incentive was discontinued in 2025 due to limited cost-effectiveness. The Plan continues to support the model through care coordination fees, enhanced coinsurance and shared savings. The focus of PCMH has shifted to value-based care and we continue to collaborate with our partners to help meet the Plan's objectives.

## Evidence-based medicine (Active Health)

- The Plan saw a 32% increase in annual savings from 2023 to 2024 through **Active Health**, which helps providers close care gaps using clinical guidelines.
- By PEBA's request, dental care considerations were implemented in 2024.
- Integration with EMRs, offering more timely access for providers to care alerts, was implemented in 2025.
- The contract will be out for bid in early 2026.

## Dental and vision care

- Oral and vision health remain priorities, especially for members with chronic conditions.
- 75% of children received a dental cleaning, but only about half of adults received a cleaning.
- Just over a third of adults and a fourth of children had an eye exam. It should be noted that many children receive a vision screening at their well child visit or at school.
- Strategic promotion efforts are underway to improve adult dental and vision care utilization.

## HEDIS

- The Plan continues to perform well against national benchmarks for preventive care, most screenings and immunizations. It is improving in low-value care measures and is close to but below national benchmarks for behavioral health measures. Focusing PCMH on value-based care, strategies for closing care gaps and increasing access to behavioral health services should help to further improve PEBA's rates.

## Program performance

PEBA's Health Initiatives unit provides programs and services designed to enable covered State Health Plan members to lead healthier lives. The unit's focus is disease prevention, early detection of disease and disease management. From preventive worksite screenings to health management programs and beyond, Health Initiatives coordinates a variety of resources to promote health within the workplace. In recent years, efforts have been made toward removing the financial hurdles of many value-based benefits and programs for State Health Plan members. To promote these benefits, PEBA collaborates with BlueCross BlueShield of South Carolina (BlueCross) to create the PEBA Health Hub, an online resource that provides employers with turnkey toolkits they can share with employees.

The Health Initiatives unit uses rates from the Healthcare Effectiveness Data and Information Set (HEDIS) to measure State Health Plan performance for several of the programs and services offered to members.

HEDIS is one of the most widely used sets of health care performance measures in the United States. The term HEDIS originated in the late 1980s and was entrusted to the National Committee for Quality Assurance (NCQA) in the early 1990s. NCQA has expanded the size and scope of HEDIS to include measures for physicians, Accountable Care Organizations, and other organizations. HEDIS 2024 includes more than 90 measures across six domains of care:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. Measures Reported Using Electronic Clinical Data Systems<sup>1</sup>

**The measures reported in this document are uncertified, unaudited health plan HEDIS rates. The green and red arrows in this document indicate State Health Plan performance. The direction of the arrow indicates the desired state (whether better performance is defined as being a higher or lower number). The color indicates if the State Health Plan performed better than the HEDIS measure (green) or below the HEDIS measure (red).**

<sup>1</sup> Information taken directly from NCQA website: <https://www.ncqa.org/hedis>

## Value-based services chronology

**1989**

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Established Mammography Testing Program for employees only.

**1991**

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Expanded Mammography Testing Program to provide routine mammograms for female employees and retirees and their eligible dependents ages 35 to 74 at no member cost.

Began covering the cost of the lab work associated with a Pap test each calendar year at no member cost.

**1996**

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Added coverage for well child visits and immunizations.

**1998**

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Began offering preventive screenings for a \$10 copayment to active employees.

**2001**

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Increased copayment to \$15 for preventive biometric screenings.

**2002**

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Added coverage for birth control for members and spouses with member cost sharing.

**2004**

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Began offering preventive screenings for State Health Plan primary retirees.

**2006**

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Began offering a tobacco use treatment program, Free & Clear Quit for Life, at no cost to eligible members.

Contracted with Active Health to provide evidence-based medicine promotion using claims data analysis for the State Health Plan. The contractor applies the latest evidence-based clinical research and guidelines to Plan members' medical (including laboratory claims) and prescription drug claims data with the purpose of communicating specific and timely treatment improvement recommendations to health care providers that will improve quality of care for members, identify gaps and errors in care and reduce aggregate costs.

## 2008

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Began covering routine colonoscopies for members ages 50 and older with member cost sharing.

Began covering Zostavax shingles vaccine for members ages 60 and older with member cost sharing.

Began offering preventive screenings for covered State Health Plan primary spouses.

## 2011

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Established the No-Pay Copay program, through which State Health Plan primary members who have high blood pressure, high cholesterol, congestive heart failure, cardiovascular disease, coronary artery disease or diabetes can qualify for a copayment waiver for generic drugs that treat these conditions. All diabetic supplies are brand names, but the Plan applied the generic copay to them because they were typically low cost. This classification made diabetic supplies eligible for the No-Pay Copay.

Launched the Birth Outcomes Initiative (BOI) in July as a public/private collaboration with the goal of reducing the state's high preterm birth and NICU utilization rates. The first BOI initiative was to end payments for elective inductions prior to 39 weeks gestation. The focus was the implementation of Centering Pregnancy and Screening, Brief Intervention and Referral to Treatment (SBIRT). Centering Pregnancy is a group model for prenatal care that targets low risk mothers and has demonstrated reductions in preterm deliveries. SBIRT is an approach to intervention and treatment for pregnant women who have substance abuse disorders, depression or anxiety, or who are at risk for developing these conditions.

## 2015

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Began offering preventive screenings with no member cost to eligible subscribers and spouses.

Began covering Zostavax shingles vaccine with no member cost for members ages 60 and older.

Began coverage of diabetes education with certified diabetes educators with member cost sharing.

Extended coverage of flu vaccine to Standard Plan members with member cost sharing.

## 2016

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Began offering Moms program for women diagnosed with behavioral health needs during pregnancy through those who are two years' postpartum, as well as women who lost a pregnancy.

Began coverage of CDC-recommended adult immunizations, including flu vaccine, at no member cost.

Removed member cost for both diagnostic and routine colonoscopies, as well as the consultation, generic prep kit and anesthesia.

Removed member cost for diabetes education with certified diabetes educators.

Removed member cost for birth control for subscribers and covered spouses.

Removed member cost for tobacco cessation prescription drug products.

Removed \$12 office visit copayment and reduced Savings Plan and Standard Plan coinsurance to 10% for care received at a BlueCross-affiliated patient-centered medical home.

## 2017

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Began providing manual and electric breast pumps and lactation counseling received from a participating provider at no cost to eligible subscribers and covered spouses.

Began offering telehealth services through Blue CareOnDemand. A visit is covered as a traditional office visit.

Began offering Rally Health, a digital wellness platform (full implementation April 1) through BlueCross.

Added HPV test coverage every five years at no member cost in conjunction with a Pap test screening per United States Preventive Services Task Force (USPSTF) recommendations.

Added fecal immunochemical test (FIT) and fecal occult blood test (FOBT) at no member cost to the colorectal cancer screening benefit.

Began covering Shingrix shingles vaccine at no member cost for members ages 50 and older in December (CDC updated recommended age based on new vaccine).

## 2018

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Blue CareOnDemand began offering breastfeeding lactation support, as well as behavioral health counseling, care and medication management, at no member cost.

Began offering the Naturally Slim program at no cost to members.

## 2019

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Transitioned to Express Scripts' Preferred90 Network for members enrolled in Express Scripts Medicare.

Added adult well visits coverage, subject to copayments, deductibles and coinsurance in covered years.

Added site-of-care program, through which State Health Plan primary members who are receiving specialty drugs at a higher cost site of service, such as an outpatient hospital setting, are moved to an equally appropriate but less costly site of service, such as an infusion center or home.

## 2020

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Beginning March 17, made special provisions regarding telehealth services for network providers credentialed by BlueCross in response to the COVID-19 pandemic. These special provisions were monitored and extended as needed.

Began covering administration of COVID-19 vaccines at no member cost.

## 2021

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Effective May 1, normal plan provisions regarding telehealth services resumed.

Began offering BioIQ, an at-home colorectal cancer screening program for members older than 55 who have not had a recent colorectal cancer screening, at no cost to members.

Began offering Meru Health, a 12-week mental health treatment program designed to reduce anxiety, stress, depression and burnout.

Naturally Slim rebranded as Wondr Health.

Began offering No Obsessive-Compulsive Disorder program, an online therapy program designed to reduce OCD severity and comorbid anxiety and depression.



## 2023

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Strive replaced Rally as the platform eligible members use to qualify for the No-Pay Copay.

In February, began offering Hello Heart, a digital-based program focused on managing hypertension.

In March, began offering Virta, an evidence-based program focused on safely and sustainably reversing Type 2 diabetes without medications or surgery.

In May, began offering Youturn, a substance use disorder peer recovery support service for members and their families.

The COVID-19 pandemic ended May 11. The Plan began covering the cost of the vaccine after the federally-funded vaccines were exhausted.

BioIQ rebranded as LetsGetChecked.

In November, began offering Within Health, which offers intensive outpatient and partial hospitalization treatment programs for eating disorders.

## 2024

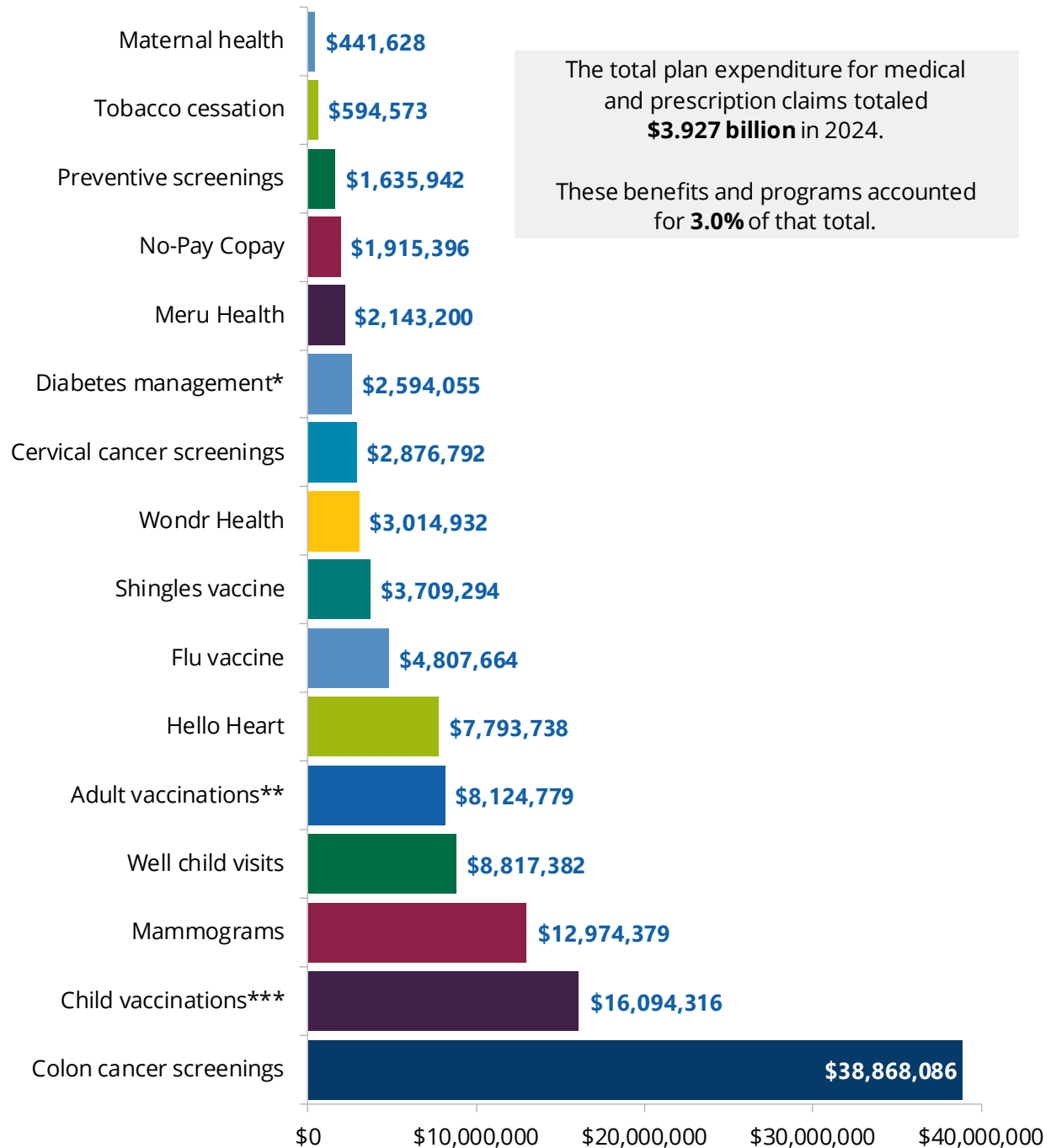
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In April, began offering Bend Health, a network of virtual providers that work with families with children, adolescents and young adults up to 25 to address mental illness and substance use.

In April, began offering Equip, a virtual treatment for all eating disorder diagnoses.

## Plan spending for value-based benefits and programs

Incurred 2024, paid through June 2025



\*Includes plan spending for Virta and diabetes management.

\*\*Amount does not include flu or shingles vaccinations.

\*\*\*Amount does not include flu vaccinations.

## 2024 Prevalence of certain chronic conditions in the State Health Plan

Chronic condition	Ages 18-64			Ages 65+			Ages 0-17
	SHP primary adults	South Carolina	United States	SHP Medicare primary adults	South Carolina	United States	SHP dependent children
<b>Diabetes</b>	12.6%	14.9%	11.5%	30.3%	26.0%	24.0%	1.4%
<b>High blood pressure</b>	30.1%	38.9%	34.0%	74.3%	70.0%	65.0%	1.9%
<b>High cholesterol</b>	23.5%	39.3%	36.9%	68.5%	72.0%	66.0%	0.3%
<b>Diabetes or high blood pressure or high cholesterol</b>	39.1%			84.3%			3.5%
<b>Diabetes and high blood pressure and high cholesterol</b>	7.2%			25.3%			0.0%

Behavioral health	Ages 18-64			Ages 65+			Ages 0-17
	SHP primary adults	South Carolina	United States	SHP Medicare primary adults	South Carolina	United States	SHP dependent children
<b>Depression</b>	10.5%	21.9%	22.0%	15.8%	17.0%	17.0%	2.7%
<b>Any mental health diagnosis</b>	28.7%			33.8%			20.3%

State Health Plan prevalence from State Health Plan claims data incurred in 2024.

State and national prevalence for ages 18-64 from CDC's Behavioral Risk Factor Surveillance System (BRFSS) for 2023.

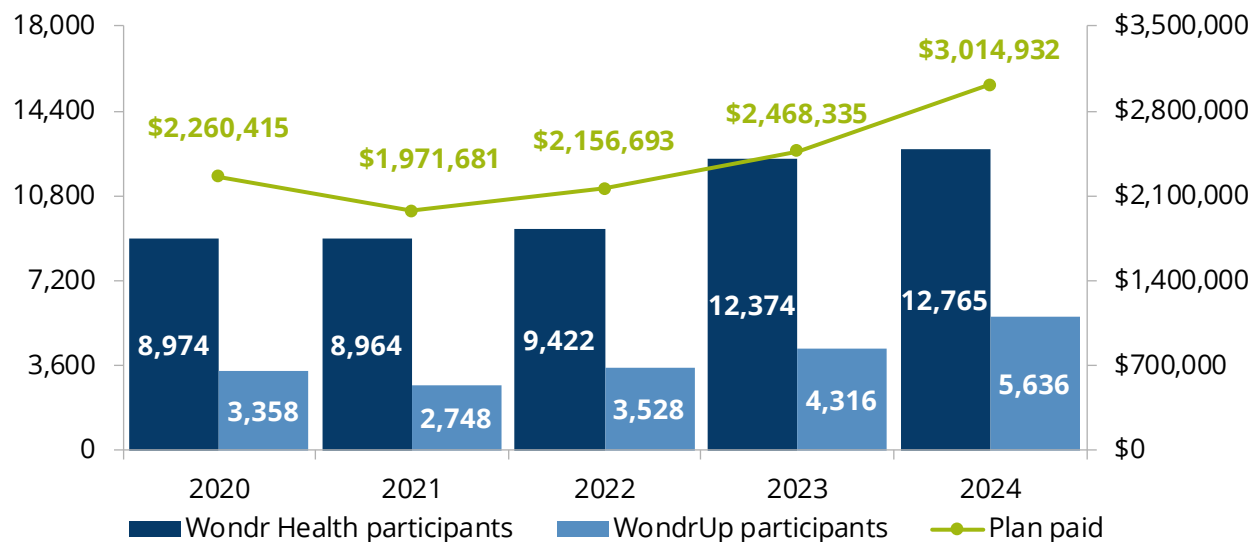
State and national prevalence for ages 65+ from CMS's Mapping Medicare Disparities Tool using 2023 Medicare Fee-for-Service administrative claims data.

The page features two large, overlapping blue geometric shapes. On the left is a horizontal bar with a diagonal cut on its right side. To its right is a larger, more complex shape that also has a diagonal cut, creating a sense of depth and movement. Both shapes are in shades of blue, with the rightmost shape being a darker hue.

## Digital-based programs

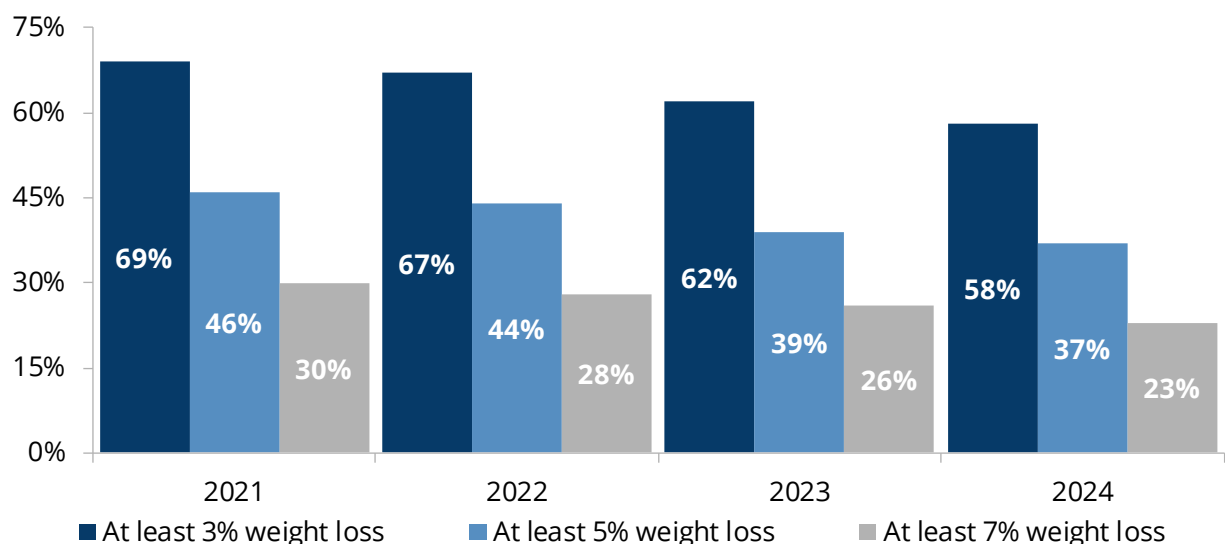
## Wondr Health (healthy weight)

2020-2024



Wondr Health is a 12-week, online program that uses weekly video lessons and interactive tools to teach the behavioral skills necessary to lose weight and keep it off long-term. The first quarterly class began in September 2018. Following the first 12 weeks (WondrSkills stage), participants receive seven biweekly sessions and six months of continued support, as needed, through the WondrUp and WondrLast stages.

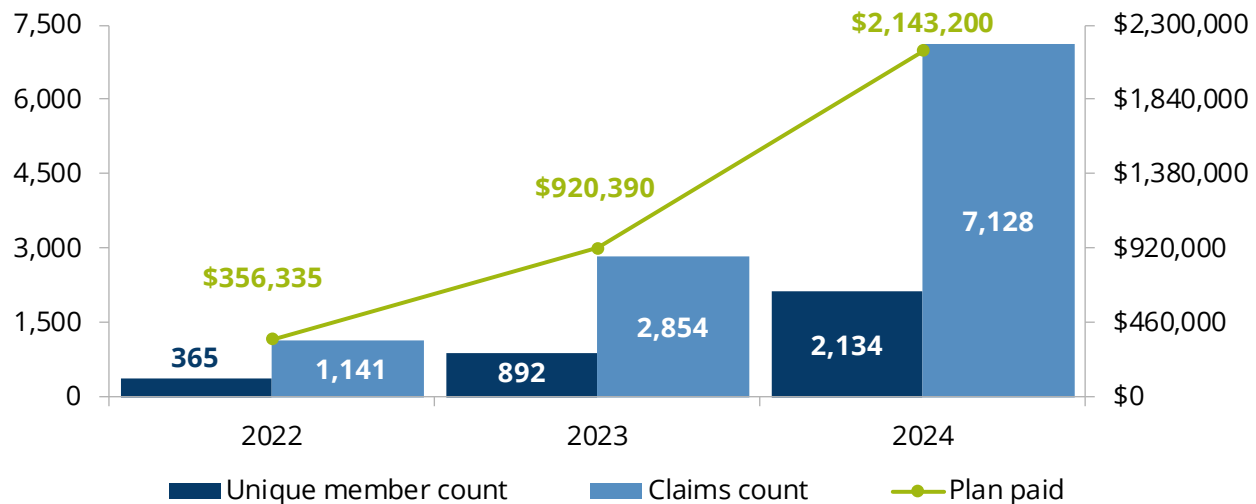
### Participants with meaningful weight loss



The data in the chart includes participants with a BMI greater than 25 who met a 3%, 5% or 7% weight loss after at least eight sessions. According to the American Medical Association, sustained weight loss of as little as 3% to 5% is likely to result in clinically meaningful reductions in levels of triglycerides, blood glucose, and glycated hemoglobin and in the risk of developing Type 2 diabetes.

## Meru Health (behavioral health management)

2022-2024



Meru Health offers services through a licensed clinical therapist to help treat depression, anxiety and burnout. Members are screened to find an appropriate provider based on questionnaires. The 12-week program is delivered via a smartphone app. This was launched on May 7, 2021, at no member cost for all eligible State Health Plan members. After completing the program, participants will have continued access to the biofeedback device and digital content. Among participants who completed the program in 2024, the treatment reduced moderate to severe depression from 52% to 16%, and it reduced moderate to severe anxiety from 57% to 14%.

### Other virtual behavioral health services

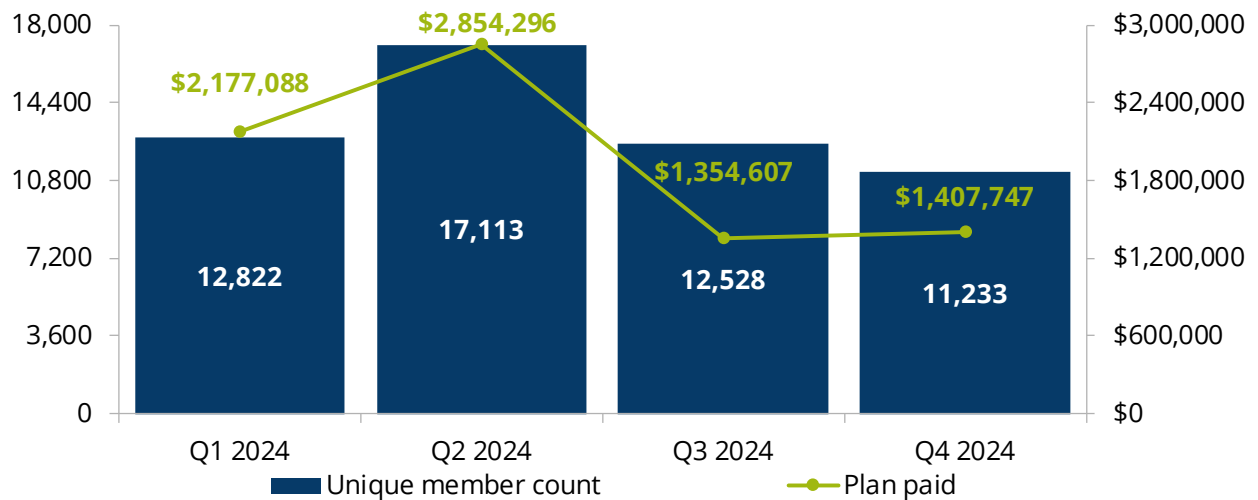
Bend Health treats adolescent mental illness and substance use; No Obsessive-Compulsive Disorder treats OCD; Youturn treats substance use disorder in a peer setting; Equip and Within Health treat eating disorders.

Service	Distinct patient count	Claim count	Plan paid
Bend Health	4	9	\$253.41
NOCD	90	1,028	\$95,510.53
Youturn	13	72	\$19,250.00
Equip	7	41	\$21,650.75
Within Health	10	583	\$631,267.09

## HEDIS measure: Diagnosed Mental Health Disorders

Age group	Year	Eligible members	Members diagnosed with any mental health disorder	Percentage
1-17 years	2023	78,580	16,575	21.1%
	2024	80,158	17,387	21.7%
18-39 years	2023	119,608	36,519	30.5%
	2024	123,558	38,966	31.5%
40-64 years	2023	174,037	53,699	30.9%
	2024	176,685	57,019	32.3%
65 years and older	2023	14,475	3,393	23.5%
	2024	15,274	3,744	24.5%
All ages	2023	386,700	110,186	28.5%
	2024	395,675	117,116	29.6%
National prevalence				25.4%

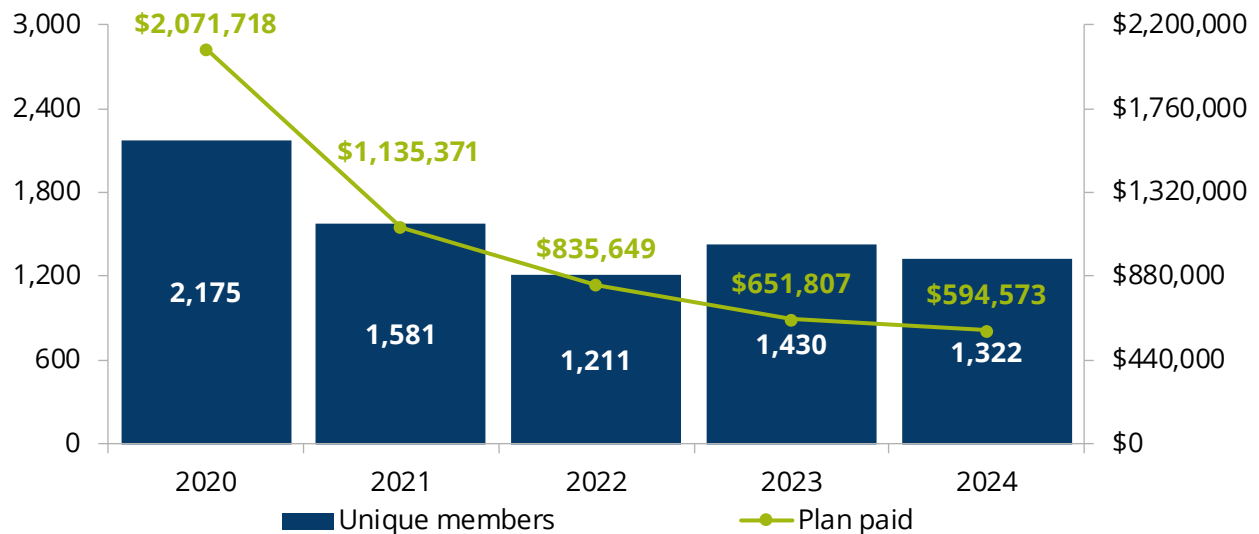
## Hello Heart (heart health)



Hello Heart is a digital-based program focused on managing hypertension available to State Health Plan primary members ages 18 to 79. It provides members with tools to track their medication usage and tips on managing their hypertension. The above chart shows new enrollments per quarter.

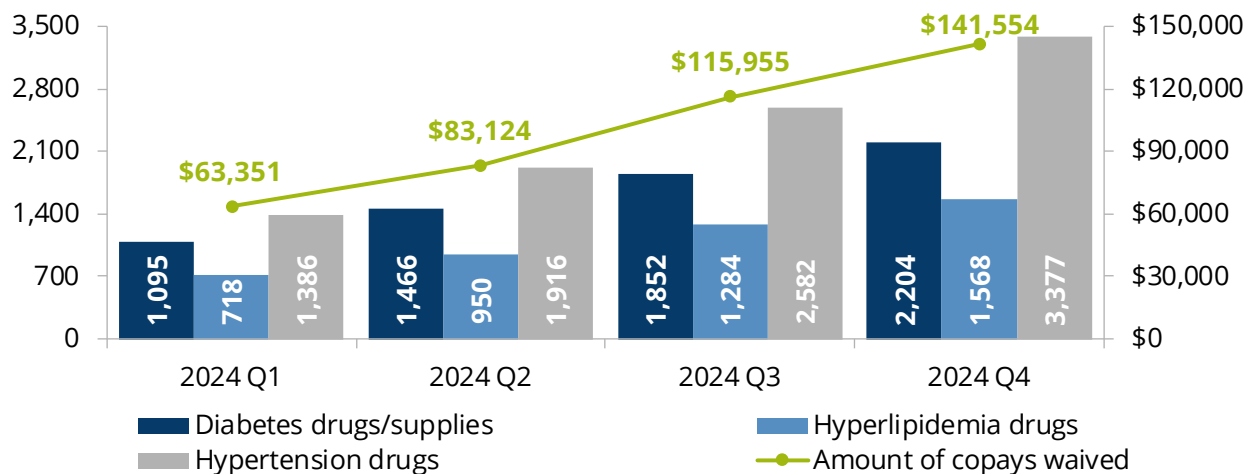
## Tobacco cessation

2020-2024



Member count includes those who are enrolled in the Plan's tobacco cessation program, those who are receiving prescription smoking cessation medications and those who fall into both categories. The percentage of unique members who received a tobacco cessation product was 71.5% in 2024.

## No-Pay Copay (chronic disease management)



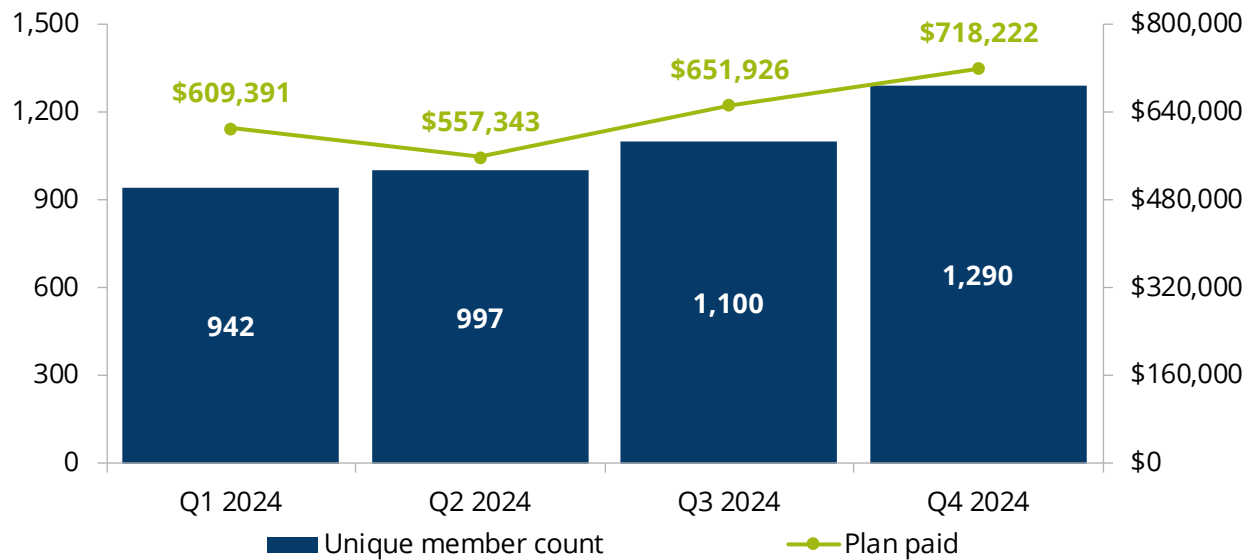
Introduced in 2011, the No-Pay Copay program requires members to do annual activities to receive certain generic drugs for certain conditions at a lower or no member cost. Members qualify for the No-Pay Copay using the Personify platform. The total number of unique members who received a prescription drug through the program was 1,763 in 2024, regardless of condition.



The background features two large, overlapping blue geometric shapes. On the left is a horizontal bar with a diagonal cut on its right side. To its right is a larger shape that resembles a parallelogram or a trapezoid, also with a diagonal cut on its left side, creating a sense of depth and movement.

# Diabetes management

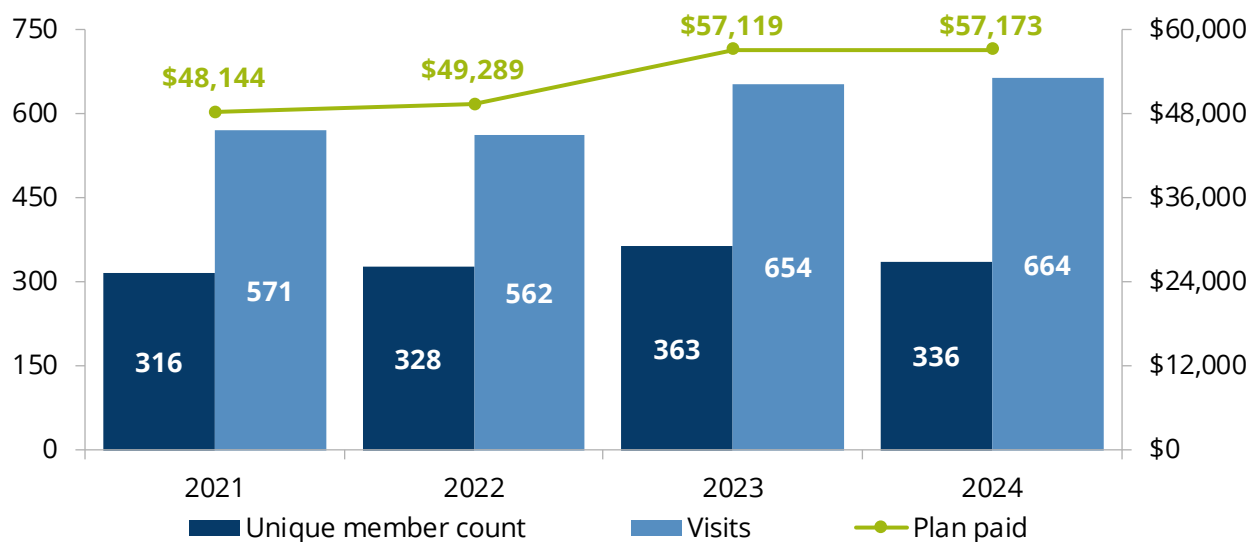
## Virta (type 2 diabetes reversal)



Virta is a medically supervised, research-backed program that can help participants reverse type 2 diabetes. With Virta, participants can naturally lower and control their average blood sugar (HbA1c) while also reducing or eliminating diabetes medication and losing weight. Virta is offered at no cost to eligible State Health Plan primary members ages 18 and older.

## Diabetes education

2021-2024



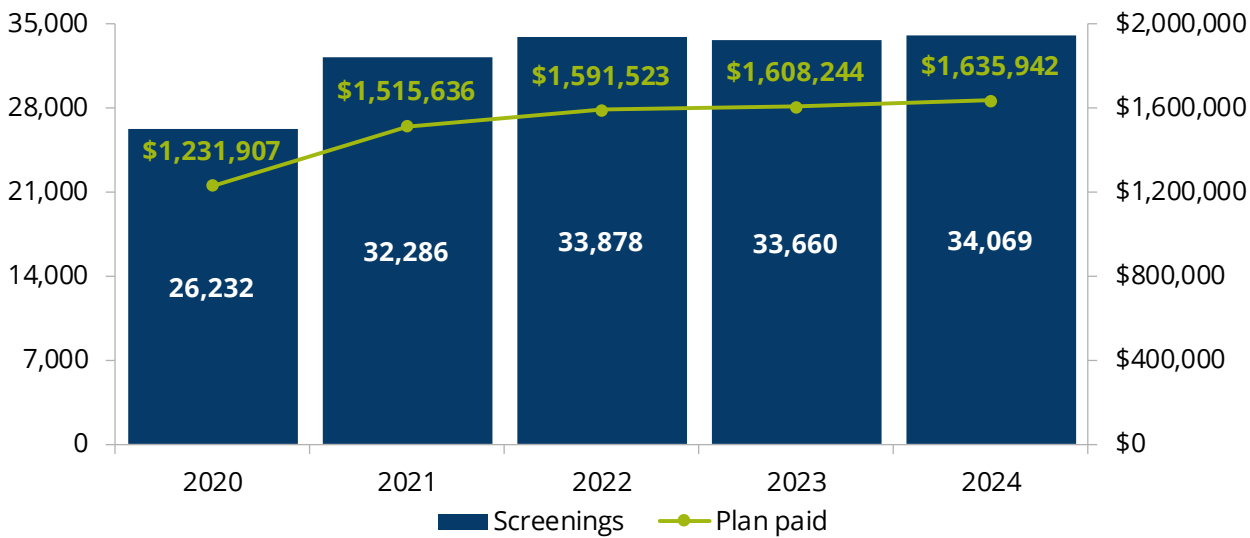
Beginning in 2016, diabetes education services offered by network providers were covered at no cost to State Health Plan primary members.

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# Screenings and vaccines

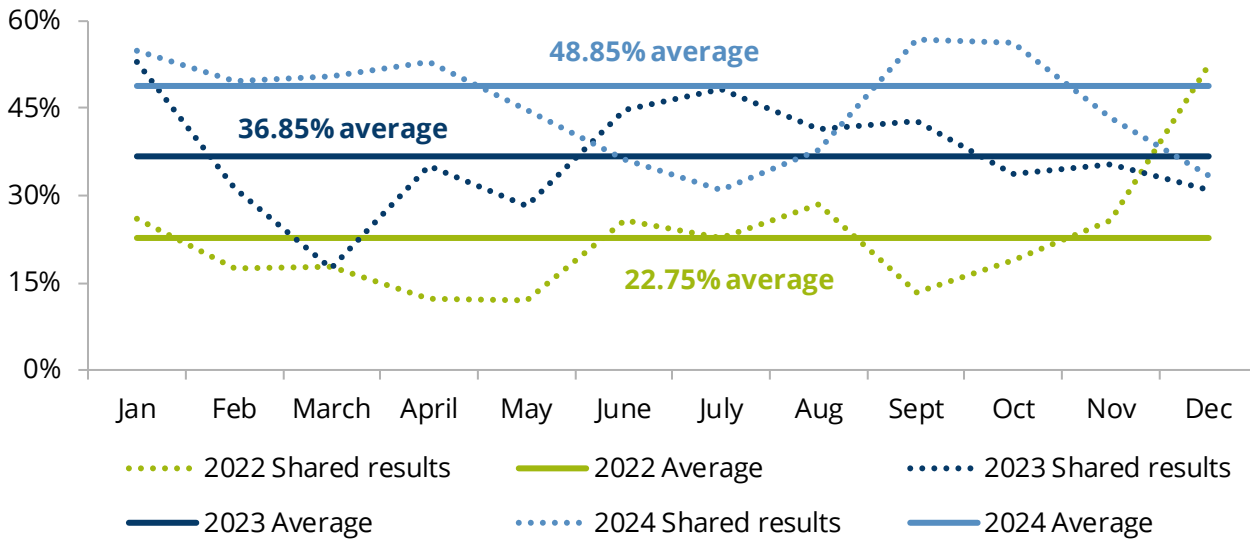
Preventive screenings

2020-2024



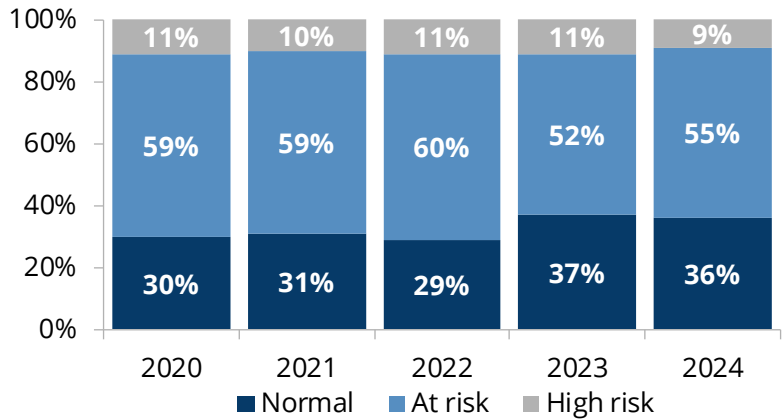
The number of worksite screening events has averaged about 1,000 a year since 2015. For 2024, there were 924 screening events, down from a high of 1,117 in 2019.

Screening data shared | 2022-2024



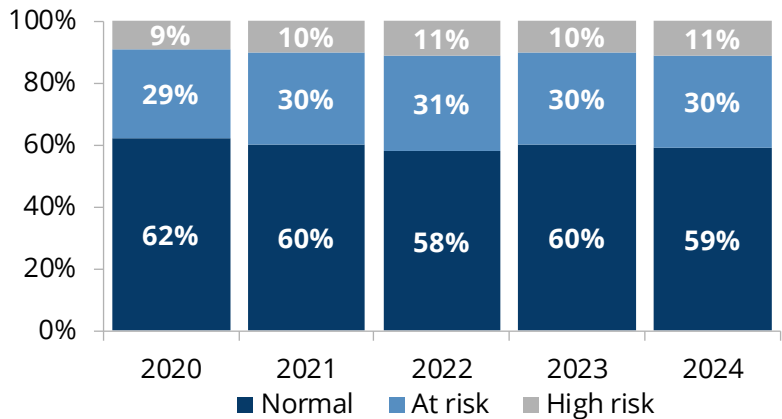
These measures were compiled from results from worksite screening events and biometric screenings completed at walk-in locations.

Blood pressure biometrics | 2020-2024



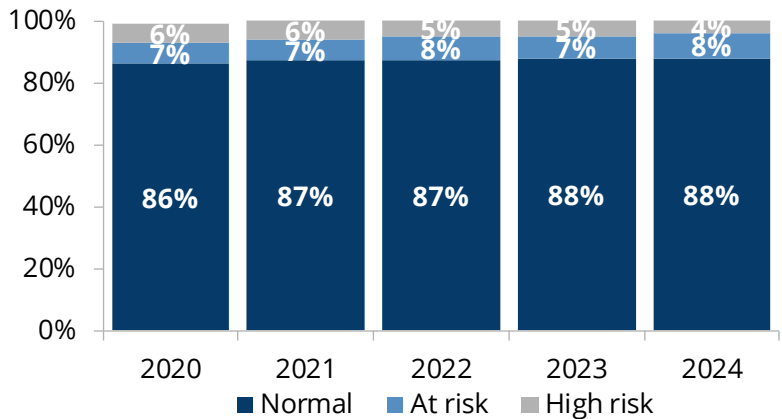
**Normal:** blood pressure is in the normal range (SBP<120 and DBP<80)  
**At risk:** blood pressure is in the prehypertension range (SBP is 120-139 or DBP is 80-89)  
**High risk:** blood pressure is in Stage 1 hypertension (SBP is 140-159 or DBP is 90-99) and Stage 2 hypertension (SBP>=160 or DBP >=100)

Cholesterol biometrics | 2020-2024



**Normal:** cholesterol is in the normal range (<200)  
**At risk:** cholesterol is in the borderline range (200-239)  
**High risk:** cholesterol is in the high risk range (>=240)

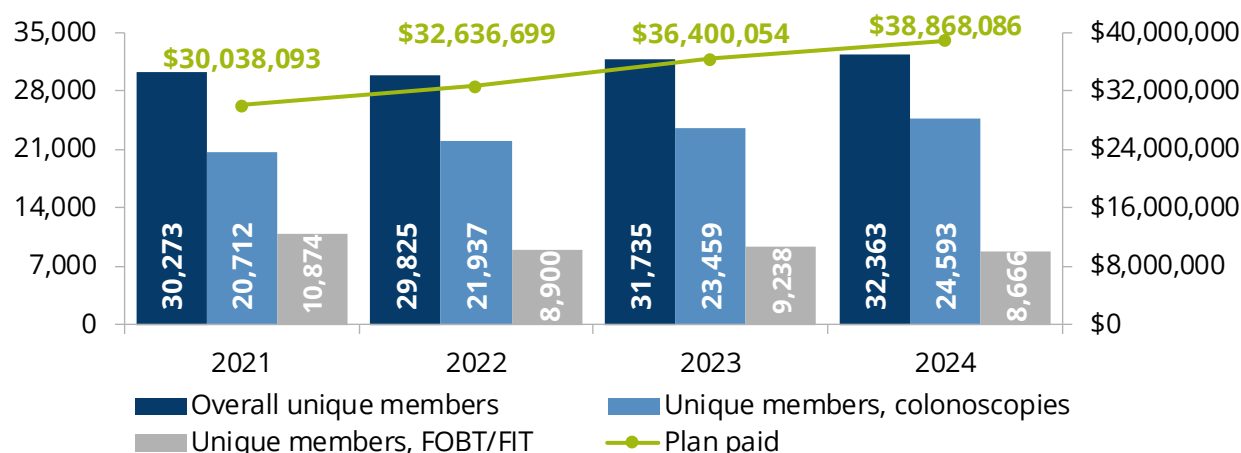
Blood glucose biometrics | 2020-2024



**Normal:** blood glucose is in the normal range (<110)  
**At risk:** blood glucose is in the borderline range (110-130)  
**High risk:** blood glucose is high range (131-199) and immediate follow-up (>=200)

## Colon cancer screenings

2021-2024



The rate for which members ages 50-75 were current for colon cancer screenings was 66.4% in 2024. The rate for members who had a take-home FOBT/FIT test and a follow-up colonoscopy within six months of the test was 12.1% in 2024. The data in the chart reflects unique members who got a colonoscopy or an FOBT/FIT and the overall unique members who got one or both types. LetsGetChecked results are also included. The Plan covers both diagnostic and routine colonoscopies for State Health Plan primary members ages 45 and older at no cost.

## LetsGetChecked utilization

LetsGetChecked, formerly the BiolQ program, began in 2021 and is an at-home colorectal cancer screening program for members older than 55 who have not had a recent colorectal cancer screening. Eligible members receive a letter in the mail explaining the program, along with an at-home colorectal cancer screening kit, or FIT test, at no member cost.

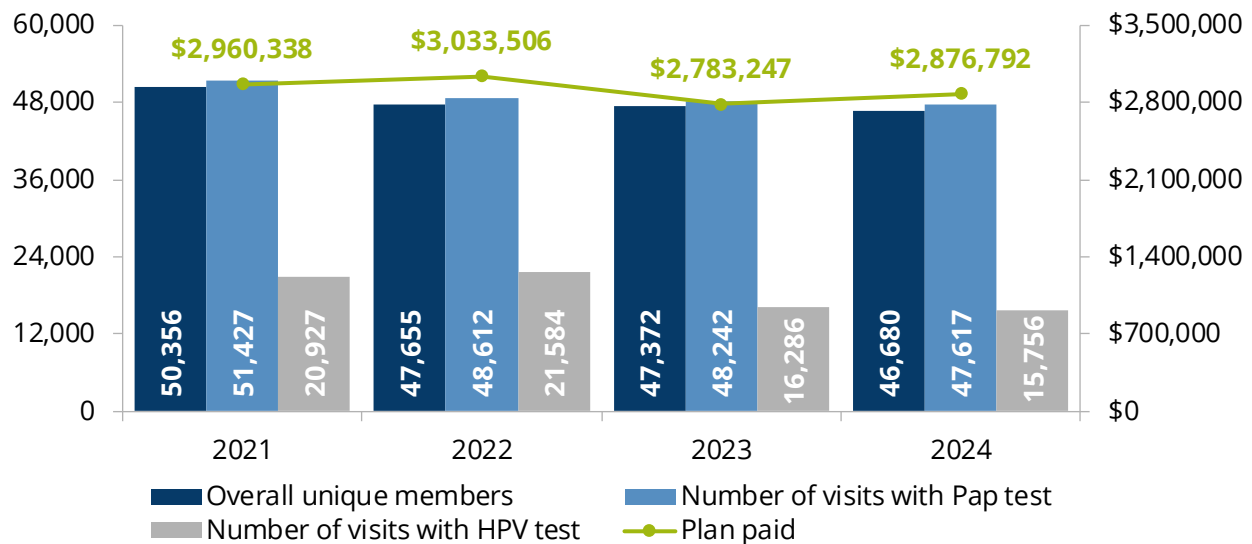
Number of kits shipped	Number of kits with results	Number of kits with positive test	Number of members who got a follow-up colonoscopy	Percentage of members who got a follow-up colonoscopy
47,631	6,116	430	287	66.7

## HEDIS measure: Colorectal Cancer Screening (ages 46-75)

Year	Eligible members	Members screened for colorectal cancer	Screening percentage	Percentage of colonoscopies for all screenings
2023	138,108	83,498	60.5%	88.6%
2024	140,275	89,061	63.5%	87.4%
Benchmark			59.2%	

## Cervical cancer screenings

2021-2024



The rate for which eligible members were current for cervical cancer screenings was 67.8% in 2024. The Plan covers a Pap test yearly for ages 18-65. The data in the chart reflect services paid for ages 21-64, the recommended ages for the screening. The Plan pays a benefit for the HPV test once every five years for ages 30-65 with or without a Pap test.

### HEDIS measure: Cervical Cancer Screening

Year	Eligible members	Members screened for cervical cancer	Screening percentage
2023	112,158	74,969	66.8%
2024	112,346	76,173	67.8%
Benchmark			72.5%



### HEDIS measure: Non-Recommended Cervical Cancer Screening in Adolescent Females

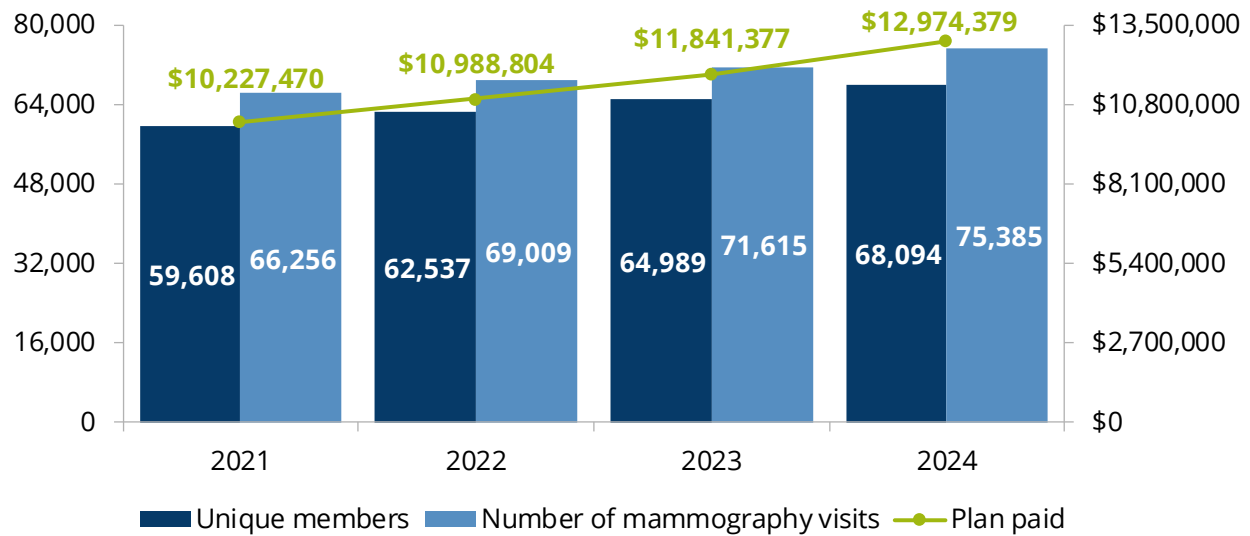
(low value)

Year	Number of members	Members screened for cervical cancer	Screening percentage
2023	15,134	121	0.8%
2024	15,667	93	0.6%
Benchmark			0.4%



## Mammograms (routine and diagnostic)

2021-2024



The rate for which eligible members were current for mammograms was 76.0% in 2024. The Plan covers one baseline routine mammogram for women ages 35-39. Women ages 40 and older can receive one routine mammogram each calendar year.

### HEDIS measure: Breast Cancer Screening

Year	Eligible members	Members with at least one mammogram	Screening percentage
2023	58,601	43,943	75.0%
2024	58,837	44,696	76.0%
Benchmark			73.3%

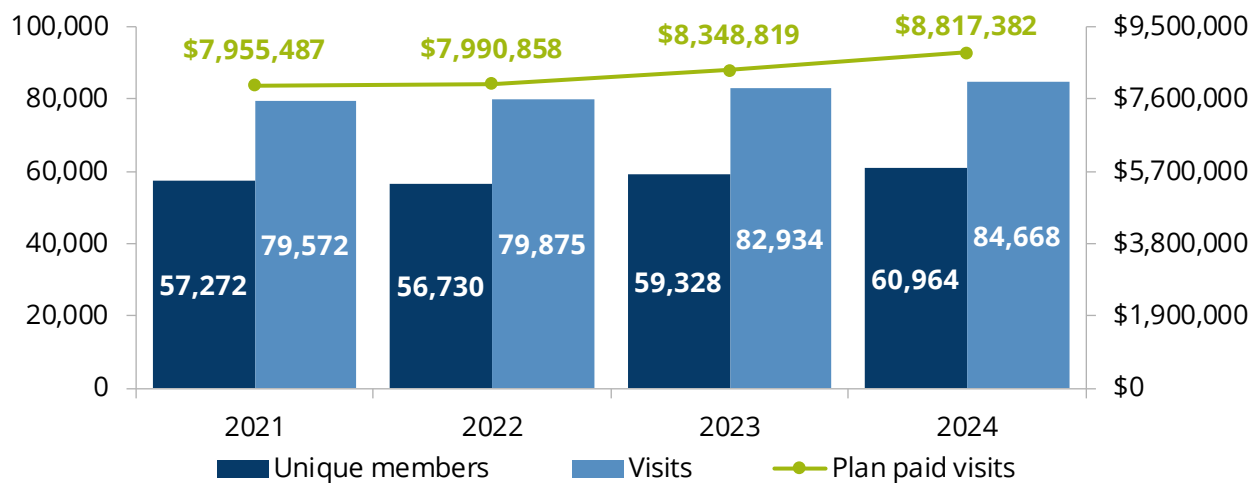




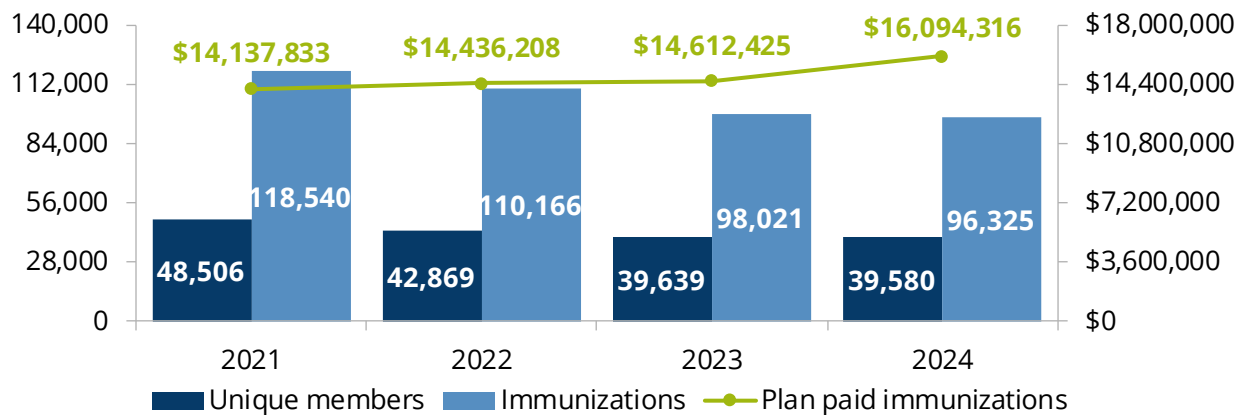
## Well child benefit

Covered children are eligible for well child care visits until age 19. This benefit covers well child care exams and immunizations recommended by the Centers for Disease Control. Flu vaccinations are not included in the immunization count.

### Well child visits | 2021-2024



### Well child immunizations (excludes flu vaccinations) | 2021-2024




### HEDIS measure: Well-Child Visits in the First 15 Months

Year	Total members	No visit	One visit	Two visits	Three visits	Four visits	Five visits	Six visits
2023	3,334	1.0%	99.0%	98.4%	97.8%	96.2%	93.3%	85.3%
2024	3,312	0.8%	99.2%	98.4%	97.6%	96.0%	93.1%	85.8%
Benchmark								80.8%




### HEDIS measure: Well-Child Visits from 15 Months to 30 Months

Year	Total members	No visit	One visit	Two visits
2023	3,356	3.7%	96.3%	91.2%
2024	3,494	3.5%	96.5%	91.0%
Benchmark				88.3%




### HEDIS measure: Child and Adolescent Well-Care Visits

Ages 3 to 11			Ages 12-17		Ages 18 to 19		Ages 3 to 19	
Year	Total members	One visit	Total members	One visit	Total members	One visit	Total members	One visit
2023	37,826	65.2%	33,480	52.7%	12,429	33.6%	83,735	55.5%
2024	38,794	66.0%	34,047	53.6%	12,852	33.7%	85,693	56.2%
Benchmark								57.6%




### HEDIS measure: Child Immunization Status

Vaccine	Year	Eligible members	Vaccinated members	Vaccination percentage
<b>Combination 10</b> (four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV, four PCV, one HepA, three RV and two seasonal flu by their second birthday)	2023	3,027	1,562	51.6%
	2024	3,056	1,364	44.6%
Combination 10 benchmark				46.4%



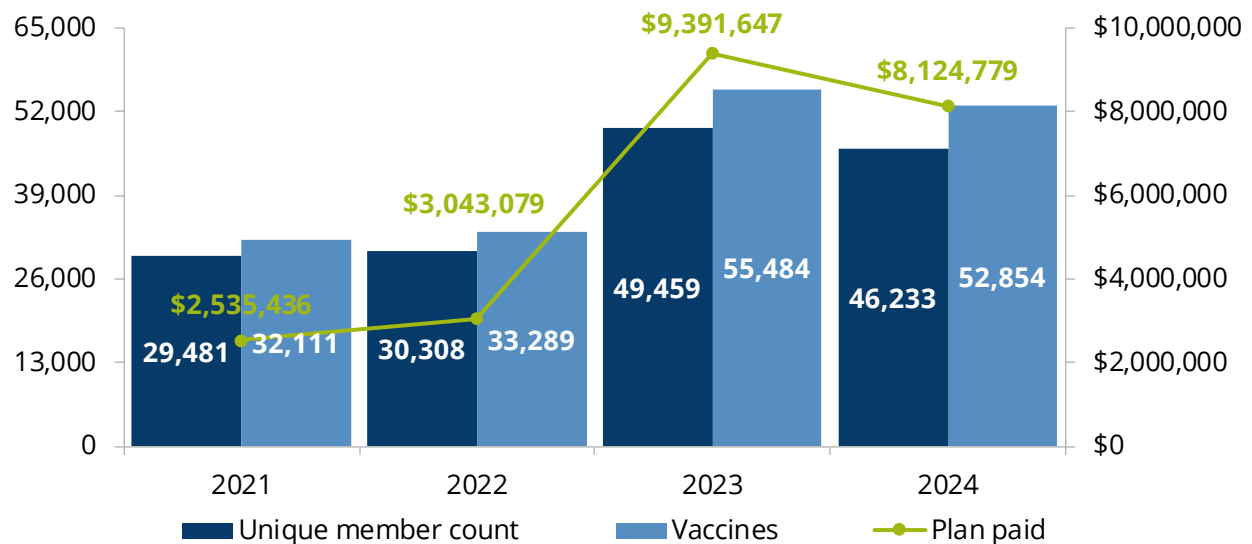
### HEDIS measure: Immunizations for Adolescents

Vaccine	Year	Eligible members	Vaccinated members	Vaccination percentage
<b>Adolescent Immunization Combination 2</b> (MCV4, TDaP/TD, HPV)	2023	3,854	1,191	30.9%
	2024	3,890	1,160	29.8%
Adolescent Combination 2 benchmark				28.9%



## Adult vaccines (excludes flu and shingles vaccinations)

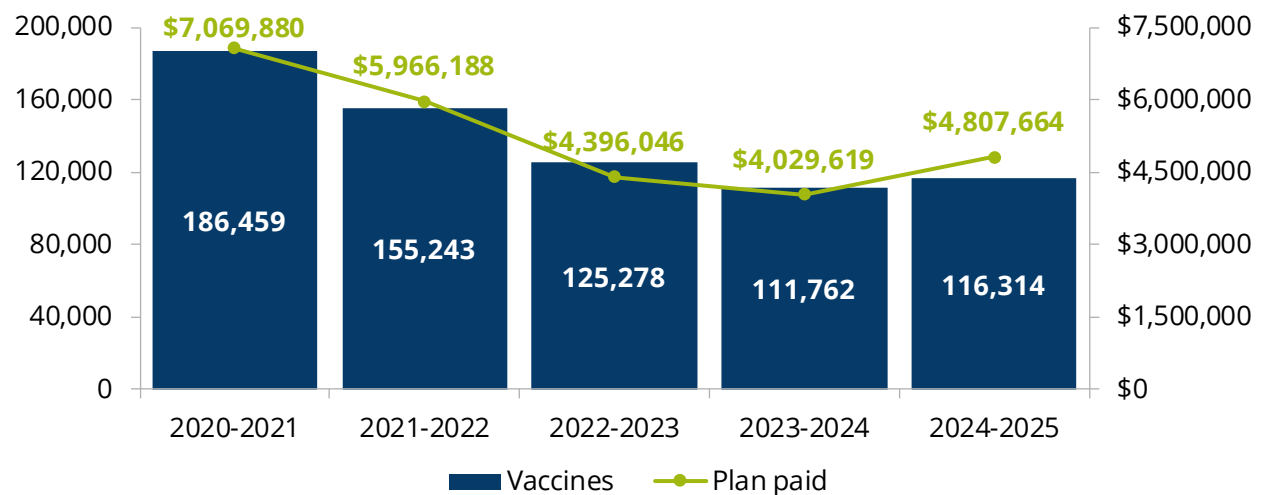
2021-2024



Beginning in 2016, adult vaccinations at the intervals recommended by the Centers for Disease Control were offered at no cost to State Health Plan primary members.

## Flu vaccines for adults and children

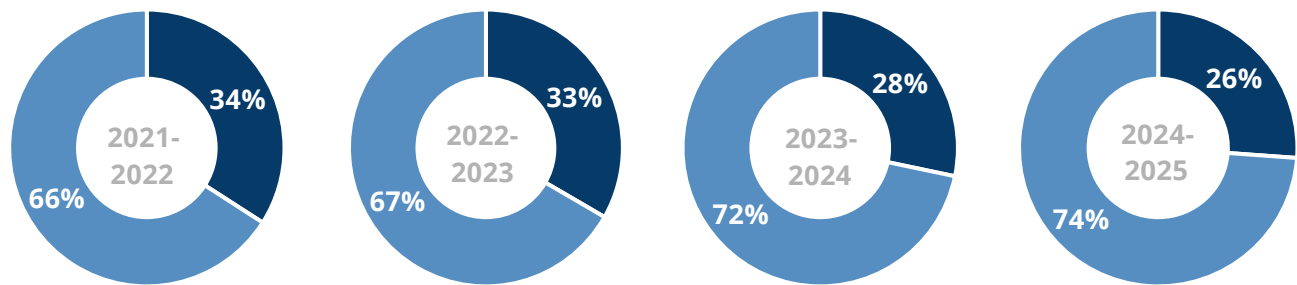
2020-2025



Adults 19 and older accounted for 77.8% of the flu vaccines during the 2024-2025 season. Flu season is defined as July-June. This chart does not include data from the S.C. Department of Public Health Immunization Registry.

Flu vaccines utilization | 2021-2025

Received Did not receive



According to medical claims and data from the immunization registry, 26.2% of State Health Plan members received flu vaccines during the 2024-2025 season.

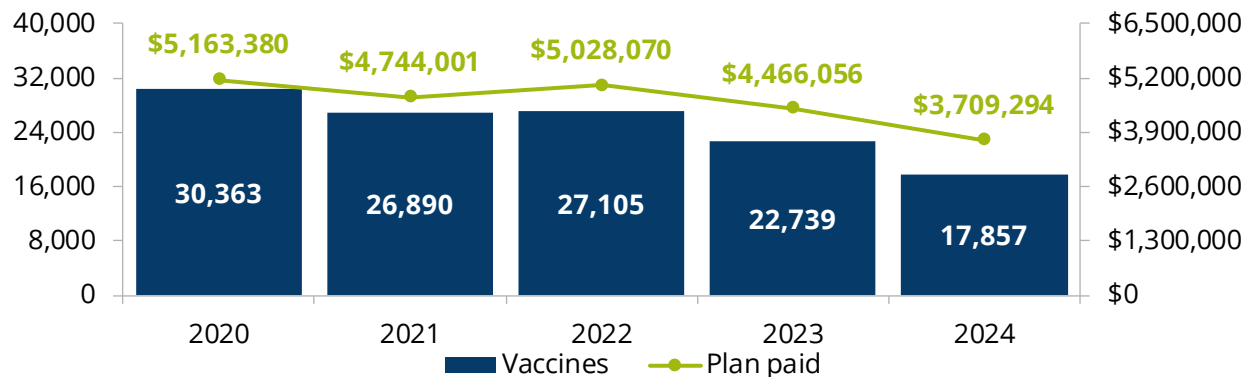
HEDIS measure: Flu vaccinations

Ages 19 and older			Ages 19-65		Ages 66+	
Year	Members	Vaccinated	Members	Vaccinated	Members	Vaccinated
2023	287,371	27.4%	278,591	26.6%	8,780	52.3%
2024	295,183	26.6%	285,785	25.8%	9,398	50.2%
Benchmark				23.8%		32.5%



## Shingles vaccines

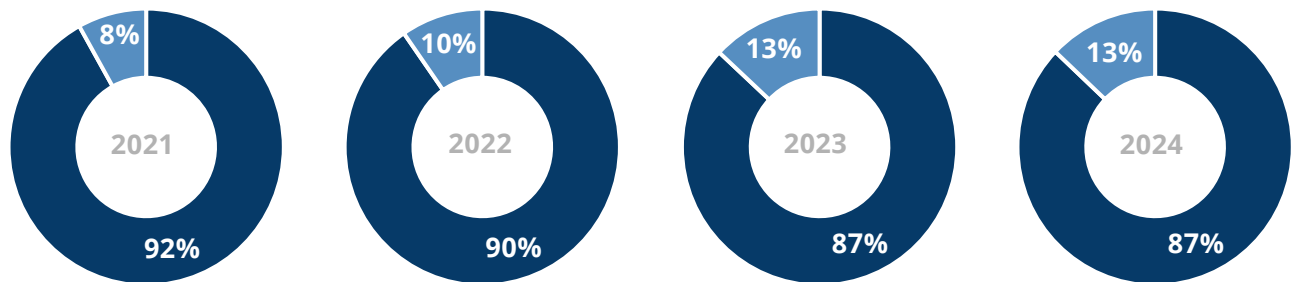
### 2020-2024



From 2008 to 2014, Zostavax was covered with member cost sharing. Since 2015, it has been covered at no member cost. Shingrix, also covered with no patient liability, became available in December 2017. When Shingrix was released, the CDC lowered the recommended age to get the vaccine from 60 to 50. As a result, more members became eligible for the vaccine, impacting the rate for which members are current. Using a two-year lookback period, the rate of State Health Plan members who received an initial dose of Shingrix and received a second or follow-up dose was 78.0% in 2024.

### Service providers | 2021-2024

■ Pharmacy ■ Doctor's office



### HEDIS measure: Shingles vaccinations

Year	Ages 50+		Ages 50-65		Ages 66+	
	Members	Vaccinated	Members	Vaccinated	Members	Vaccinated
2023	117,302	23.0%	108,456	22.1%	8,846	34.5%
2024	118,590	25.3%	109,361	23.9%	9,229	42.0%
Benchmark				20.8%	16.0%	

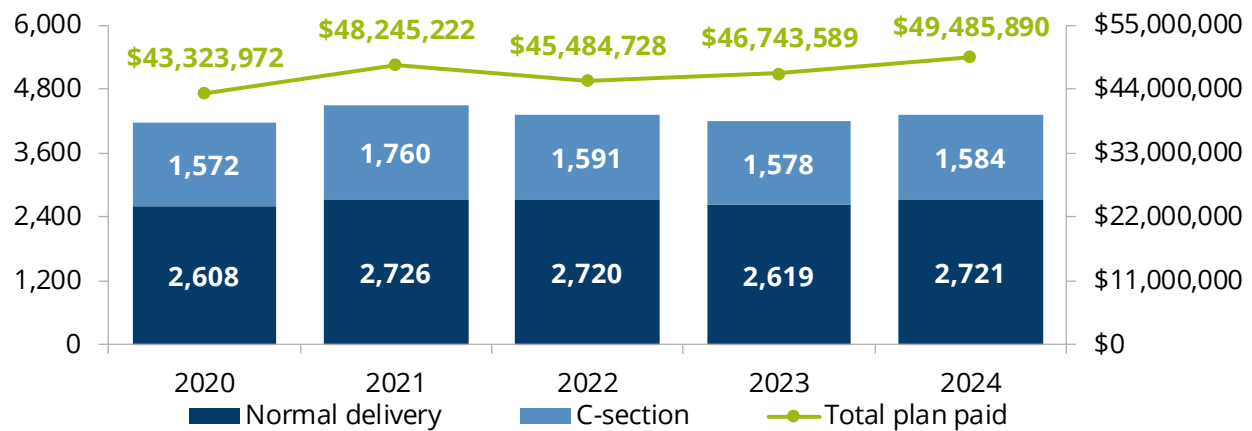


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# Maternal health

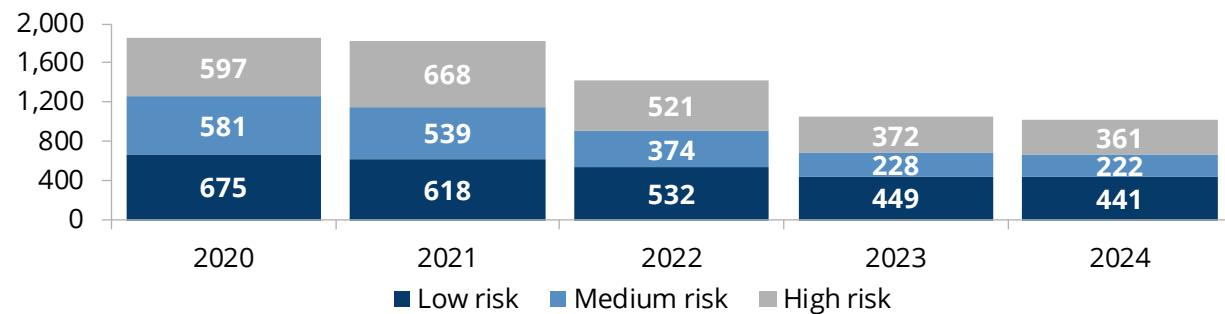
## Deliveries

2020-2024



## Enrollment in Coming Attractions (maternal health program)

2020-2024



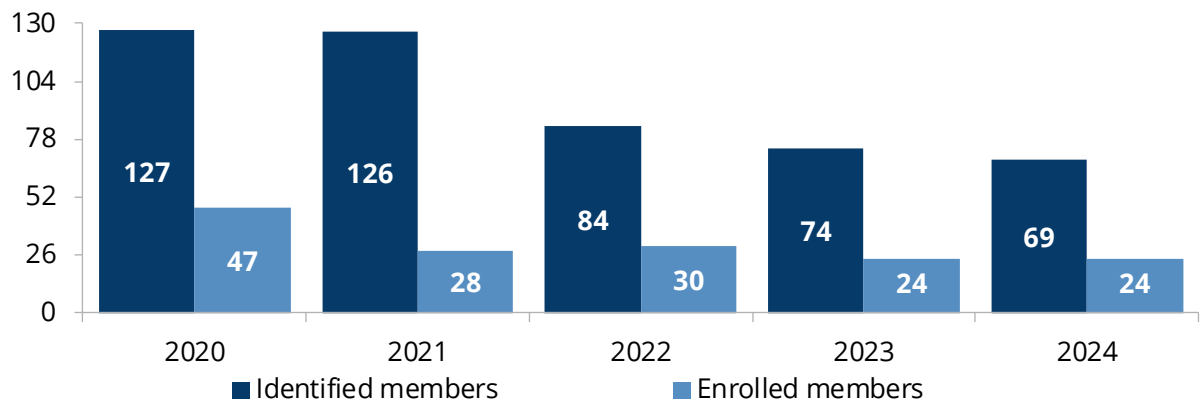
BlueCross administers PEBA's comprehensive maternity management program, Coming Attractions. The program monitors expectant mothers throughout pregnancy and manages Neonatal Intensive Care Unit (NICU) infants or other babies with special needs until they are 1 year old. Of the 361 high risk pregnancies for participants in 2024, 38 worked with a case manager.

### Risk levels for members not enrolled in Coming Attractions

Year	Low risk	Medium risk	High risk	Unknown
2021	2,285	30	25	274
2022	2,461	31	85	148
2023	2,868	3	7	164
2024	2,987	10	53	159

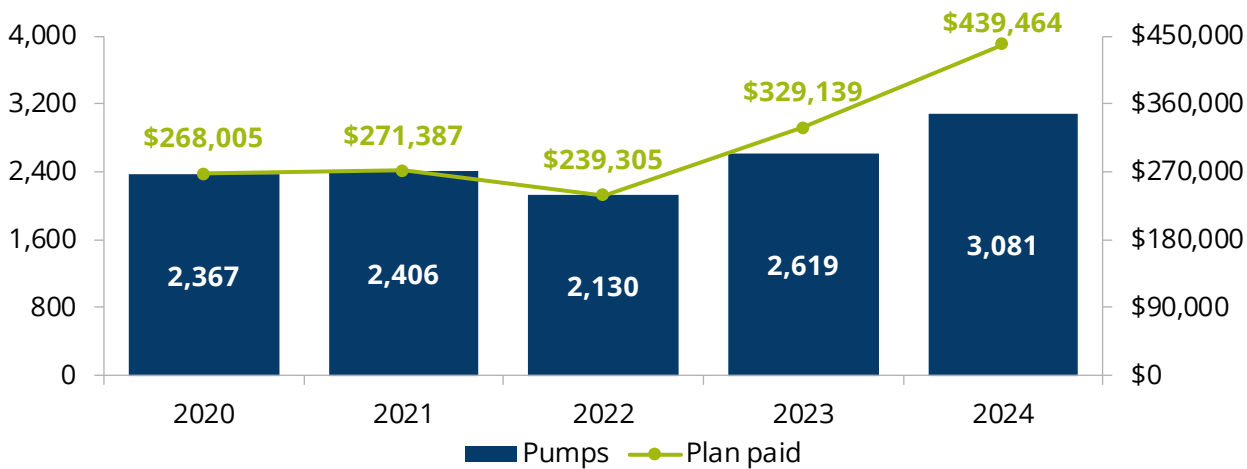
Enrollment in Moms program (behavioral health management)

2020-2024



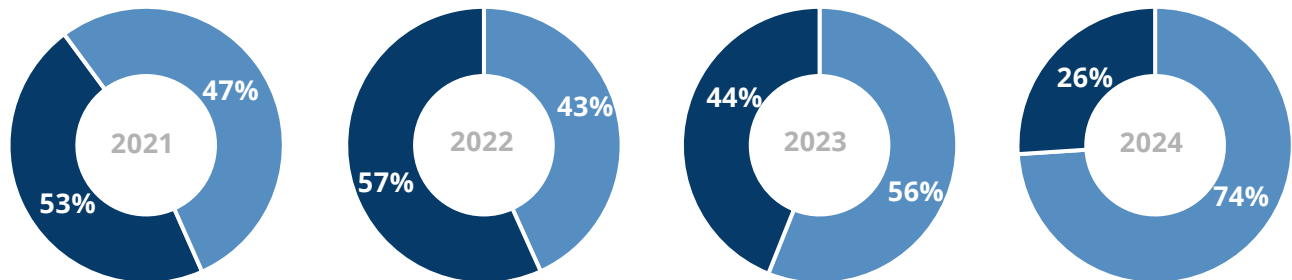
Breast pumps

2020-2024



Breast pump utilization by year | 2021-2024

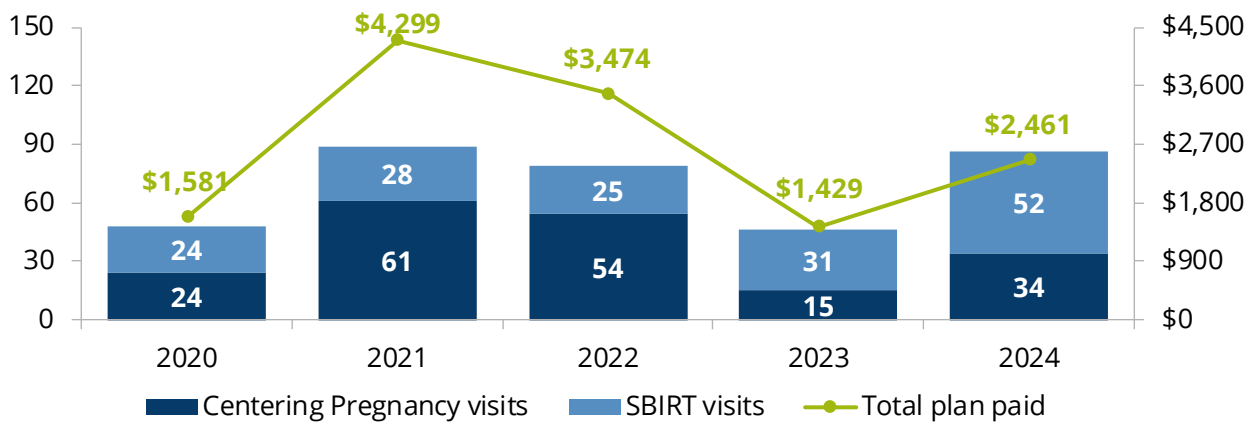
No pump Pump





# Centering Pregnancy, SBIRT

2020-2024



Launched in July 2011, the goal of the Birth Outcomes Initiative (BOI) is to reduce South Carolina’s high elective cesarean section birth rate and to reduce Neonatal Intensive Care Unit admissions. It is a statewide initiative involving public and private stakeholders.

An approach of the Birth Outcomes Initiative, Centering Pregnancy is a nationally recognized model of group prenatal care supported by the Centering Healthcare Institute. Patients are organized into groups of eight to 12 women who have due dates in the same month. Groups meet for 10 two-hour sessions that include a physical assessment, childbirth education and time for socializing.

Another approach of the Birth Outcomes Initiative is SBIRT (Screening, Brief Intervention, and Referral to Treatment). Screening assesses the severity of substance abuse and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance abuse and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

## HEDIS measure: Prenatal Immunization Status

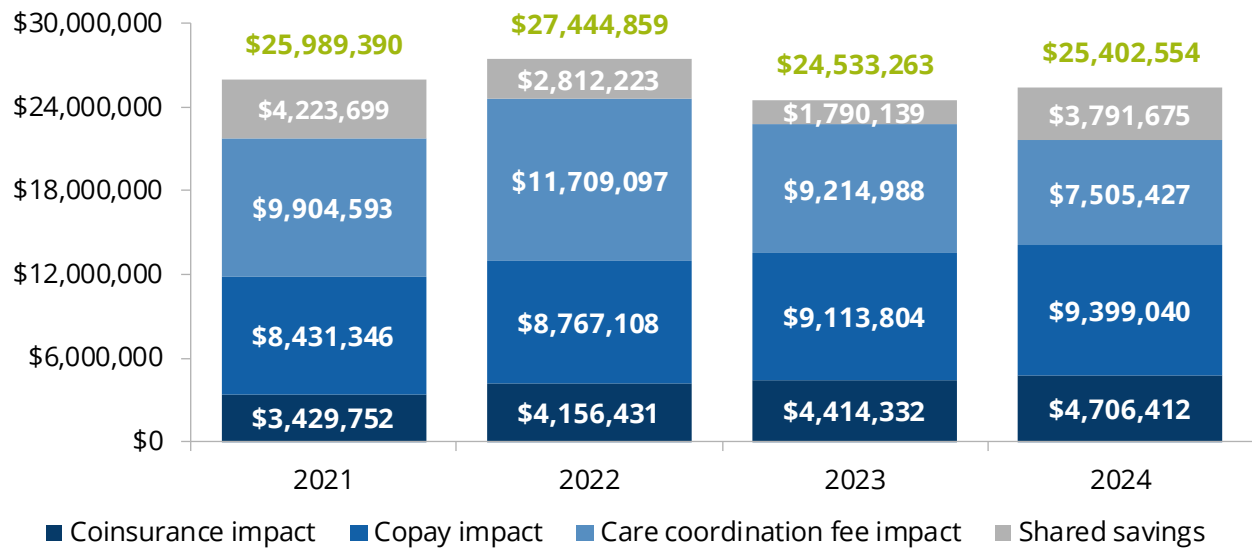
Vaccine	Year	Number of deliveries	Vaccinated members	Percent vaccinated
Influenza	2023	3,784	1,864	49.3%
	2024	3,855	1,757	45.6%
Influenza benchmark				37.0%
Diphtheria, tetanus, and acellular pertussis (TDAP/TD)	2023	3,784	2,818	74.5%
	2024	3,855	2,946	76.4%
TDAP/TD benchmark				68.5%



## Patient-centered medical home (PCMH)

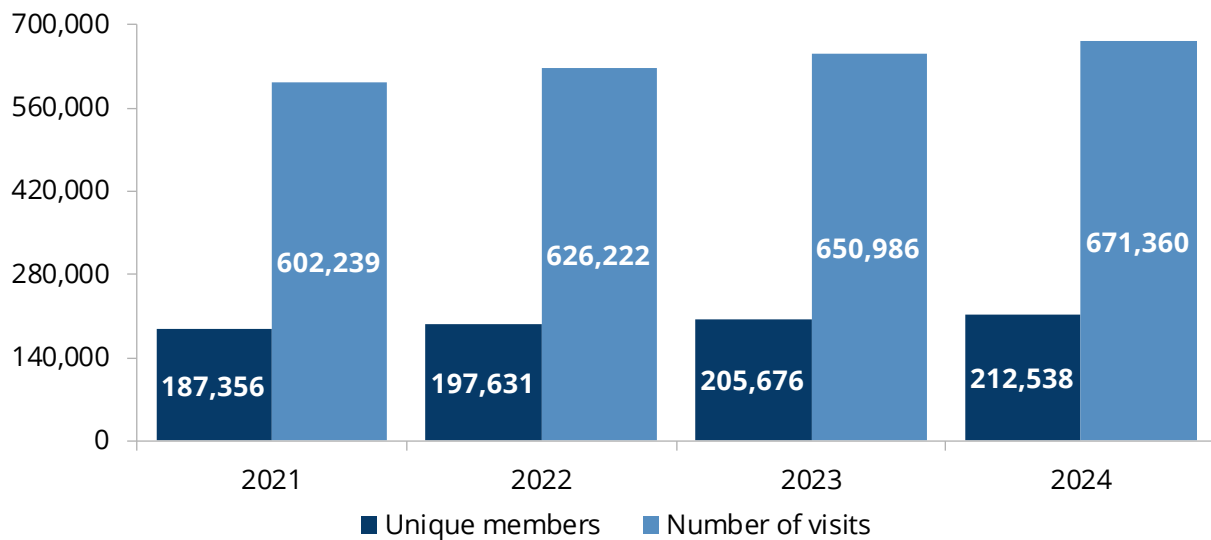
## Patient-centered medical homes

### Financial impact | 2021-2024



The State Health Plan assumes more financial liability with a patient-centered medical home (PCMH). It absorbs the patient's typical \$15 copayment for the doctor's office visit and pays 90% coinsurance for the in-person visit instead of 80% in a non-PCMH setting. The Plan also pays a care coordination fee to PCMH providers.

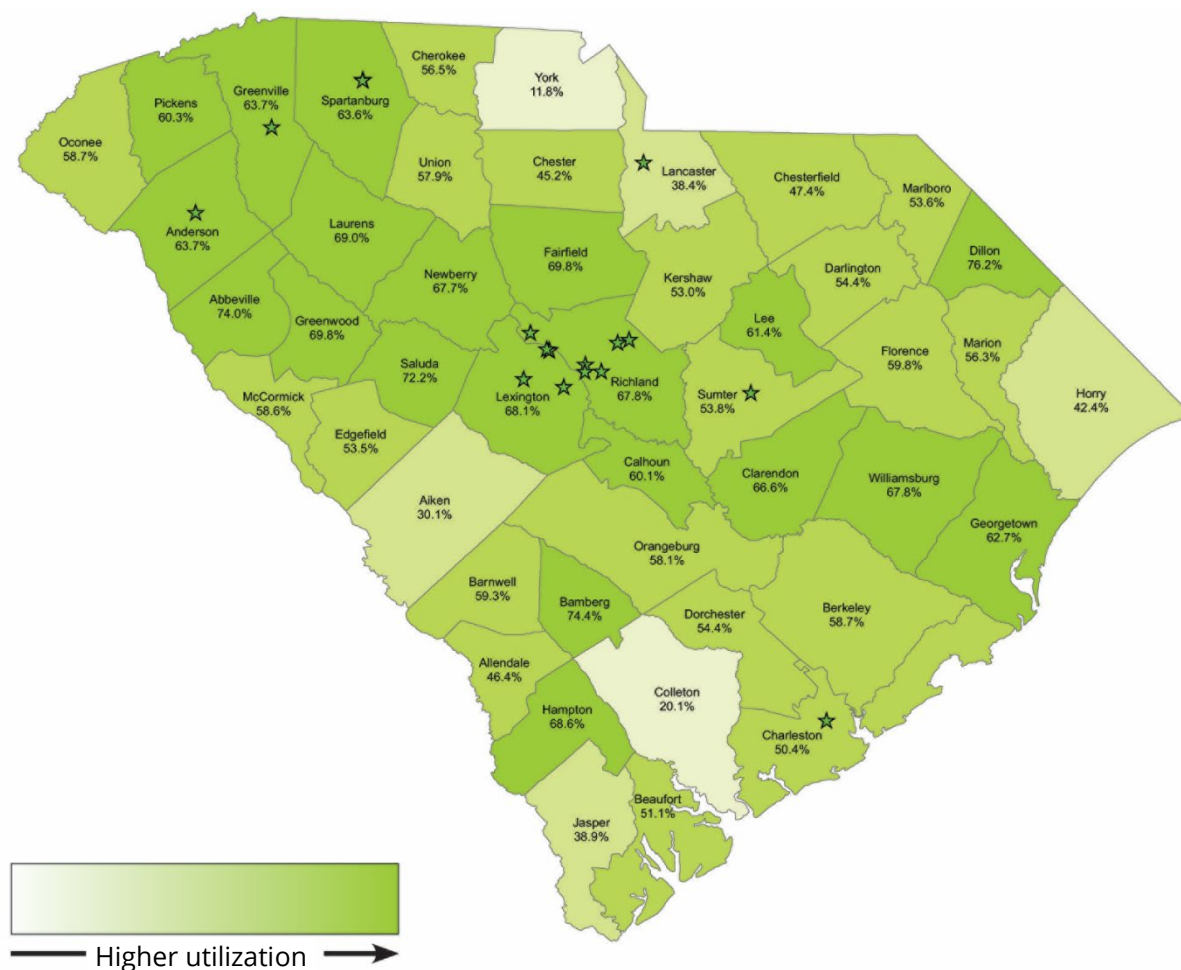
### Utilization of all patients | 2021-2024



The State Health Plan began participating in BlueCross' PCMH pilot in 2009. The pilot began with one provider practice serving about 500 State Health Plan adult members.

Beginning January 1, 2016, the PCMH program was fully implemented, and financial incentives for using a PCMH were offered to all State Health Plan primary members. During that year, there were 237 PCMH practices and 2,785 PCMH practitioners. As of 2024, there were 686 PCMH practices and 9,572 PCMH practitioners.

## Percentage of State Health Plan primary members utilizing a PCMH | 2024



### ★ High-volume PCMH practices (1,000 patients or more)

#### Upstate

- Mackey Family Practice
- PH Pediatrics Spartanburg
- Internal Medicine Associates
- Amed Pediatrics Anderson
- MGC-Medial Affiliates-North Grove

#### Midlands

- Colonial Family Practice LLC
- SC Internal Medicine Assoc & Rehab
- Lexington Family Practice (5 locations)
- Palmetto Pediatrics
- Sandhills Pediatrics
- The Columbia Medical Group
- Harbison Medical Associates
- PH Primary Care

#### Lowcountry/Pee Dee

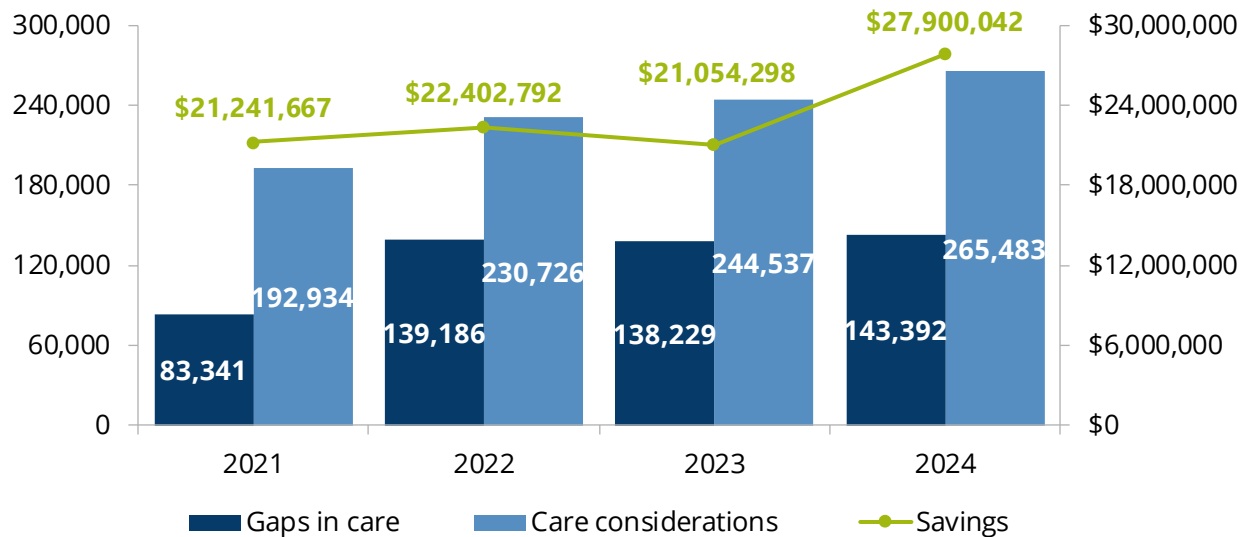
- MUSC Physicians PCP West Ashley

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# Active Health

## Active Health

2021-2024



After analyzing claims data, Active Health sends care considerations to providers to help close gaps in care. Improved clinical outcomes lead to Plan savings. The care consideration compliance rate was 52.1% in 2024. There were less projected savings in 2023 because there was a decrease in the gaps in care identified from 2022 to 2023.

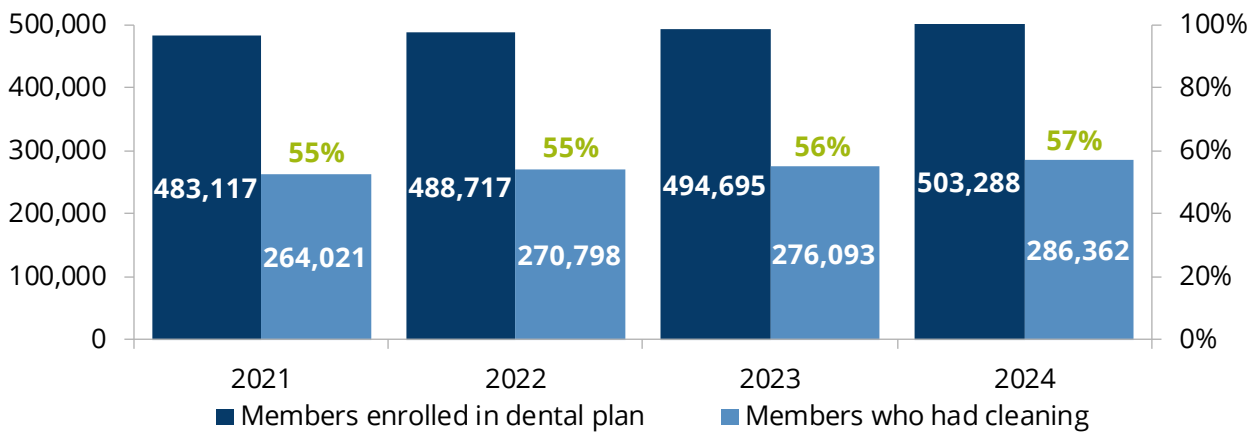
PEBA is interested in a holistic approach to improving member health outcomes by identifying members for intervention recommendations based on best-practice, clinical protocols. Beginning in 2022, dental and vision claims were added to the medical and pharmacy claims to help achieve this goal. Based on evidence-based medicine, dental exams and eye exams may be recommended for certain conditions. Having the dental and vision claims helps close any potential gaps in care.

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## Dental and vision

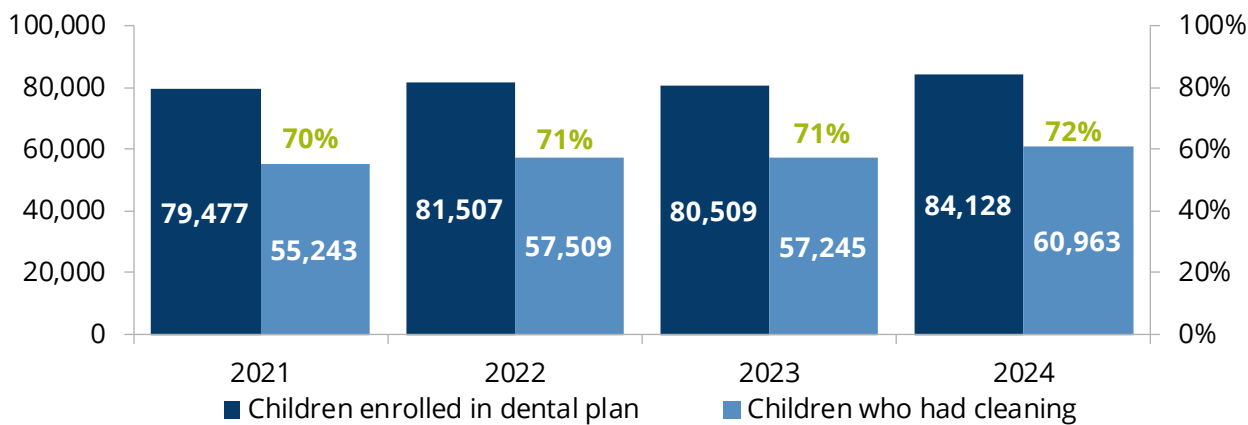
Dental cleanings

Adults | 2021-2024



Adults are defined as ages 18 and older. The total count is the number of adults who had at least one cleaning, and who are enrolled in Dental Plus or Basic Dental.

Children | 2021-2024



Children are defined as ages 2 through 17. The total count is the number of children who had at least one cleaning, and who are enrolled in Dental Plus or Basic Dental.

HEDIS measure: Annual Dental Visit

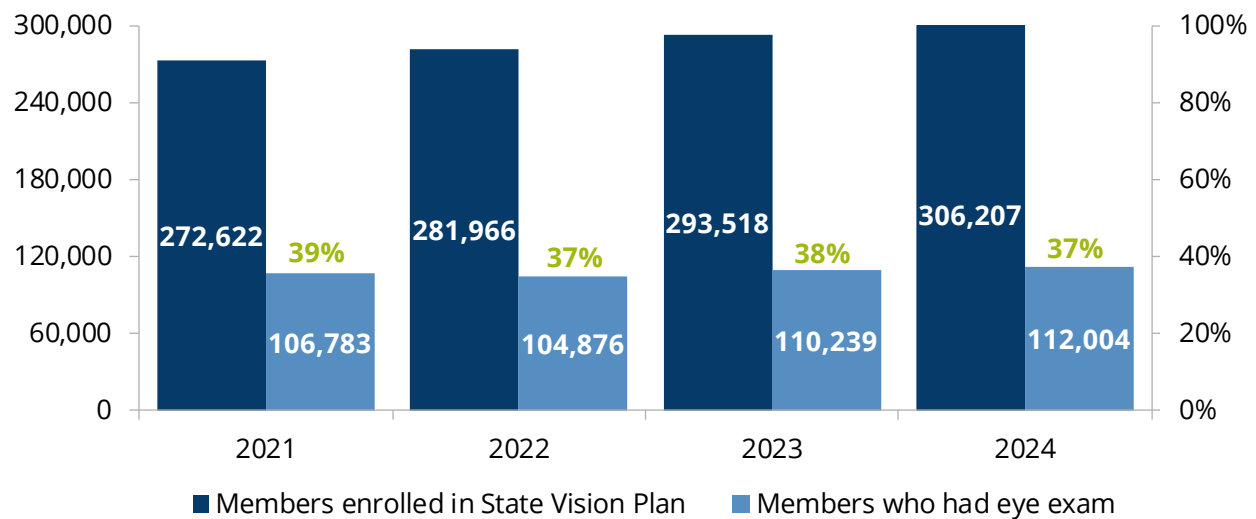
	Year	Total members	Members with dental claim	Dental claim rate
Ages 2-20	2023	83,294	62,362	74.9%
	2024	91,302	68,894	75.5%
Benchmark				Retired





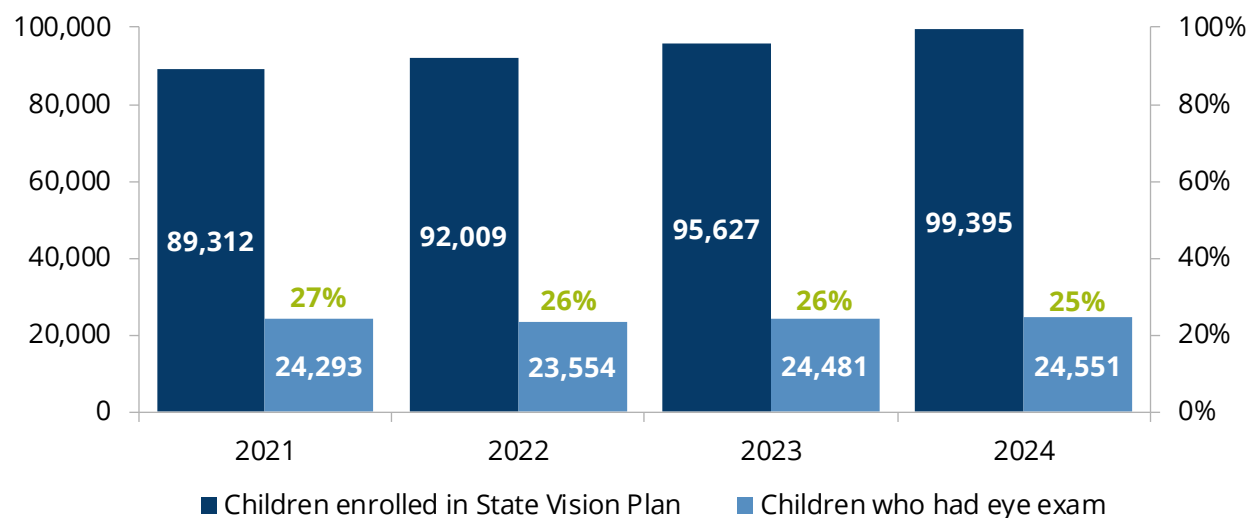
## Eye exams

### Subscribers and spouses | 2021-2024



The State Vision Plan covers an annual comprehensive eye exam with a \$10 copay. An eye exam not only detects the need for vision correction, but it can also reveal early signs of many medical conditions, including diabetes, high blood pressure and heart disease.

### Dependent children | 2021-2024



The percentages of children who had an eye exam under the State Vision Plan does not account for children who may have had vision screenings at their school or at their well child visit. Also, subscribers who elect child coverage for a benefit typically add all eligible children at the same time. Combined, this could explain the low exam counts if not all covered children have used the vision benefit.

The background features two large, overlapping blue geometric shapes. On the left is a horizontal bar with a diagonal cut on its right side. To its right is a larger shape that is a parallelogram with a diagonal cut on its left side, creating a sense of depth and movement.

# **HEDIS Performance Measures**

## HEDIS Performance Measures

### How HEDIS is developed

NCQA's Committee on Performance Measurement, which includes representation from purchasers, consumers, health plans, health care providers and policy makers, oversees the evolution of the measurement set. Multiple Measurement Advisory Panels provide clinical and technical knowledge required to develop the measures. Additional HEDIS Expert Panels and the Technical Measurement Advisory Panel provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

### Technical notes

**The measures reported in this document are uncertified, unaudited Health Plan HEDIS rates. The results are compiled by PEBA's internal analytic team and have not been certified through NCQA's Measure Certification Program and may only be used for internal, quality improvement purposes.**

Members with SHP primary coverage as determined by eligibility files were selected for the performance measures included in this report (i.e., members with Medicare primary coverage were excluded from the analysis). Members with the following health plan categories were selected: 1) Blue Cross/Blue Shield Standard Plan, 2) Blue Cross/Blue Shield Savings Plan and 3) MUSC Health Plan. Unless a HEDIS measure specifically notes to include rejected or reversed claims, only non-rejected, non-reversed medical, dental and pharmacy claims were used in the analyses for this report. Source information includes claims and immunization registry data for vaccination measures.

Most measures allow for one gap in enrollment of up to 45 days during each measurement year. The opioid measure does not allow for any gap in enrollment. Age is calculated as of December 31 of the measurement year except for opioid measures. Age is calculated as of January 1 of each measurement year for the opioid measure. Inpatient claims and emergency department claims are not included in well child and adolescent well care measures. HEDIS guidelines require specialty of primary care physician for well child visit measures and primary care or OB/GYN physician for the adolescent measure. Due to the number of practice groups reporting multi-specialty instead of a specific specialty designation, as well as data quality issues inherent in the specialty data field, this requirement was not included in the creation of child and adolescent well-care for this report.

When a measure specified an exclusion "to be any time during the member's history through December 31 of the measurement year", a lookback of seven years including the measurement year was applied. Eligibility was not considered for member history (i.e., member did not have to have at least 320 days of coverage in each year of the lookback if the excluding diagnosis or procedure was identified in the claims).

There are more than 235 million people enrolled in plans that report HEDIS results. Rates for several measures by plan type — commercial HMO, commercial PPO, Medicaid HMO, Medicare HMO, and Medicare PPO — are provided on the NCQA website. For the purposes of this report, these results are included and are used as a comparison or benchmark.

## How the State Health Plan fared

Benchmark data is for preferred provider organizations (PPOs) except the dental claim benchmark. The dental claim benchmark is for Medicaid Health Management Organization (HMO).

		Benchmark	SHP
<b>Measures for behavior or services that improve member health outcomes and reduce costs</b>			
Adults who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.	↑	94.7% (2023)	95.8% (2024) 96.1% (2023)
<b>RETIRED MEASURE</b> Adults and children ages 2 through 20 who had at least one dental claim during the measurement year.	↑	47.3% (2022)	75.5% (2024) 74.9% (2023)
At least six well child visits in the first 15 months of life with a primary care physician.	↑	80.8% (2023)	85.8% (2024) 85.3% (2023)
Well child visits in the first 30 months of life (15 months to 30 months).	↑	88.3% (2023)	91.0% (2024) 91.2% (2023)
Child and adolescent well care between ages 3 and 19 who had at least one comprehensive well-care visit with a primary care physician or OB/GYN practitioner during the measurement year.	↑	57.6% (2023)	56.2% (2024) 55.5% (2023)
Children 2 years of age who had their Combo 3 vaccines: four DTaP, three polio (IPV), one MMR, three haemophilus influenza type B (HiB), three hepatitis B (HepB), one chicken pox (VZV), and four pneumococcal conjugate (PCV) by their second birthday.	↑	69.6% (2023)	85.6% (2024) 90.1% (2023)
The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one TDaP/TD vaccine and the complete human papillomavirus vaccine series by their 13th birthday.	↑	28.9% (2023)	29.8% (2024) 30.9% (2023)
The percentage of members ages 19 to 65 who had a flu vaccine during the measurement year.	↑	23.8% (2023)	25.8% (2024) 26.6% (2023)
The percentage of adults ages 50 to 65 who were current for the shingles vaccine during the measurement year.	↑	20.8% (2023)	23.9% (2024) 22.1% (2023)
The percentage of adults ages 19-65 who were current for the TDaP vaccine during the measurement year.	↑	39.0% (2023)	40.6% (2024) 39.2% (2023)
The percentage of adults ages 66 and older who were current for the pneumococcal vaccine during the measurement year.	↑	No current benchmark	57.5% (2024) 58.5% (2023)
Women ages 50 through 74 who had at least one mammogram to screen for breast cancer in the past two years.	↑	73.3% (2023)	76.0% (2024) 75.0% (2023)

		Benchmark	SHP
<b>Measures for behavior or services that improve member health outcomes and reduce costs</b>			
Women ages 21 through 64 who were screened for cervical cancer using either of the following criteria: Women ages 21 through 64 who had cervical cytology performed every three years or women ages 30 through 64 who had human papillomavirus testing performed every five years.	↑	72.5% (2023)	67.8% (2024) 66.8% (2023)
Adults ages 50 through 75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test; flexible sigmoidoscopy every five years; colonoscopy every 10 years; computed tomography colonography every five years; or stool DNA test every three years.	↑	59.2% (2023)	63.5% (2024) 60.5% (2023)
Among opioid users, the percentage of members ages 18 and older who receive prescription opioids at a high dosage for greater than or equal to 15 days during the measurement year (average morphine equivalent dose [MED] greater than 90 mg).	↓	3.7% (2023)	3.8% (2024) 4.0% (2023)
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, who had a follow-up visit with a mental health provider within 7 days.	↑	46.1% (2023)	40.8% (2024) 54.9% (2023)
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, who had a follow-up visit with a mental health provider within 30 days.	↑	68.7% (2023)	67.5% (2024) 79.4% (2023)
Members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 12 weeks.	↑	79.4% (2023)	77.1% (2024) 78.2% (2023)
Members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 6 months.	↑	64.1% (2023)	59.2% (2024) 60.8% (2023)
<b>HEDIS measures for low-value services</b>			
Adolescent females ages 16 through 20 who were screened unnecessarily for cervical cancer.	↓	0.4% (2023)	0.6% (2024) 0.8% (2023)
Adults ages 18 through 50 who had a primary diagnosis of low back pain and did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).	↑	73.2% (2023)	71.2% (2024) 72.5% (2023)

Measure descriptions information on the following pages is derived from HEDIS Measures and Technical Resources. <https://www.ncqa.org/hedis/measures/>.

## Adults' Access to Preventive/Ambulatory Health Services

This measure assesses whether adult health plan members had a preventive or ambulatory visit to their physician. Health care visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can address acute issues or manage chronic conditions.

The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

Age group	Year	Total members	Members with at least one visit	AAP%
20-44 years	2018-2020	100,850	94,519	93.7%
	2019-2021	103,807	98,055	94.5%
	2020-2022	104,655	98,813	94.4%
	2021-2023	101,851	96,093	94.3%
	2022-2024	103,551	97,136	93.8%
45-64 years	2018-2020	122,659	118,931	97.0%
	2019-2021	123,953	120,377	97.1%
	2020-2022	124,807	121,412	97.3%
	2021-2023	123,073	119,850	97.4%
	2022-2024	124,308	120,867	97.2%
65 years & older	2018-2020	11,459	11,203	97.8%
	2019-2021	11,736	11,463	97.7%
	2020-2022	12,367	12,087	97.7%
	2021-2023	12,857	12,611	98.1%
	2022-2024	13,654	13,375	98.0%
Total	2018-2020	234,968	224,653	95.6%
	2019-2021	239,496	229,895	96.0%
	2020-2022	241,829	232,312	96.1%
	2021-2023	237,781	228,554	96.1%
	2022-2024	241,513	231,378	95.8%
Benchmark				94.7%

## Annual Dental Visit

Regular dental visits provide access to cleaning, early diagnosis, treatment and education about caring for teeth to prevent problems.

Percentage of active SHP members with dental coverage (includes members with Basic and Dental Plus) with at least one dental claim. **Benchmark is based on ages 2-20 for Medicaid HMO 2022; no commercial benchmark results are available.**

Age group	Year	Total members	Members with dental claim	Dental claim rate
2 to 20 years	2020	86,038	59,543	69.2%
	2021	82,054	60,438	73.7%
	2022	89,256	65,241	73.1%
	2023	83,294	62,362	74.9%
	2024	91,302	68,894	75.5%
21 to 39 years	2020	97,445	47,193	48.4%
	2021	93,842	48,790	52.0%
	2022	107,357	53,690	50.0%
	2023	94,827	49,753	52.5%
	2024	108,750	56,868	52.3%
40 to 64 years	2020	148,753	83,312	56.0%
	2021	146,161	87,595	59.9%
	2022	158,961	95,430	60.0%
	2023	150,195	91,995	61.3%
	2024	162,608	100,069	61.5%
65 years & older	2020	14,431	8,666	60.1%
	2021	14,644	9,319	63.6%
	2022	18,261	11,732	64.2%
	2023	16,098	10,363	64.4%
	2024	19,503	12,642	64.8%
All ages	2019	333,047	201,008	60.4%
	2020	346,667	198,714	57.3%
	2021	336,701	206,142	61.2%
	2022	373,835	226,093	60.5%
	2023	344,414	214,473	62.3%
<b>Benchmark</b> (ages 2 to 20)				<b>Retired</b>

## Annual Dental Visit Additional Results

Age group	Year	Dental Basic & Dental Plus		Dental Basic		Dental Plus	
		Total members	Members with dental claim	Total members	Members with dental claim	Total members	Members with dental claim
2 to 3 years	2023	4,764	56.7%	1,547	43.5%	3,217	63.0%
	2024	6,156	60.1%	1,614	45.1%	4,542	65.4%
4 to 6 years	2023	9,647	79.5%	2,840	68.2%	6,807	84.2%
	2024	10,738	80.2%	2,440	67.3%	8,298	84.0%
7 to 10 years	2023	16,375	83.9%	4,062	73.4%	12,313	87.4%
	2024	17,767	84.9%	3,289	72.9%	14,478	87.6%
11 to 14 years	2023	18,946	81.2%	4,320	68.7%	14,626	84.9%
	2024	20,508	81.0%	3,673	67.9%	16,835	83.8%
15 to 18 years	2023	22,106	72.7%	5,185	61.2%	16,921	76.2%
	2024	23,688	73.5%	4,315	59.8%	19,373	76.6%
19 to 20 years	2023	11,456	59.2%	2,753	47.0%	8,703	63.1%
	2024	12,445	60.0%	2,391	46.8%	10,054	63.2%
21 to 29 years	2023	44,934	48.4%	15,042	37.8%	29,892	53.8%
	2024	53,319	48.9%	15,146	36.6%	38,173	53.8%
30 to 39 years	2023	49,893	56.1%	17,170	42.2%	32,723	63.4%
	2024	55,431	55.6%	16,071	39.7%	39,360	62.0%
40 to 49 years	2023	61,784	60.2%	17,282	45.9%	44,502	65.7%
	2024	66,363	60.2%	15,216	43.5%	51,147	65.2%
50 to 64 years	2023	88,411	62.0%	24,397	46.3%	64,014	68.0%
	2024	92,245	62.5%	22,147	45.3%	74,098	67.6%
65 years and older	2023	16,098	64.4%	4,083	44.7%	12,015	71.1%
	2024	19,503	64.8%	4,354	43.0%	15,149	71.1%



## Well-Child Visits in the First 15 Months

These well-child visits measures are based on the American Academy of Pediatrics Bright Futures guidelines for Health Supervision of Infants, Children and Adolescents.<sup>1</sup>

The visits that occur before the 15-month birthday are of particular importance because this is the period when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination and social and emotional growth. They are foundational to preventive health care, such as evidence-based screenings and immunizations, because they promote better social, developmental and health outcomes.<sup>2</sup>

1 Hagan, J.F., J.S. Shaw, and P.M. Duncan, eds. 2017. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Fourth edition. Elk Grove Village, IL: Bright Futures/American Academy of Pediatrics.

2 Bright Futures & American Academy of Pediatrics. 2020. Periodicity Schedule—Recommendations for Preventive Pediatric Health Care. [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

For purposes of SHP, the maximum age for the Child and Adolescent Well-Care Visit Measure is 19.

Well-Child Visits in the First 15 Months of Life: Assesses children who turned 15 months old during the measurement year and had 0–6 well-child visits with a primary care physician during their first 15 months of life.

Year	Total members	No visit	One visit	Two visits	Three visits	Four visits	Five visits	Six visits
2020	3,396	0.9%	99.1%	98.8%	98.2%	96.8%	94.6%	83.3%
2021	3,303	0.8%	99.2%	98.5%	97.7%	96.5%	94.0%	85.0%
2022	3,341	1.0%	99.0%	98.4%	97.8%	96.5%	94.1%	84.3%
2023	3,334	1.0%	99.0%	98.4%	97.8%	96.2%	93.3%	85.3%
2024	3,312	0.8%	99.2%	98.4%	97.6%	96.0%	93.1%	85.8%
Benchmark								80.8%

## Well-Child Visits from 15 Months to 30 Months

The AAP/Bright Futures guidelines also recommend two or more visits between 15 months and 30 months, an important period for early assessment and screenings. Early identification of developmental disorders is critical to the well-being of children and their families.

Assesses children who turned 30 months old during the measurement year and had two or more well-child visits with a primary care physician from their first 15 months plus one day through 30 months of life.

Year	Total members	No visit	One visit	Two visits
2020	3,465	2.5%	97.5%	92.7%
2021	3,525	3.6%	96.4%	90.2%
2022	3,278	3.2%	96.8%	91.4%
2023	3,356	3.7%	96.3%	91.2%
2024	3,494	3.5%	96.5%	91.0%
Benchmark				88.3%

## Child and Adolescent Well-Care Visits

Well-child visits during the preschool and early school years are particularly important. A child can be helped through early detection of vision, speech and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems.

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Report three age stratifications and total rate: 3–11 years, 12–17 years, 18–21 years and the sum of the age stratifications.

Year	Ages 3 to 11		Ages 12-17		Ages 18 to 19		Ages 3 to 19	
	Total members	One visit	Total members	One visit	Total members	One visit	Total members	One visit
2020	39,244	61.3%	34,224	49.3%	12,331	30.0%	85,799	52.0%
2021	38,236	62.7%	33,373	50.5%	12,302	31.0%	83,911	53.2%
2022	37,899	62.5%	33,194	49.9%	12,359	31.5%	83,452	52.9%
2023	37,826	65.2%	33,480	52.7%	12,429	33.6%	83,735	55.5%
2024	38,794	66.0%	34,047	53.6%	12,852	33.7%	85,693	56.2%
Benchmark								57.6%

Childhood Immunization Status

This measure follows the CDC Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations.<sup>1</sup>

Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles.

1 Wodi, A.P., N. Murthy, V.V. McNally, M.F. Daley, S. Cinea. 2024. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger – United States, 2024." MMWR Morb Mortal Wkly Rep 73:6-10. <https://doi.org/10.15585/mmwr.mm7301a>

The percentage of children 2 years of age who had a four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three Haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugates (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine plus separate combination rates.

**Methodology change:** Measures follow HEDIS guidelines with one exception. HEDIS specifies eligibility in the 12 months prior to member’s second birthday with one allowable gap. For measure below, eligibility in the 24 months prior to a member’s second birthday was used with one allowable gap of 45 days per year.

A child’s initial HepB vaccination is often recorded under the mother’s hospital stay. Therefore, only 2 HepB vaccinations were required.

Vaccine	Year	Eligible members	Vaccinated members	Vaccination percentage
Four diphtheria (DTaP) vaccinations during their first two years of life	2020	2,996	2,560	85.5%
	2021	3,133	2,654	84.7%
	2022	2,870	2,638	91.9%
	2023	3,027	2,792	92.2%
	2024	3,056	2,783	91.1%
DTaP benchmark				79.2%

Three polio (IPV) vaccinations during their first two years of life	2020	2,996	2,702	90.1%
	2021	3,133	2,825	90.2%
	2022	2,870	2,768	96.4%
	2023	3,027	2,908	96.1%
	2024	3,056	2,926	95.7%
IPV benchmark				<b>85.7%</b>
One measles, mumps and rubella (MMR) vaccination between first and second birthdays	2020	2,990	2,815	94.2%
	2021	3,126	2,904	92.9%
	2022	2,870	2,759	96.1%
	2023	3,027	2,881	95.2%
	2024	3,056	2,890	94.6%
MMR benchmark				<b>89.4%</b>
Three Haemophilus influenza type B (HiB) vaccinations during their first two years of life	2020	2,996	2,731	91.2%
	2021	3,133	2,848	90.9%
	2022	2,870	2,742	95.5%
	2023	3,027	2,890	95.5%
	2024	3,056	2,902	95.0%
HiB benchmark				<b>85.9%</b>
Two hepatitis B (HepB) vaccinations during their first two years of life	2020	2,996	2,771	92.5%
	2021	3,133	2,905	92.7%
	2022	2,870	2,774	96.7%
	2023	3,027	2,928	96.7%
	2024	3,056	2,931	95.9%
HepB benchmark				<b>78.4%</b>

<b>One chicken pox (VZV) vaccination between first and second birthdays</b>	2020	2,990	2,812	94.1%
	2021	3,126	2,890	92.5%
	2022	2,870	2,746	95.7%
	2023	3,027	2,882	95.2%
	2024	3,056	2,881	94.3%
<b>VZV benchmark</b>				<b>89.1%</b>
<b>Four pneumococcal conjugate (PCV) vaccinations during their first two years of life</b>	2020	2,996	2,615	87.3%
	2021	3,133	2,724	87.0%
	2022	2,870	2,672	93.1%
	2023	3,027	2,833	93.6%
	2024	3,056	2,741	89.7%
<b>PCV benchmark</b>				<b>80.3%</b>
<b>One hepatitis A (HepA) vaccination between member's first and second birthdays</b>	2020	2,996	2,819	94.1%
	2021	3,133	2,923	93.3%
	2022	2,870	2,748	95.7%
	2023	3,027	2,883	95.2%
	2024	3,056	2,893	94.7%
<b>HepA benchmark</b>				<b>87.3%</b>
<b>Three rotavirus (RV) vaccinations during their first 2 years of life</b>	2020	2,994	2,542	84.9%
	2021	3,126	2,646	84.6%
	2022	2,870	2,615	91.1%
	2023	3,027	2,752	90.9%
	2024	3,056	2,755	90.2%
<b>RV benchmark</b>				<b>78.5%</b>

<b>Two influenza vaccinations during their first two years of life</b>	2020	2,996	2,168	72.4%
	2021	3,133	2,253	71.9%
	2022	2,870	1,842	64.2%
	2023	3,027	1,653	54.6%
	2024	3,056	1,491	48.8%
<b>Flu benchmark</b>				<b>58.4%</b>
<b>Combination 10</b> (four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV, four PCV, one HepA, three RV and two seasonal flu by their second birthday)	2020	2,990	2,474	82.7%
	2021	3,126	1,925	61.6%
	2022	2,870	1,691	58.9%
	2023	3,027	1,562	51.6%
	2024	3,056	1,364	44.6%
<b>Combination 10 benchmark</b>				<b>46.4%</b>
<b>Combination 3</b> (four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV and four PCV by their second birthday)	2022	2,870	2,568	89.5%
	2023	3,027	2,726	90.1%
	2024	3,056	2,616	85.6%
<b>Combination 3 benchmark</b>				<b>69.6%</b>

## Immunizations for Adolescents

This measure follows the Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations.<sup>1, 2, 3</sup>

These vaccines are available for adolescents to prevent them from acquiring serious diseases and help protect against disease in populations that lack immunity, such as infants, the elderly and individuals with chronic conditions.

1 Meites, E., A. Kempe, L.E. Markowitz. 2016. "Use of a 2-Dose Schedule for Human Papillomavirus Vaccination—Updated Recommendations of the Advisory Committee on Immunization Practices." MMWR Morb Mortal Wkly Rep 65:1405–08. <http://dx.doi.org/10.15585/mmwr.mm6549a5>

2 Havers, F.P., P.L. Moro, P. Hunter, S. Hariri, H. Bernstein. 2020. "Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices—United States, 2019." MMWR Morb Mortal Wkly Rep 69:77–83. <http://dx.doi.org/10.15585/mmwr.mm6903a5>

3 Mbaeyi, S.A., C.H. Bozio, J. Duffy et al. 2020. "Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020." MMWR Recomm Rep 69(No. RR-9):1–41. <http://dx.doi.org/10.15585/mmwr.rr6909a1>

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one TDaP/TD vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

**Methodology change:** HEDIS specifies eligibility in the 12 months prior to member's 13th birthday with one allowable gap. For measures above, eligibility from 11th to 13th birthday was used for MCV4 measure, from 10th to 13th birthday for TDAP, and from 9th to 13th for HPV measure (w/ an allowable gap of 45 days per year for each measure).

Vaccine	Year	Eligible members	Vaccinated members	Vaccination percentage
One dose of Meningococcal vaccine (MCV4)	2020	4,672	3,489	74.7%
	2021	4,756	3,640	76.5%
	2022	4,621	3,737	80.9%
	2023	4,496	3,568	79.4%
	2024	4,576	3,449	75.4%
MCV4 benchmark				<b>78.5%</b>
One dose of diphtheria, tetanus, and acellular pertussis (TDAP/TD)	2020	4,178	3,616	86.6%
	2021	4,242	3,524	83.1%
	2022	4,248	3,969	93.4%
	2023	4,149	3,905	94.1%
	2024	4,176	3,746	89.7%
TDAP/TD benchmark				<b>83.7%</b>
Human Papillomavirus for Adolescents (HPV)	2020	3,774	1,077	28.5%
	2021	3,853	1,178	30.6%
	2022	3,827	1,216	31.8%
	2023	3,854	1,238	32.1%
	2023	3,890	1,237	31.8%
HPV benchmark				<b>30.1%</b>
Adolescent Immunization Combination 2 (MCV4, TDaP/TD, HPV)	2020	3,774	1,001	26.5%
	2021	3,853	1,078	28.0%
	2022	3,827	1,187	31.0%
	2023	3,854	1,191	30.9%
	2024	3,890	1,160	29.8%
Adolescent Combination 10 benchmark				<b>28.9%</b>

## Adult Immunization Status

The Advisory Committee on Immunization Practices (ACIP) recommends influenza and Td/Tdap vaccination for all adults 19 years of age and older; herpes zoster vaccination for all adults 50 years and older; pneumococcal vaccination for all adults 65 and older and for those 18–64 with certain underlying conditions.<sup>1</sup> These vaccines have been included in recommendations to prevent serious disease, but vaccination coverage remains low<sup>2</sup>, leaving many adults unprotected against vaccine-preventable diseases.

1 Murthy, N., A.P Wodi., V.V. McNally, M.F. Daley, S. Cineas,. 2024. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2024." MMWR Morb Mortal Wkly Rep 73:11–15. <http://dx.doi.org/10.15585/mmwr.mm7301a3>

2 Hung, M.-C. et al. 2024. "Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2022." Updated October 4. <https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination->

The percentage of **eligible** SHP members who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

Vaccine	Year	Ages 19-65	Vaccinated members	Ages 66 and older	Vaccinated members
Influenza	2022	273,330	31.8%	8,278	57.9%
	2023	278,591	26.6%	8,780	52.3%
	2024	285,785	25.8%	9,398	50.2%
Influenza benchmark			23.8%	32.5%	
Diphtheria, tetanus, and acellular pertussis (TDAP/TD)	2022	276,500	36.6%	8,053	37.1%
	2023	282,138	39.2%	8,754	39.7%
	2024	288,593	40.6%	9,229	42.6%
TDAP/TD benchmark			39.0%	25.9%	
Zoster (Shingles)	2022	106,788	23.8%	8,145	35.8%
	2023	108,456	22.1%	8,846	34.5%
	2023	109,361	23.9%	9,229	42.0%
Zoster (Shingles) benchmark			20.8%	16.0%	
Pneumococcal	2022			8,053	62.0%
	2023			8,754	58.5%
	2024			9,229	57.5%
Pneumococcal benchmark				No current benchmark	



Prenatal Immunization Status

The Advisory Committee on Immunization Practices (ACIP) recommends influenza and Tdap vaccines for pregnant women to help protect them from serious illness and death, as well as to provide protection for their infants after birth.<sup>1 2 3 4</sup>

1 Grohskopf, L.A., L.H. Blanton, J.M. Ferdinands, J.R. Chung, K.R. Broder, H.K. Talbot. 2023. "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2023-24 Influenza Season." MMWR Recomm Rep 72(No. RR-2):1–25. <http://dx.doi.org/10.15585/mmwr.rr7202a1>

2 CDC Advisory Committee on Immunization Practices. 2023. "Recommended Child and Adolescent Immunization Schedule for Ages 18 Years and Younger." November 16, 2023. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf>

3 CDC Advisory Committee on Immunization Practices. 2023. "Recommended Adult Immunization Schedule for Ages 19 Years and Older." December 28, 2023. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

4 Havers, F.P., P.L. Moro, P. Hunter, S. Hariri, H. Bernstein. 2020. "Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices—United States, 2019." MMWR Morb Mortal Wkly Rep 69:77–83. <http://dx.doi.org/10.15585/mmwr.mm6903a5>

The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Vaccine	Year	Number of deliveries	Vaccinated members	Percent vaccinated
Influenza	2022	3,902	2,042	52.3%
	2023	3,784	1,864	49.3%
	2024	3,855	1,757	45.6%
Influenza benchmark				37.0%
Diphtheria, tetanus, and acellular pertussis (TDAP/TD)	2022	3,902	2,891	74.1%
	2023	3,784	2,818	74.5%
	2024	3,855	2,946	76.4%
TDAP/TD benchmark				68.5%

## Breast Cancer Screening

Breast cancer is the second most common type of cancer among American women. There are over 4 million women estimated to be living with breast cancer. Advancing age is the primary risk factor for breast cancer, with the median age of diagnosis at 62 years.<sup>1</sup>

1 American Cancer Society. 2025. "Key Statistics for Breast Cancer." <https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html> (Accessed March 21, 2025).

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Year	Eligible members	Members with at least one mammogram	Screening percentage
2020	57,688	41,102	71.3%
2021	58,196	42,118	72.4%
2022	57,593	42,369	73.6%
2023	58,601	43,943	75.0%
2024	58,837	44,696	76.0%
Benchmark			73.3%

## Cervical Cancer Screening

Cervical cancer can be detected in its early stages by regular screening. Due to the success of cervical cancer screening in the U.S., dramatic decreases have been observed in both mortality and incidence of invasive cervical cancer.

The percentage of women 21–64 years of age who were screened for cervical cancer.

Year	Eligible members	Members screened for cervical cancer	Screening percentage
2020	112,149	71,742	64.0%
2021	113,014	72,928	64.5%
2022	112,338	73,420	65.4%
2023	112,158	74,969	66.8%
2024	112,346	76,173	67.8%
Benchmark			72.5%

## Non-Recommended Cervical Cancer Screening in Adolescent Females (low value)

Cervical cancer screening can result in more harm than benefits for adolescent females. Adolescent females tend to have high rates of transient HPV infection and regressive cervical abnormalities. This may produce false-positive results and lead to unnecessary and potentially detrimental follow-up tests and treatment.<sup>1</sup>

1 Kulasingam, S.L, L. Havrilesky, R. Ghebre, E.R Myers. 2011. "Screening for Cervical Cancer: A Decision Analysis for the U.S. Preventive Services Task Force." Agency for Healthcare Research and Quality. Report No.: 11-05157-EF-1. Rockville, MD

The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. A lower rate indicates better performance.

Year	Number of members	Members screened for cervical cancer	Screening percentage
2020	14,967	136	0.9%
2021	14,685	123	0.8%
2022	14,761	115	0.8%
2023	15,134	121	0.8%
2024	15,667	93	0.6%
Benchmark			0.4%

## Colorectal Cancer Screening

Colorectal cancer represents 8% of all new cancer cases and is the second leading cause of cancer deaths in the United States. Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated.

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. In 2023, the measure changed to 46–75 years of age.

Year	Eligible members	Members screened for colorectal cancer	Screening percentage
2020	106,112	64,370	60.7%
2021	107,439	69,437	64.6%
2022	106,835	68,306	63.9%
2023	138,108	83,498	60.5%
2024	140,275	89,061	63.5%
Benchmark			59.2%

## Percentage of colonoscopies for all screenings

Year	Screening percentage
2020	94.5%
2021	88.8%
2022	91.1%
2023	88.6%
2024	87.4%

## Use of Imaging Studies for Low Back Pain (low value)

Clinical guidelines for treating patients with acute low back pain strongly recommend against the use of imaging in the absence of “red flags” (i.e., indications of a serious underlying pathology such as a fracture or tumor).<sup>1</sup> Routine imaging is problematic because it is not associated with improved outcomes and exposes patients to harms such as radiation exposure and unnecessary treatment.<sup>2</sup> Red flag conditions include history of cancer, osteoporosis and IV drug use.

1 Downie, A., et al. 2013. “Red Flags to Screen for Malignancy and Fracture in Patients with Low Back Pain: Systematic Review.” BMJ 347:f7095. doi: 10.1136/bmj.f7095

2 Chou, R., R. Fu, J.A. Carrino, R.A. Deyo. 2009. “Imaging Strategies for Low-Back Pain: Systematic Review and Meta-Analysis.” Lancet 373:463-72. doi: 10.1016/S0140-673

The percentage of members 18-50 years with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is reported as an inverted rate [ $1 - (\text{numerator}/\text{eligible population})$ ]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Year	Number of members with primary diagnosis of low back pain	Number of members with primary diagnosis of low back pain with an imaging study	Imaging percentage
2020	10,265	2,699	73.7%
2021	10,456	2,797	73.3%
2022	9,296	2,509	73.0%
2023	9,148	2,513	72.5%
2024	9,180	2,643	71.2%
Benchmark			73.2%

## Diagnosed Substance Use Disorders

This measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance. By providing data on the diagnosed-prevalence of SUD, this measure allows plans to understand the size of the population affected and provide case management services to the members and coordinate treatment as appropriate.

The percentage of members 13 years of age and older who were diagnosed with a substance use disorder during the measurement year.

Age group	Year	Eligible members	Members diagnosed with any substance use disorder	Percentage
13-17 years	2022	28,334	109	0.4%
	2023	28,411	113	0.4%
	2024	29,014	117	0.4%
18-39 years	2022	117,452	1,353	1.2%
	2023	119,608	1,223	1.0%
	2024	123,558	1,229	1.0%
40-64 years	2022	171,422	1,972	1.2%
	2023	174,037	2,030	1.2%
	2024	176,685	2,197	1.2%
65 years and older	2022	13,669	155	1.1%
	2023	14,475	165	1.1%
	2024	15,274	198	1.3%
All ages	2022	330,877	3,589	1.1%
	2023	336,531	3,531	1.0%
	2024	344,531	3,741	1.1%
National prevalence				1.7%

## Use of Opioids at High Dosage

The proportion of members receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average milligram morphine dose [MME] ≥ 90). Members must be 18 years of age or older. A lower rate indicates better performance.

Year	SHP primary members 18 and older with 365 days of coverage	Members with at least one opioid prescription fill	Members with ≥2 Opioid prescription fills with ≥15 days supply	Members with Average MME ≥90 mg in treatment period	Members with average MME ≥90 mg / Members with ≥2 opioid prescription fills with ≥15 days supply
2020	284,985	43,523	7,890	413	5.2%
2021	279,481	43,048	7,391	344	4.7%
2022	278,013	40,827	6,872	297	4.3%
2023	283,696	39,740	6,434	257	4.0%
2024	290,163	39,094	5,926	227	3.8%
<b>Benchmark</b>					<b>3.7%</b>

## Diagnosed Mental Health Disorders

This measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance. Understanding the diagnosed prevalence of mental health disorders within a population allows health plans to understand the size of the population in need of mental health services, and may encourage the provision of case management and care coordination services, as appropriate.

The percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the measurement year.

Age group	Year	Eligible members	Members diagnosed with any mental health disorder	Percentage
1-17 years	2022	78,197	16,002	20.5%
	2023	78,580	16,575	21.1%
	2024	80,158	17,387	21.7%
18-39 years	2022	117,452	34,230	29.1%
	2023	119,608	36,519	30.5%
	2024	123,558	38,966	31.5%

40-64 years	2022	171,422	50,286	29.3%
	2023	174,037	53,699	30.9%
	2024	176,685	57,019	32.3%
65 years and older	2022	13,669	3,137	23.0%
	2023	14,475	3,393	23.5%
	2024	15,274	3,744	24.5%
All ages	2022	380,740	103,655	27.2%
	2023	386,700	110,186	28.5%
	2024	395,675	117,116	29.6%
National prevalence				25.4%

## Follow-Up After Hospitalization for Mental Illness

Ensuring coordination of care for individuals leaving the inpatient setting is critical. Individuals discharged from these settings may face health risks, including potential medication non-compliance, social isolation, substance use, suicidal ideation or self-harm, as well as financial or practical challenges, such as stable housing.<sup>1, 2, 3</sup>

1 Fontanella, C.A., L.A. Warner, J.D. Steelesmith, G. Brock, J.A. Bridge, & J.V. Campo. 2020. "Association of Timely Outpatient Mental Health Services for Youths after Psychiatric Hospitalization with Risk of Death by Suicide." JAMA Network Open 3(8), E2012887-E2012887.

2 Chung, D.T. C.J. Ryan, D. Hadzi-Pavlovic, S.P. Singh, C. Stanton, & M.M. Large. 2017. "Suicide Rates After Discharge From Psychiatric Facilities: A Systematic Review and Meta-Analysis." JAMA Psychiatry, 74(7), 694–702

3 Fontanella, C.A., J.A. Bridge, S.C. Marcus, & Campo, J.V. 2011. "Factors Associated with Antidepressant Adherence for Medicaid-Enrolled Children and Adolescents. Annals of Pharmacotherapy 45(7-8), 898–909.

Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within seven and 30 days.

Acute Care Discharges for Mental Illness/Self-Harm		Discharges with Follow-up within 7 Days		Discharges with Follow-up within 30 Days	
Year		Number	Percentage	Number	Percentage
2022	980	453	46.2%	680	69.4%
2023	938	515	54.9%	745	79.4%
2024	1,419	579	40.8%	958	67.5%
Benchmark			46.5%		68.7%

Antidepressant Medication Management

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year.<sup>1,2</sup> Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients’ medication compliance, monitoring treatment effectiveness and identifying and managing side effects.<sup>3</sup>

1 National Alliance on Mental Illness. 2013. "Major Depression Fact Sheet: What is Major Depression?"  
2 Centers for Disease Control and Prevention. 2012. "Suicide Facts at a Glance 2012."  
3 Birnbaum, H.G., R.C. Kessler, D. Kelley, R. Ben-Hamadi, V.N. Joish, P.E. Greenberg. 2010. "Employer burden of mild, moderate, and severe major depressive disorder: Mental health services utilization and costs, and work performance." Depression and Anxiety; 27(1) 78–89.

Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

# SHP Members Started		Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 12 weeks		Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least six months	
Year		Number	Percentage	Number	Percentage
2022	4,271	3,295	77.3%	2,603	60.9%
2023	3,313	2,595	78.2%	2,013	60.8%
2024	3,419	2,635	77.1%	2,023	59.2%
Benchmark			79.4%		64.1%







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