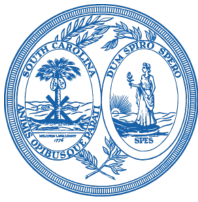

Meeting Agenda

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

Wednesday, December 4, 2024 | 202 Arbor Lake Drive., Columbia, SC 29223| 1st Floor Conference Room

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

I. Call to Order
II. Approval of Meeting Minutes – October 23, 2024
III. Open Enrollment Update
IV. Value-Based Program Update
V. Old Business/Director's Report
VI. Adjournment

PUBLIC EMPLOYEE BENEFIT AUTHORITY AGENDA ITEM
Health Care Policy Committee

Meeting Date: December 4, 2024

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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 2024.

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

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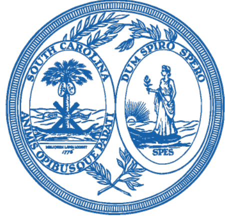
4. Supporting Documents:

(a) Attached: 1. 2024 Insurance Open Enrollment Review



2024 Insurance open enrollment review

Health Care Policy Committee

December 4, 2024

Serving those who serve South Carolina

Open enrollment changes

Health

Enroll in or drop coverage.

Vision

Enroll in or drop coverage.

Life insurance

Optional Life and Dependent Life-Spouse
Enroll in or increase coverage with medical evidence; cancel or decrease coverage.
Dependent Life-Child
Enroll in or cancel coverage.

Long term disability

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

MoneyPlus

Enroll in or reenroll in flexible spending accounts.

Health Savings Account

Enroll in, change election amount or stop contributions.[1]

[1]Available only to Savings Plan subscribers.

Transactions processed

	OE 2024	OE 2023	September 2024
Total transactions	59,030	69,273	6,533
Electronic	52,165	63,350	3,645
Paper	6,865	5,923	2,888
Documents scanned and indexed	18,161	20,053	13,244

MoneyPlus and HSA enrollment

	OE 2024	OE 2023	Average annual contributions for PY 2025	Total annual contributions for PY 2025
Total enrollment	39,160	36,612		
Medical Spending Account	32,497	30,337	$1,750	$56,882,625
Dependent Care Spending Account	2,141	1,945	$3,492	$7,476,865
Health Savings Account	4,522	4,330	$2,269	$10,259,717

Active employee enrollment

228,409 total subscribers

91.76%

Health 209,591

92.54%

Basic Dental 211,372

67.29%

Dental Plus 153,710

78.06%

Vision 178,303

72.25%

Optional Life 165,028

56.42%

Supplemental LTD 128,869

Retiree, COBRA and survivor enrollment

110,973 total subscribers

87.80%

Health 97,436

97.53%

Basic Dental 108,243

61.90%

Dental Plus 68,694

57.45%

Vision 63,757

Other operational monthly activity

	October 2024
Enrollment rejections processed	366
Requests for review processed	394
Eligibility determinations for retirees, COBRA and survivors	513
Communications with employers and individuals	1,257

- Operations staff communicates daily with employers to obtain information to prevent rejecting *Notice of Election* (NOE) forms.
- 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.

Enrollment data drives operations

Enrollment data

Vendor interfaces and reconciliations

- Daily files.
- Weekly file.
- Bi-weekly file.
- Monthly and quarterly files.

Billing and collection

- Bill and collect for premiums and administrative fees.
- 982 employer statements.
- 95,019 retirement pension deductions.
- 1,102 online payments through MyBenefits.
- 4,045 automatic bank draft (retirees, COBRAs and survivors).

Vendor payments

- Claims payments.
- Premium payments.
- Administrative fee payments.

Customer Service

	OE 2024	OE 2023
Total calls	21,480	30,277
Satisfaction rate	99.88%	98.51%
Insurance emails	4,112	2,554

Customer Service

	OE 2024	OE 2023
Schedule appointments		
Phone consultations	314	339
Video consultations	117	141
In-person consultations	1,127	997
Total consultations	**1,558**	**1,477**

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, 2024

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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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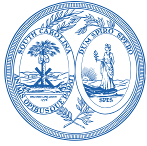
4. Supporting Documents:
A. Value-Based Care



PEBA
SC Retirement Systems
and State Health Plan

Health initiatives and value-based benefits annual review

State Health Plan
November 2024

Serving those who serve South Carolina

Table of Contents

Program performance 2

Value-based services chronology 3

Plan spending for value-based benefits and programs 7

Digital-based programs 8

- Wondr Health (weight management) 9
- No-Pay Copay (chronic disease management) 10
- Meru Health (behavioral health management) 10
- Hello Heart (heart health) 11
- Tobacco cessation 11

Diabetes management 12

- Virta (type 2 diabetes reversal) 13
- Diabetes education 13

Screenings and vaccines 14

- Preventive screenings 15
- Colon cancer screenings 17
- Cervical cancer screenings 18
- Mammograms (routine and diagnostic) 19
- Well child benefit 20
- Adult vaccines (excludes COVID-19, flu and shingles vaccinations) 22
- COVID-19 vaccines for adults and children 22
- Flu vaccines for adults and children 23
- Shingles vaccines 24

Maternity benefits 25

- Deliveries 26
- Enrollment in Coming Attractions (maternity management program) 26
- Enrollment in Moms program (behavioral health management) 27
- Breast pumps 27
- Centering Pregnancy, SBIRT 28

Patient-centered medical home (PCMH) 29

Active Health 32

Dental and vision 34

HEDIS Performance Measures 37

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 2023 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. Heath Plan Descriptive Information
6. Measures Collected Using Electronic Clinical Data Systems[1]

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).

[1] *Information taken directly from NCQA website: https://www.ncqa.org/hedis/measures/*

Value-based services chronology

1989

Established Mammography Testing Program for employees only.

1991

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

Added coverage for well child visits and immunizations.

1998

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

2001

Increased copayment to $15 for preventive biometric screenings.

2002

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

2004

Began offering preventive screenings for State Health Plan primary retirees.

2006

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

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

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

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

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

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

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

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

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

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

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.

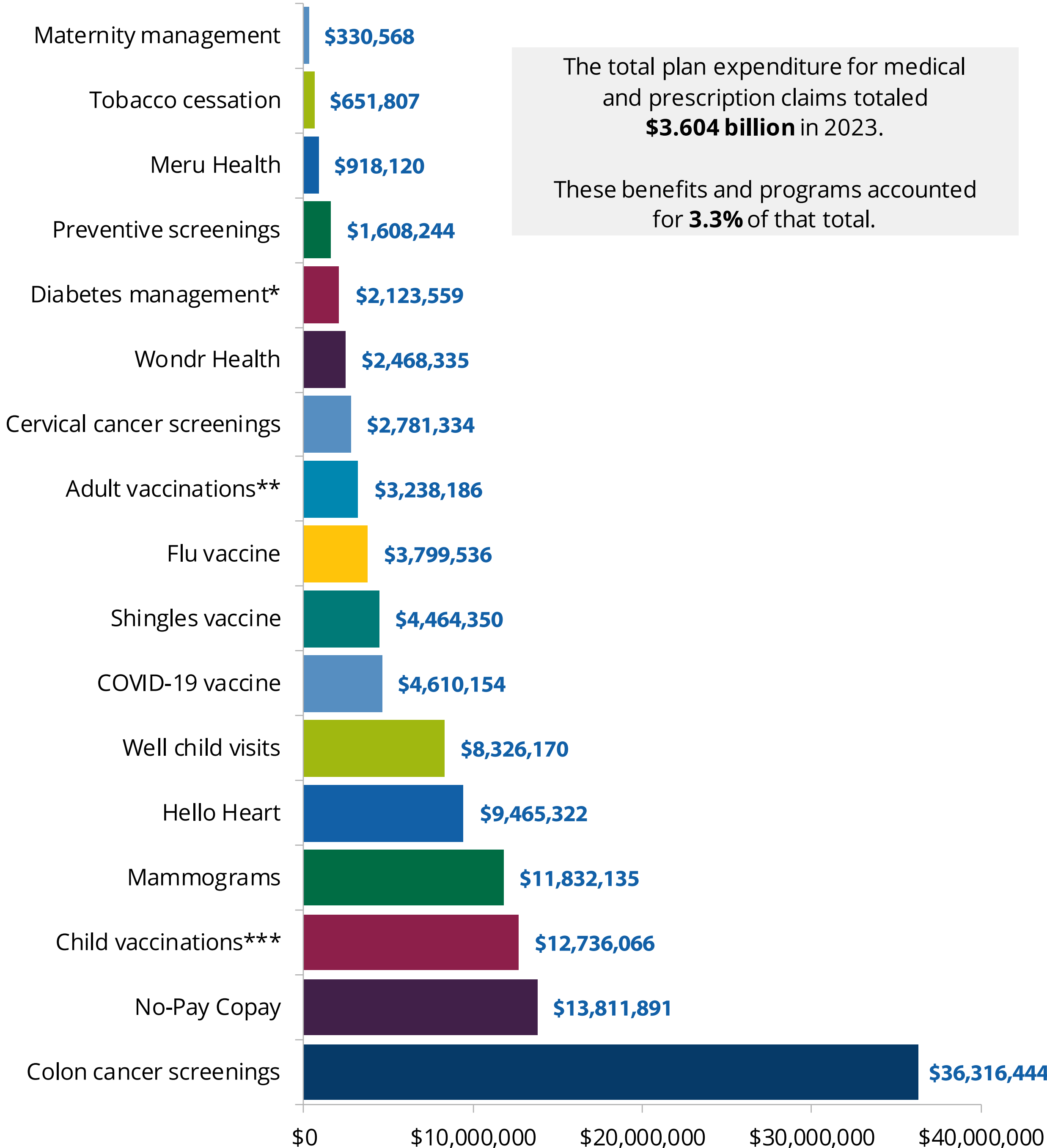
In March, began offering Virta, an evidence-based program focused on safely and sustainably reversing Type 2 diabetes without medications or surgery.

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.

Plan spending for value-based benefits and programs

Incurred 2023, paid through June 2024

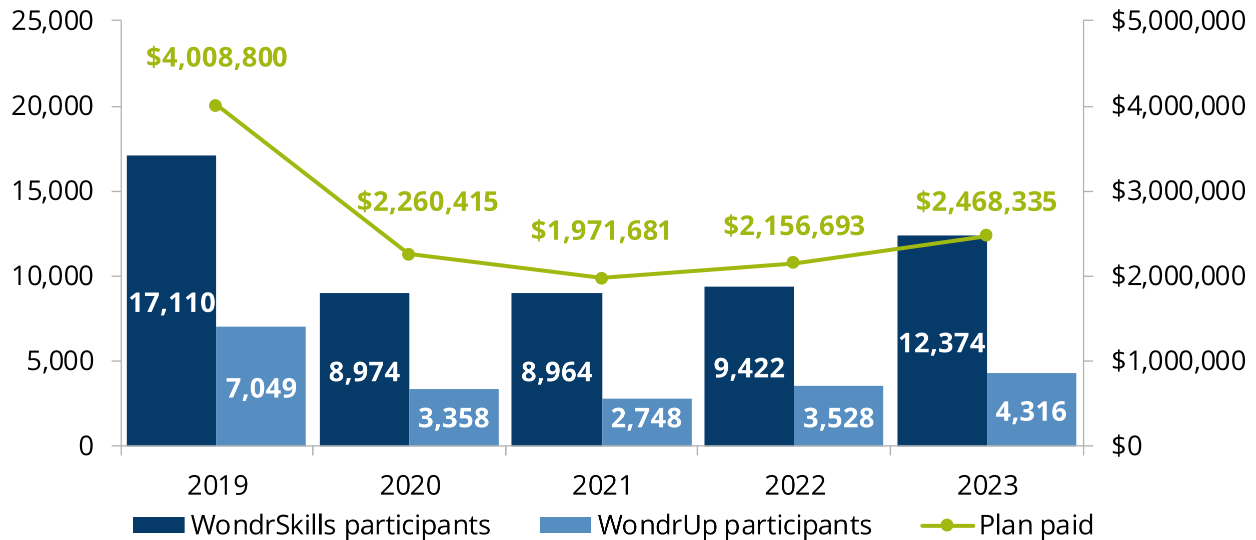


**Includes plan spending for Virta and diabetes management.*
***Amount does not include flu, shingles or COVID-19 vaccinations.*
****Amount does not include flu or COVID-19 vaccinations.*

Digital-based programs

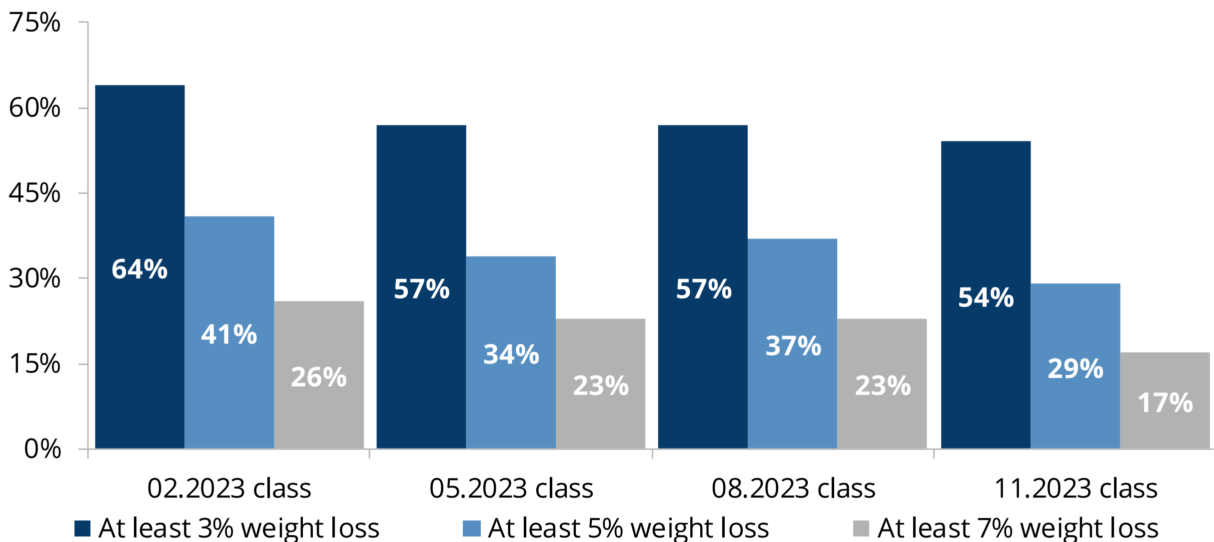
Wondr Health (weight management)

2019-2023



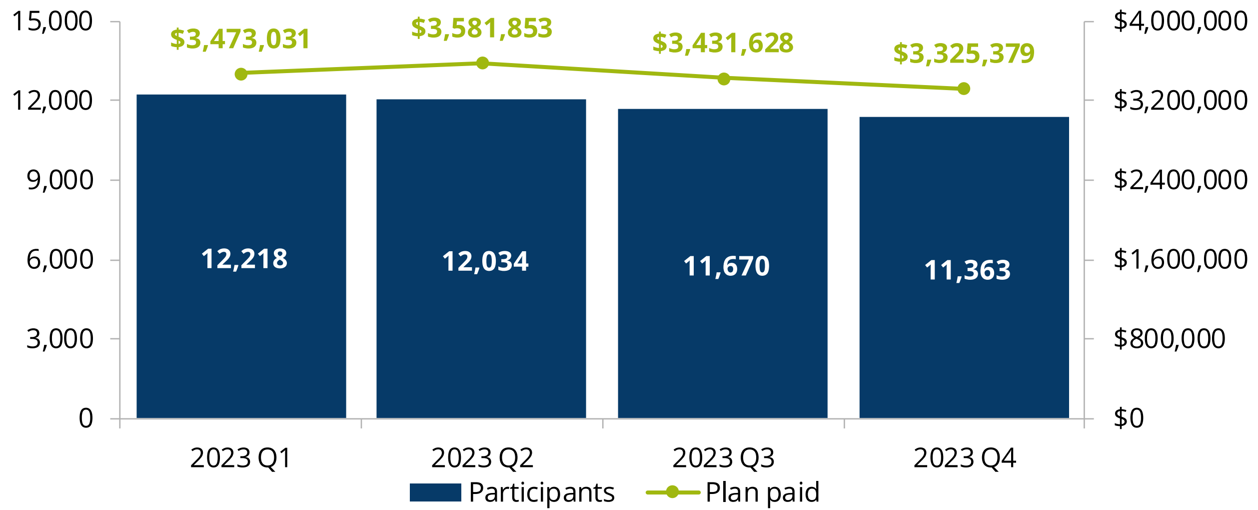
Wondr Health is a 12-week, online program that uses weekly video lessons and interactive tools to teach the behavioral skills necessary to lose weight and keep it off long-term. The first quarterly class began in September 2018. Following the first 12 weeks (WondrSkills stage), participants receive seven 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 of 3% to 5% is likely to results in clinically meaningful reductions in levels of triglycerides, blood glucose, and glycated hemoglobin and in the risk of developing Type 2 diabetes.

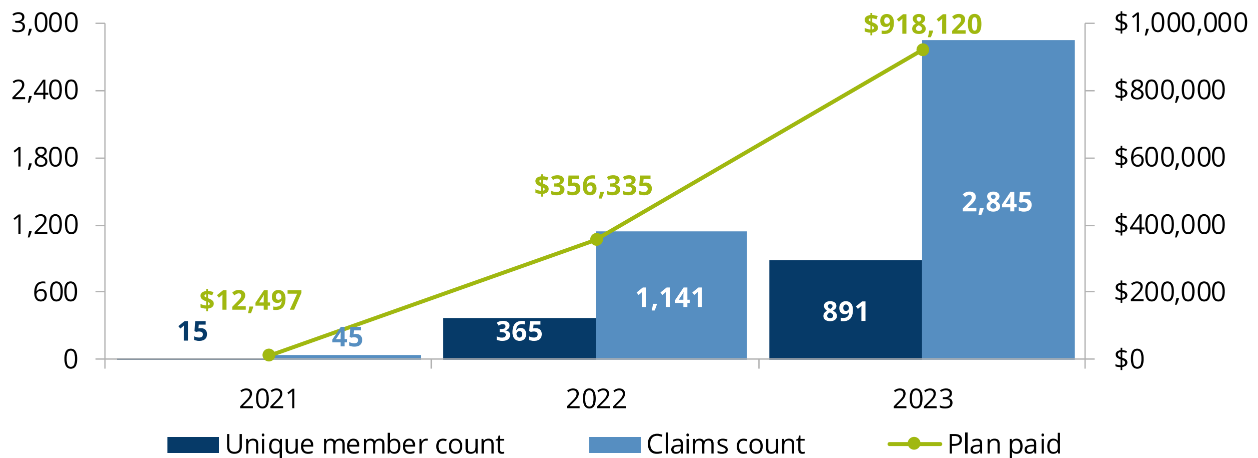
No-Pay Copay (chronic disease management)



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 Strive platform.

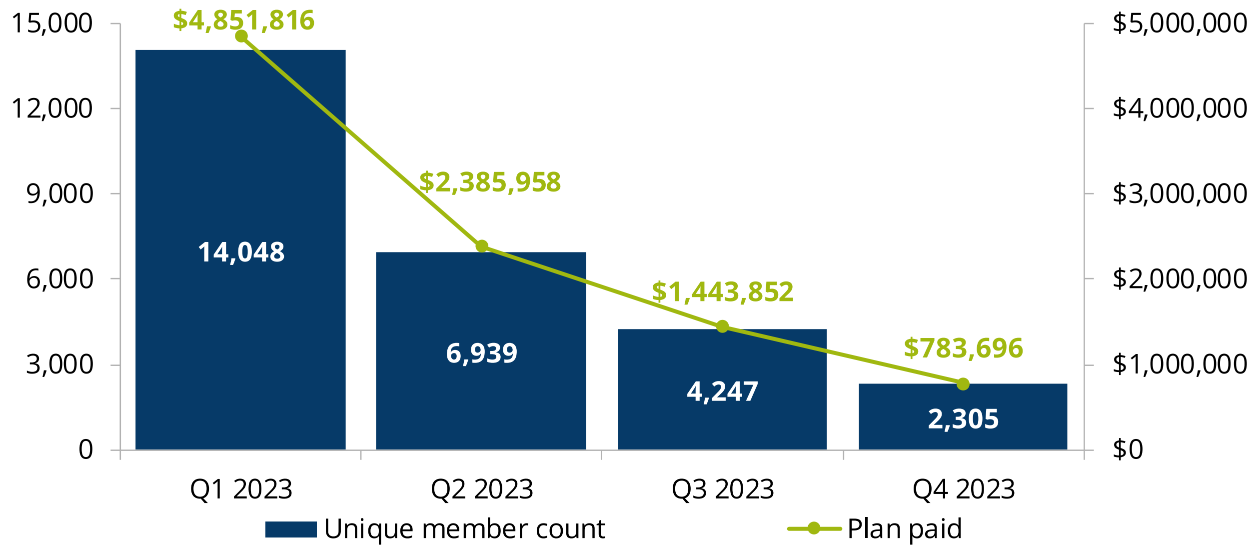
Meru Health (behavioral health management)

2021-2023



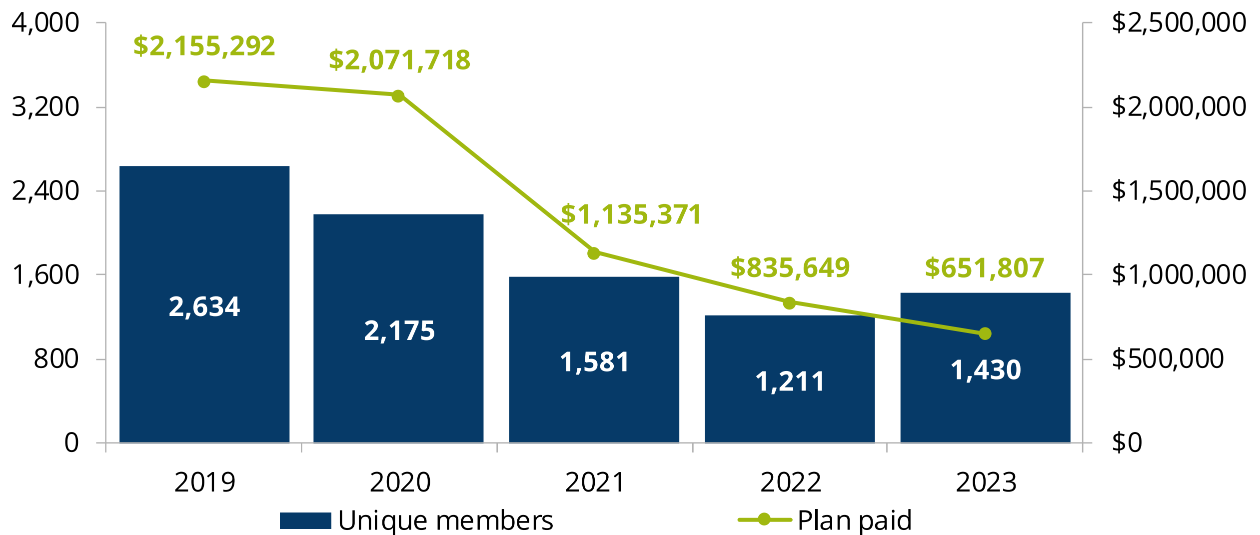
Meru Health offers services through a licensed clinical therapist to help treat depression, anxiety and burnout. Members are screened to find an appropriate provider based on questionnaires. The 12-week program is delivered via a smartphone app. This was launched on May 7, 2021, at no member cost for all eligible State Health Plan members. After completing the program, participants will have continued access to the biofeedback device and digital content. The treatment reduced moderate to severe depression among participants who completed the program from 52% to 19% in 2023.

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.

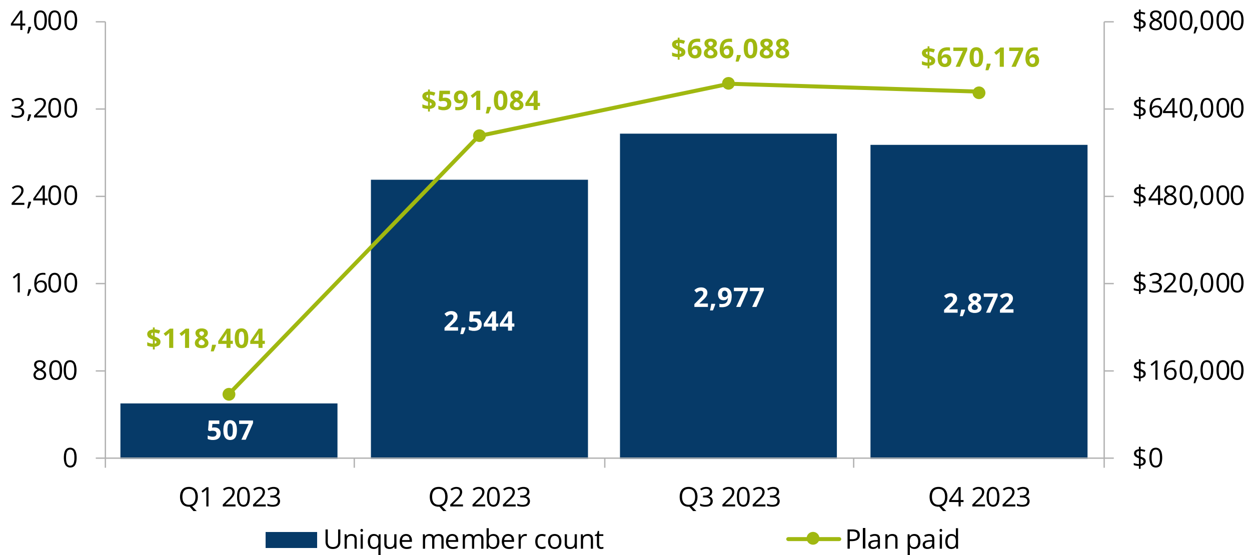
Tobacco cessation



Member count includes those who are enrolled in the Quit For Life 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 80.9% in 2023.

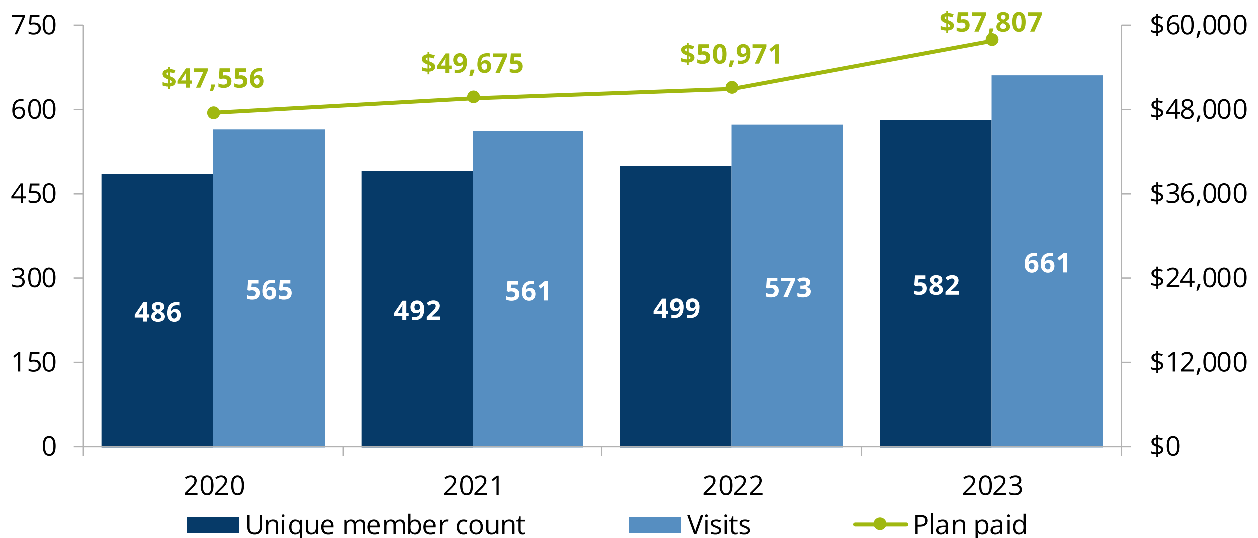
Diabetes management

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

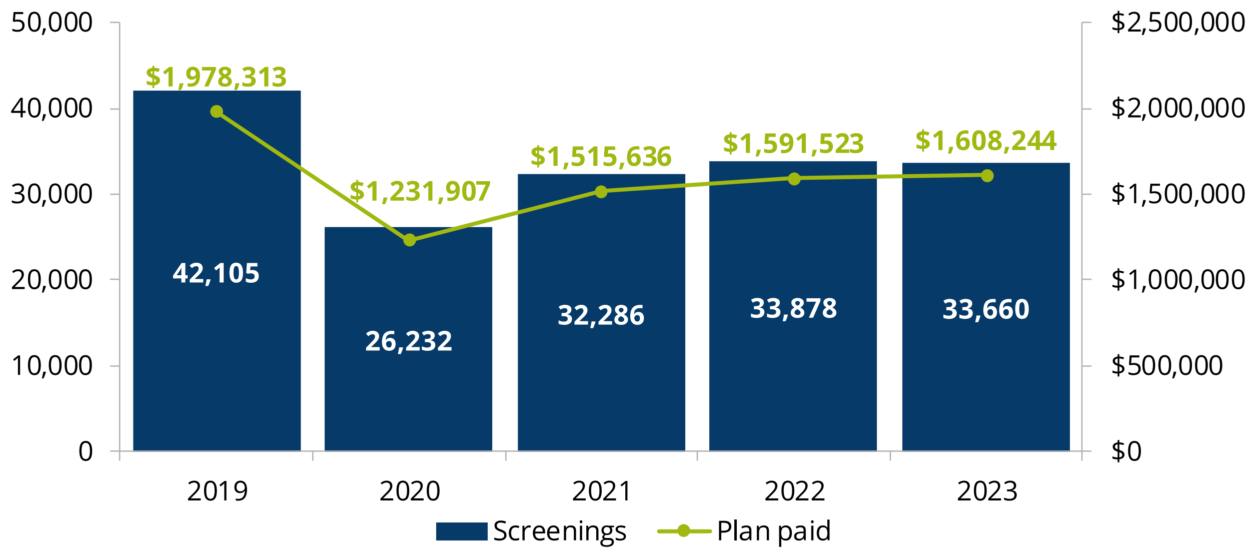


Beginning in 2016, diabetes education services offered by network providers were covered at no cost to State Health Plan primary members.

Screenings and vaccines

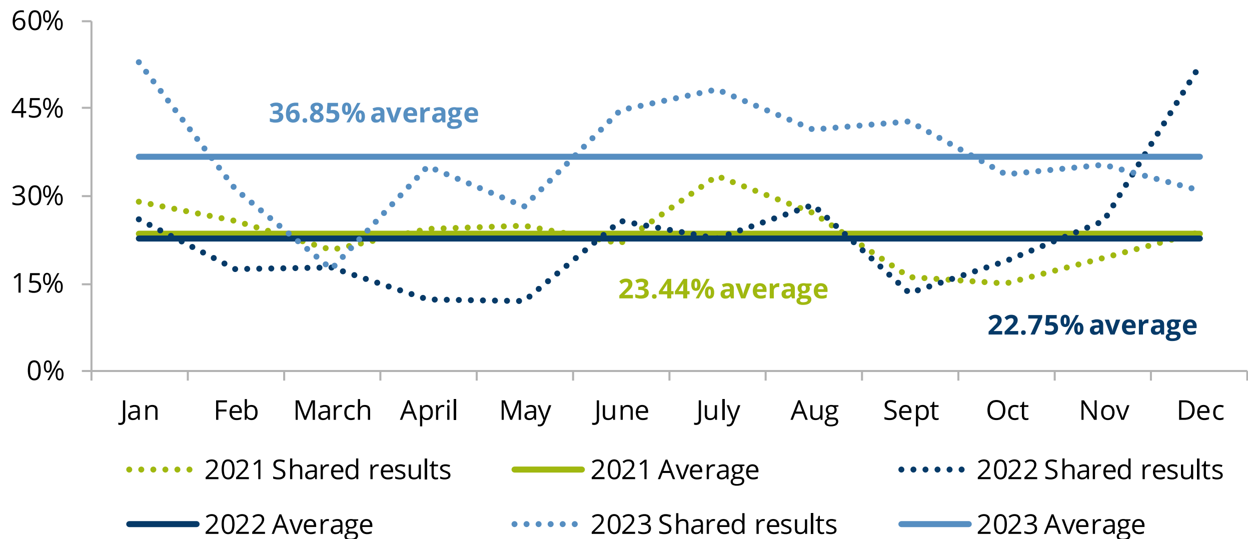
Preventive screenings

2019-2023



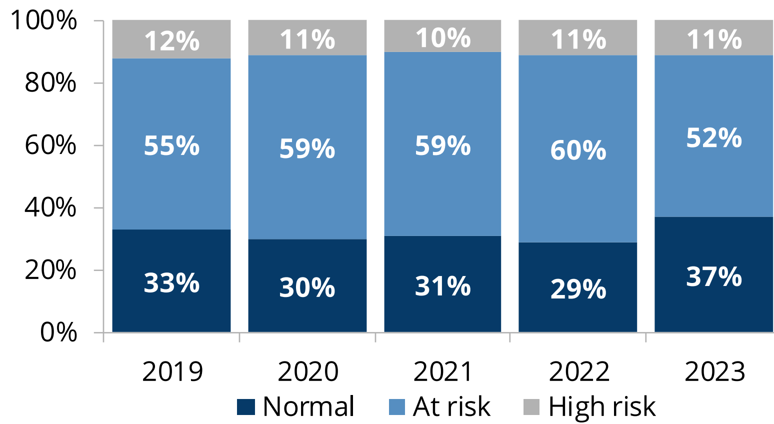
The number of worksite screening events has averaged about 1,000 a year since 2015. For 2023, there were 965 screening events, down from a high of 1,117 in 2019.

Screening data shared | 2021-2023



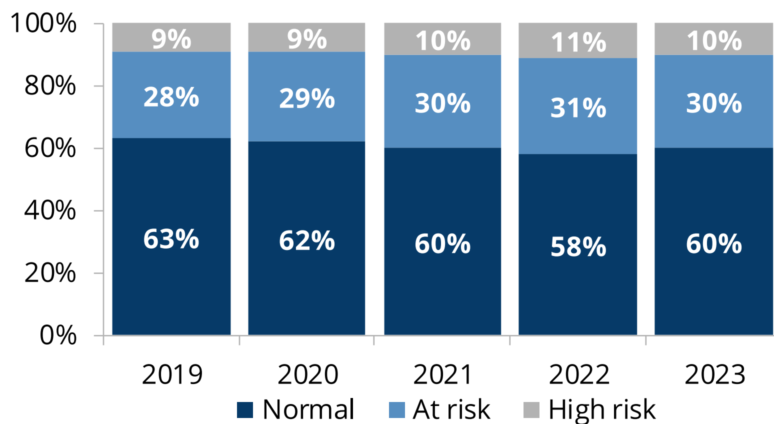
These measures were compiled from results from worksite screening events and biometric screenings completed at walk-in locations.

Blood pressure biometrics | 2019-2023



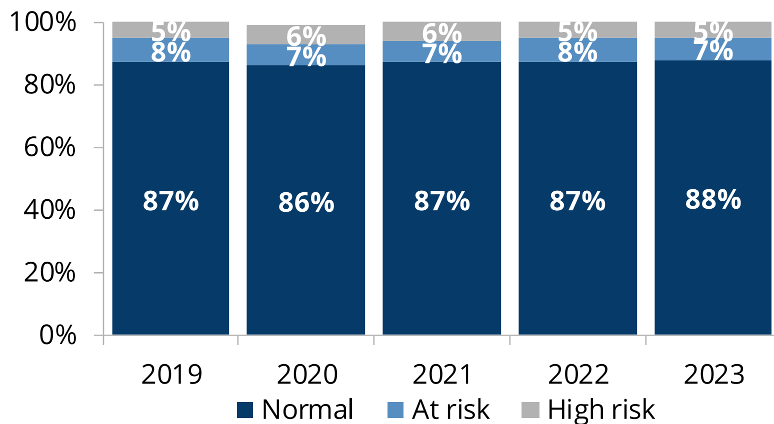
***Normal:** blood pressure is in the normal range (SBP<120 and DBP<80)*
***At risk:** blood pressure is in the prehypertension range (SBP is 120-139 or DBP is 80-89)*
***High risk:** blood pressure is in Stage 1 hypertension (SBP is 140-159 or DBP is 90-99) and Stage 2 hypertension (SBP>=160 or DBP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

Cholesterol biometrics | 2019-2023



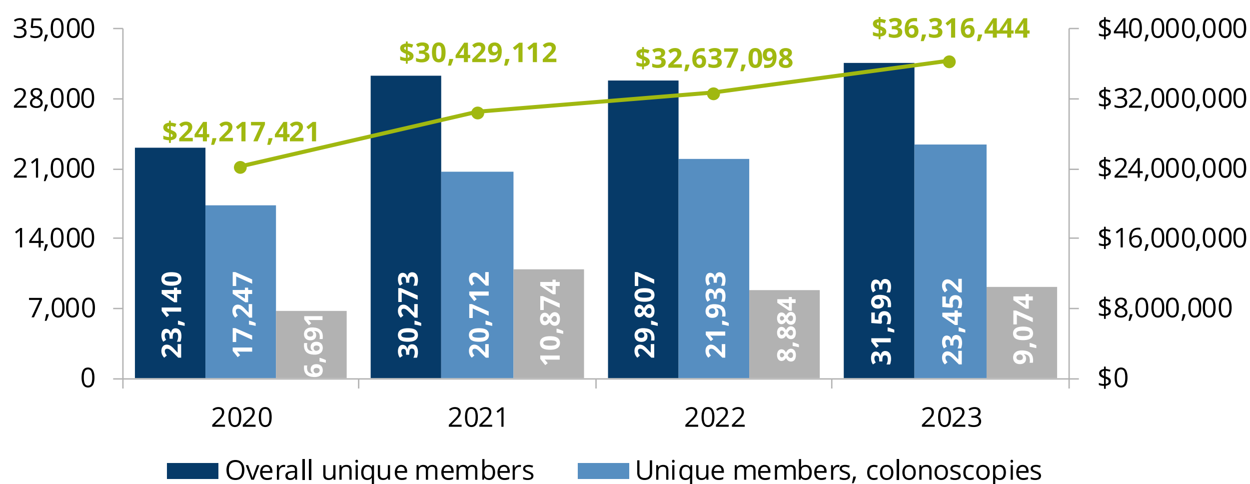
***Normal:** cholesterol is in the normal range (<200)*
***At risk:** cholesterol is in the borderline range (200-239)*
***High risk:** cholesterol is in the high risk range (>=240)*

Blood glucose biometrics | 2019-2023



***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



The rate for which members ages 50-75 were current for colon cancer screenings was 64.6% in 2023. The rate for members who had a take-home FOBT/FIT test and a follow-up colonoscopy within six months of the test was 11.6% in 2023. The data in the chart reflects unique members who got a screening or an FOBT/FIT and the overall unique members who got one or both types. BioIQ 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 BioIQ 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
45,225	5,722	410	277	67.6

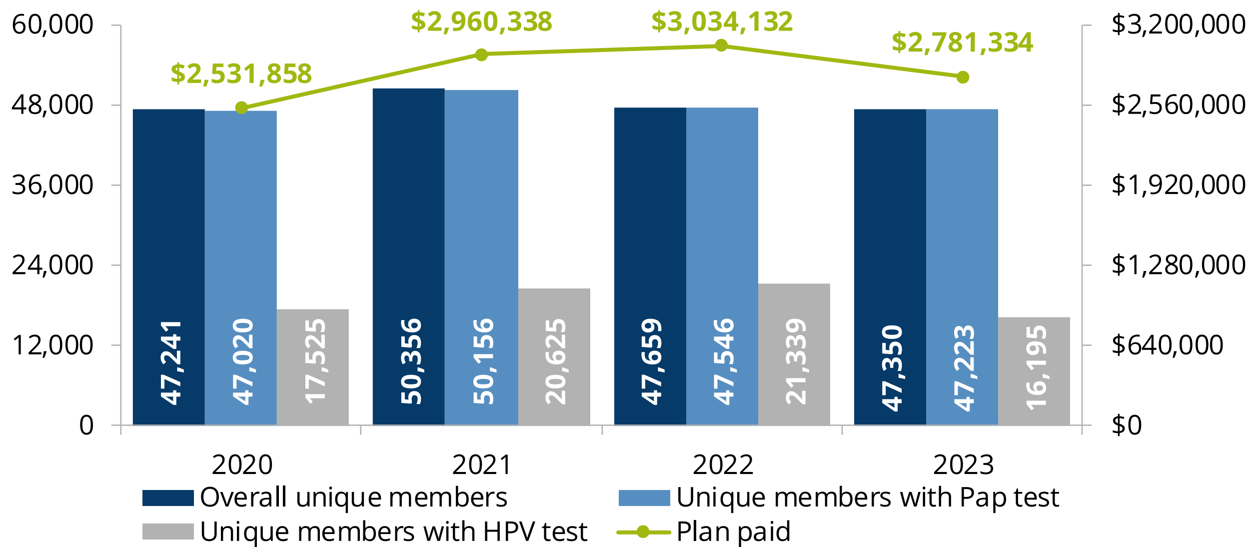
HEDIS measure: Colorectal Cancer Screening (COL)

Year	Eligible members	Members screened for colorectal cancer	Screening percentage
2022	106,835	68,306	63.9%
2023	114,657	74,068	64.6%
Benchmark			55.8%

Screening percentage via colonoscopy

Year	Screening percentage
2022	91.1%
2023	89.5%

Cervical cancer screenings



The rate for which eligible members were current for cervical cancer screenings was 66.8% in 2023. 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 will pay a benefit for the HPV test once every five years for ages 30-65 with or without a Pap test.

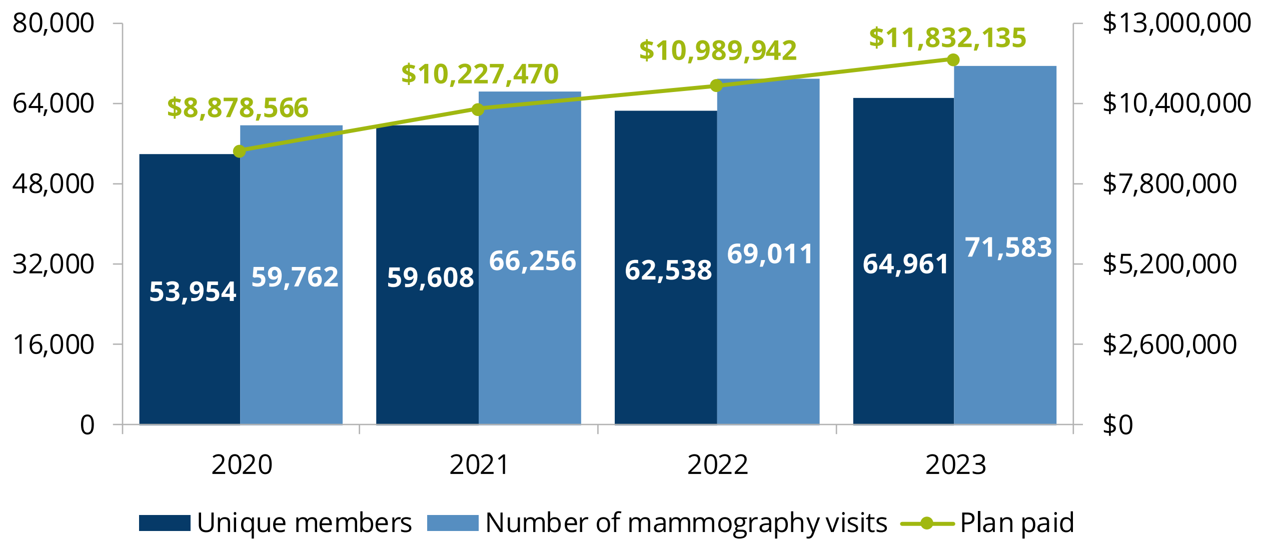
HEDIS measure: Cervical Cancer Screening (CCS)

Year	Eligible members	Members screened for cervical cancer	Screening percentage
2022	112,338	73,420	65.4%
2023	112,158	74,969	66.8%
Benchmark			73.0%

HEDIS measure: Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) (low value)

Year	Number of members	Members screened for cervical cancer	Screening percentage
2022	14,761	115	0.8%
2023	15,134	121	0.8%
Benchmark			0.5%

Mammograms (routine and diagnostic)



The rate for which eligible members were current for mammograms was 75.0% in 2023. 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.

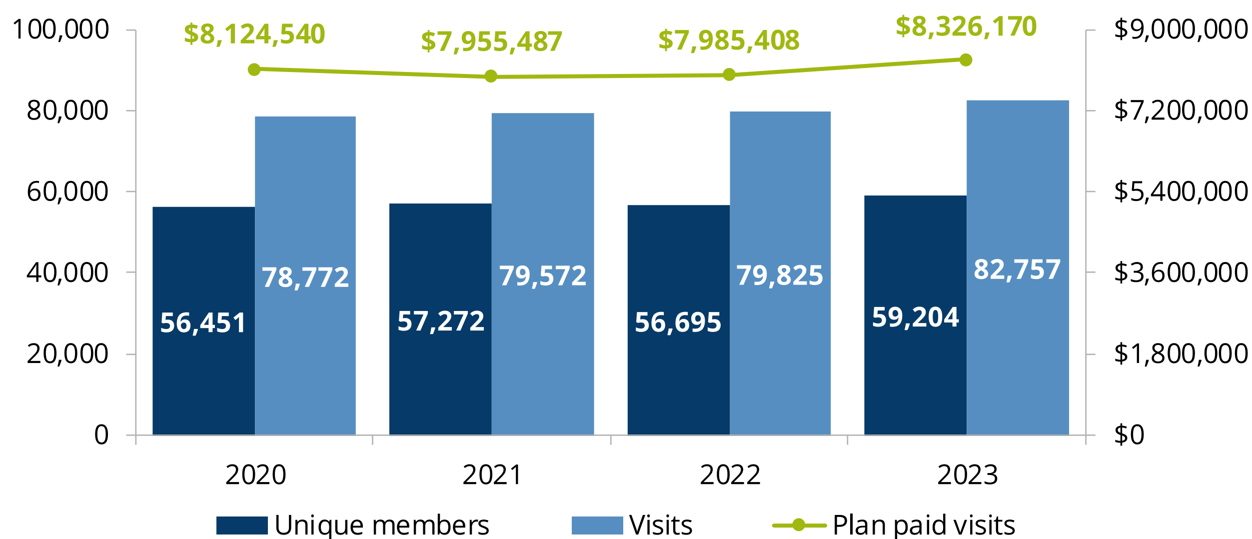
HEDIS measure: Breast Cancer Screening (BCS)

Year	Eligible members	Members with at least one mammogram	Screening percentage
2022	57,593	42,369	73.6%
2023	58,601	43,943	75.0%
Benchmark			72.3%

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 shots and COVID-19 vaccinations are not included in the immunization count.

Well child visits



HEDIS measure: Well-Child Visits in the First 15 Months (W15)

Year	Total members	No visit	One visit	Two visits	Three visits	Four visits	Five visits	Six visits
2022	3,341	34 (1.0%)	3,307 (99.0%)	3,288 (98.4%)	3,268 (97.8%)	3,225 (96.5%)	3,143 (94.1%)	2,818 (84.3%)
2023	3,334	34 (1.0%)	3,300 (99.0%)	3,280 (98.4%)	3,261 (97.8%)	3,206 (96.2%)	3,110 (93.3%)	2,845 (85.3%)
Benchmark								80.8%

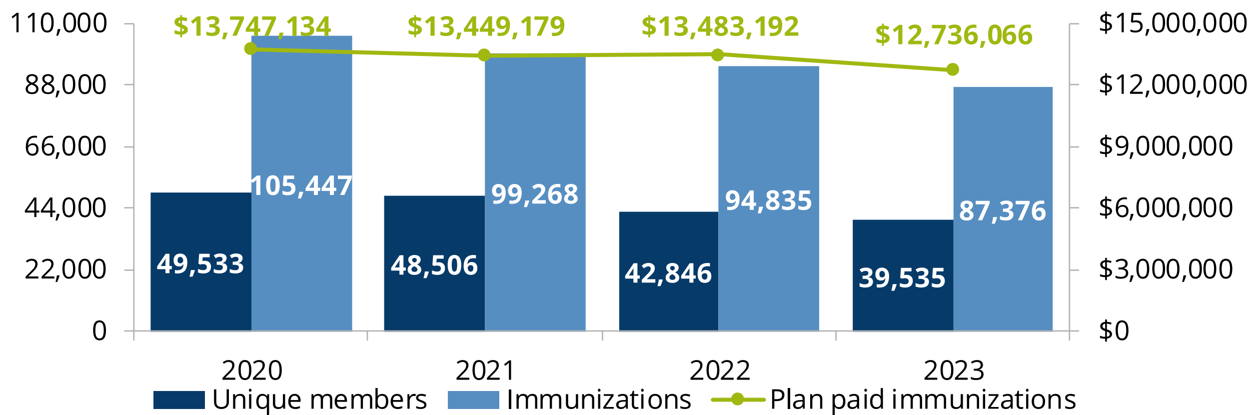
HEDIS measure: Well-Child Visits from 15 Months to 30 Months (W30)

Year	Total members	No visit	One visit	Two visits
2022	3,278	104 (3.2%)	3,174 (96.8%)	2,995 (91.4%)
2023	3,356	125 (3.7%)	3,231 (96.3%)	3,062 (91.2%)
Benchmark				88.2%

HEDIS measure: Child and Adolescent Well-Care Visits (WCV)

	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
2022	37,899	23,685 (62.5%)	33,194	16,551 (49.9%)	12,359	3,890 (31.5%)	83,452	44,126 (52.9%)
2023	37,826	24,656 (65.2%)	33,480	17,652 (52.7%)	12,429	4,178 (33.6%)	83,735	46,486 (55.5%)
Benchmark								56.2%

Well child immunizations (excludes COVID-19 and flu vaccinations)



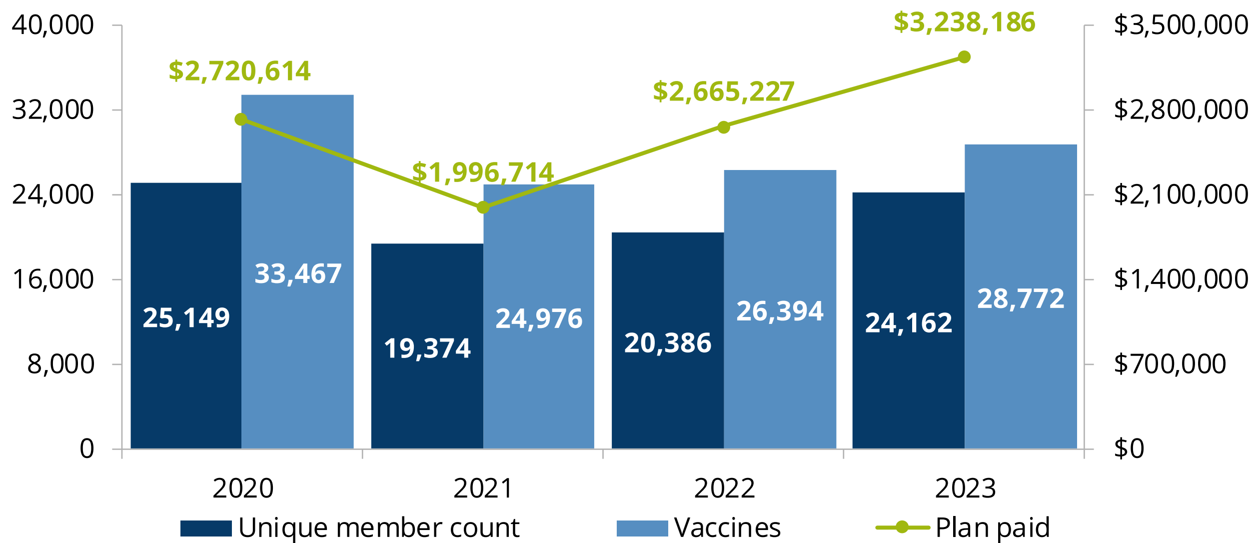
HEDIS measure: Child Immunization Status (CIS)

Vaccine	Year	Eligible members	Vaccinated members	Vaccination percentage
Combination 10 (four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV by their second birthday, four PCV, one HepA, three RV and two seasonal flu)	2022	2,870	1,691	58.9%
	2023	3,027	1,562	51.6%
Combination 10 benchmark				50.0%

HEDIS measure: Immunizations for Adolescents (IMA)

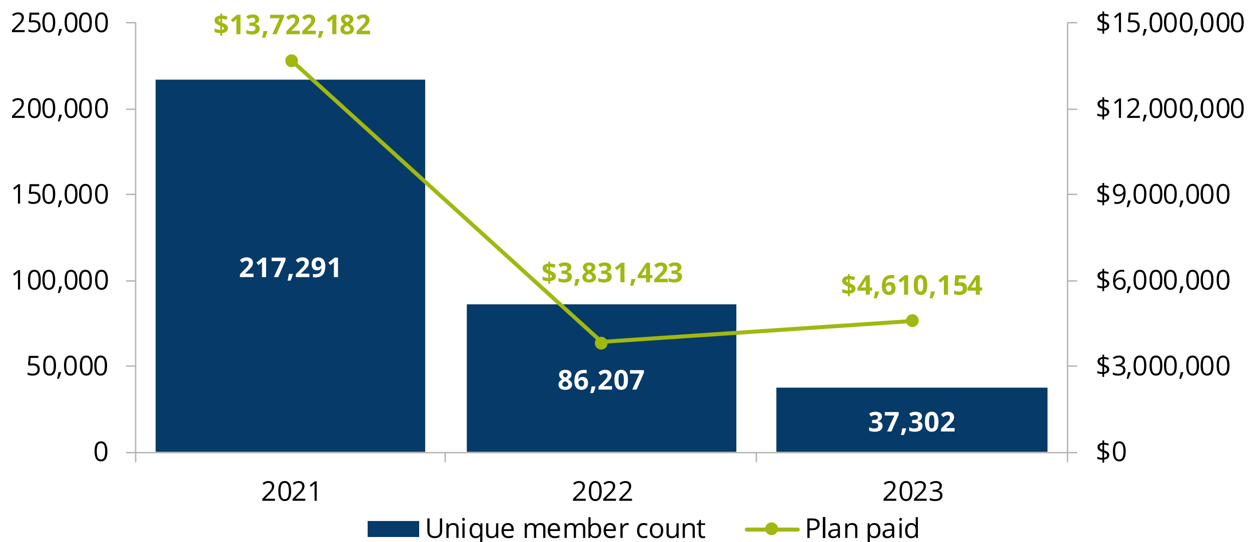
Vaccine	Year	Eligible members	Vaccinated members	Vaccination percentage
Adolescent Immunization Combination 2 (MCV4, TDaP/TD, HPV)	2022	3,827	1,187	31.0%
	2023	3,854	1,191	30.9%
Adolescent Combination 2 benchmark				30.5%

Adult vaccines (excludes COVID-19, flu and shingles vaccinations)



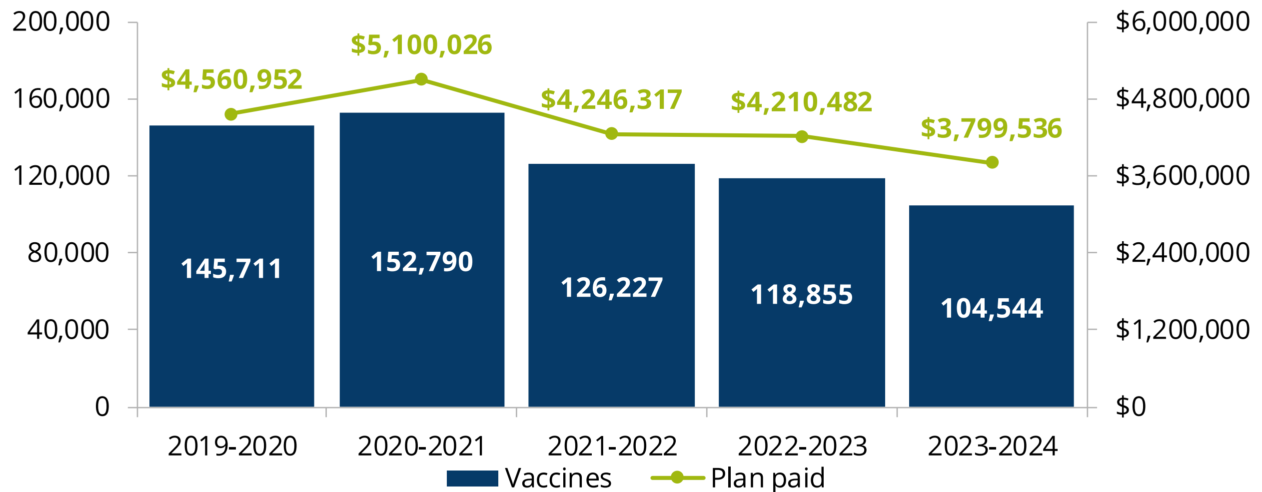
Beginning in 2016, adult vaccinations at the intervals recommended by the Centers for Disease Control were offered at no cost to State Health Plan primary members.

COVID-19 vaccines for adults and children



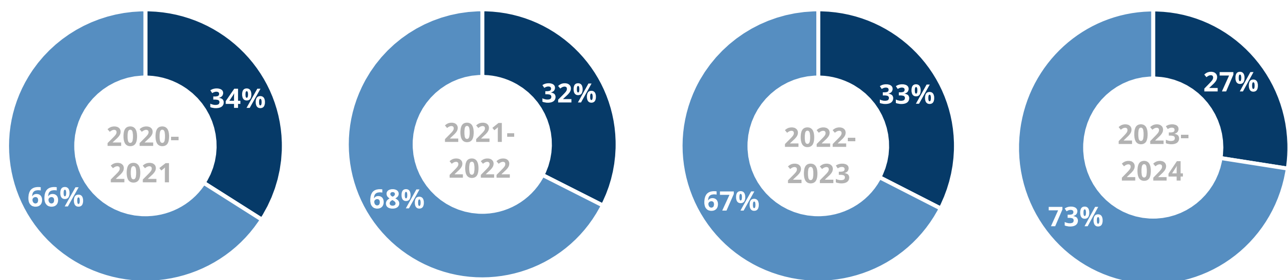
Prior to 2023, the Plan paid only the administration fee for the COVID-19 vaccine. This chart does not include data from the S.C. Department of Health and Environmental Control Immunization Registry. Nearly 10.5% of eligible State Health Plan members 6 months and older got at least one COVID vaccination between September 2023 and August 2024 compared to 9.4% statewide. State Health Plan data is based on claims and the immunization registry; statewide data is from the S.C. Department of Public Health's dashboard.

Flu vaccines for adults and children



Adults 19 and older accounted for 77.8% of the flu vaccines during the 2023-2024 season. Flu season is defined as July-June. This chart does not include data from the S.C. Department of Health and Environmental Control Immunization Registry.

Flu vaccines utilization

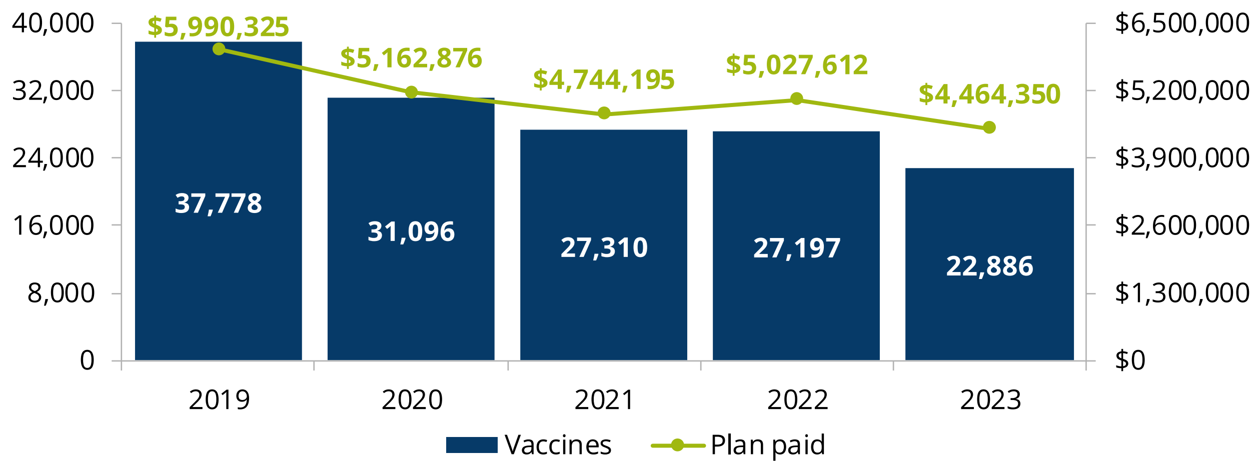


According to medical claims and data from the immunization registry, 27.4% of State Health Plan members received flu vaccines during the 2023-2024 season.

HEDIS measure: Flu vaccinations

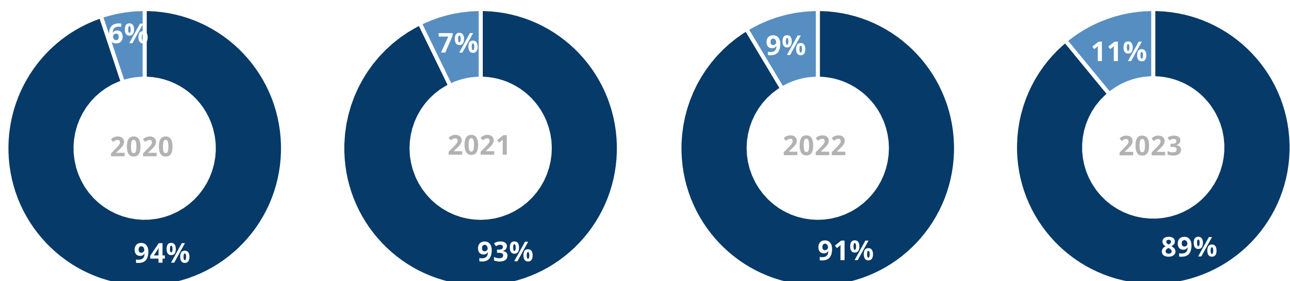
	All ages		Ages 19-65		Ages 66+	
Year	**Members**	**Vaccinated**	**Members**	**Vaccinated**	**Members**	**Vaccinated**
2022	281,608	91,715 (32.6%)	273,330	86,920 (31.8%)	8,278	4,795 (57.9%)
2023	287,371	78,834 (27.4%)	278,591	74,238 (26.6%)	8,780	4,596 (52.3%)
Benchmark				22.3%		31.9%

Shingles vaccines



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. The rate of State Health Plan members who received an initial dose of the Shingrix vaccine and received a second or follow-up dose was 80.9% in 2023.

Service providers

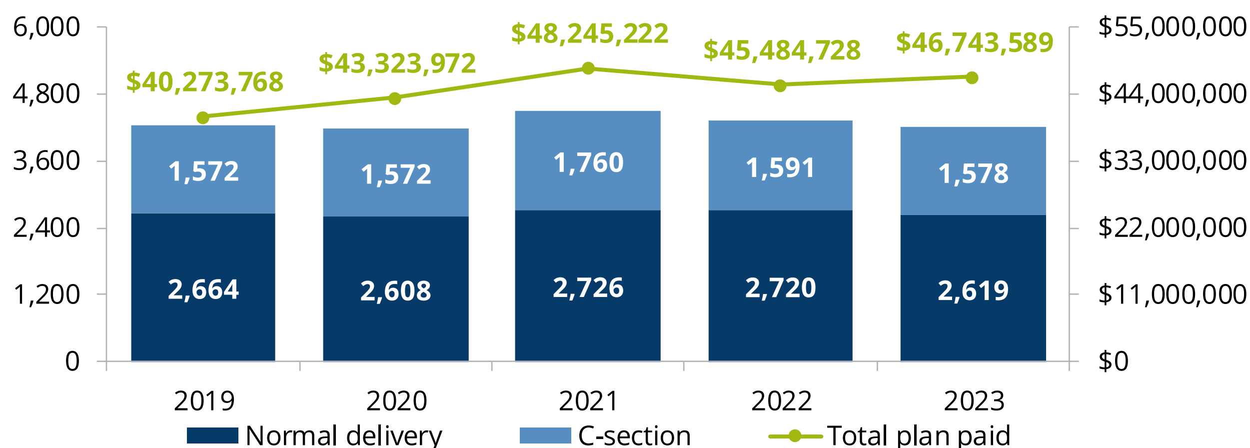


HEDIS measure: Shingles vaccinations

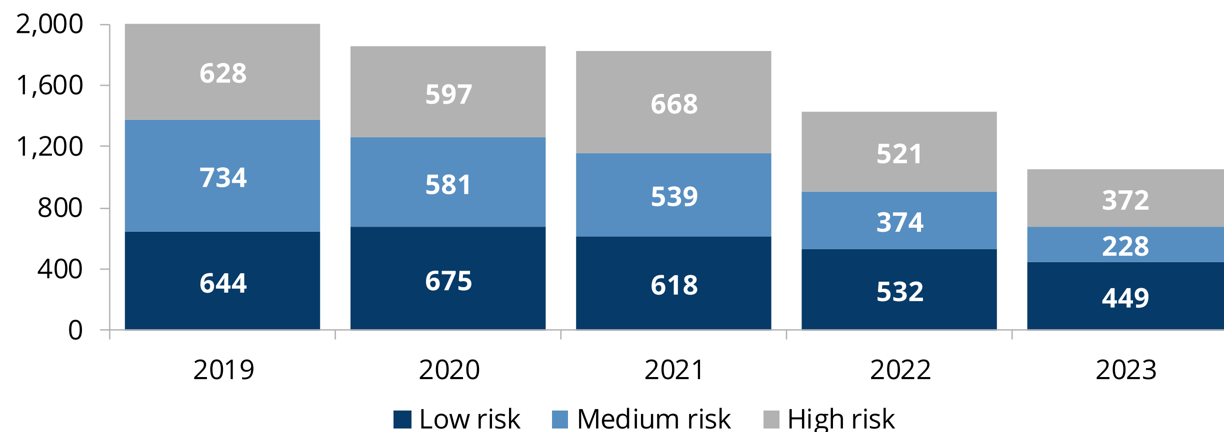
	Ages 50+		Ages 50-65		Ages 66+	
Year	**Members**	**Vaccinated**	**Members**	**Vaccinated**	**Members**	**Vaccinated**
2022	114,917	20,939 (18.2%)	106,774	18,500 (17.3%)	8,143	2,439 (30.0%)
2023	117,300	24,500 (20.9%)	108,454	21,614 (19.9%)	8,846	2,886 (32.6%)
Benchmark				16.5%		14.3%

Maternity benefits

Deliveries



Enrollment in Coming Attractions (maternity management program)

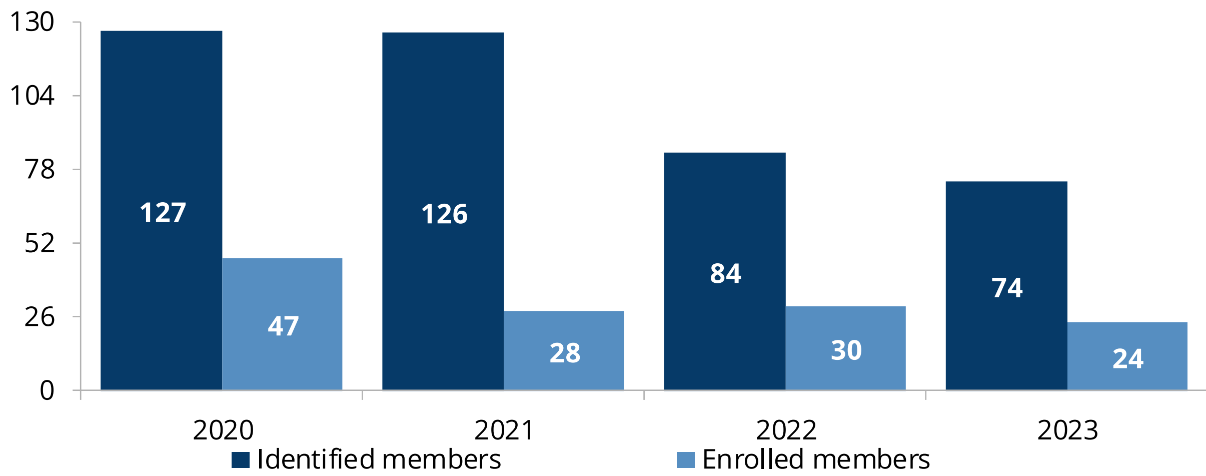


BlueCross administers PEBA's comprehensive maternity management program, Coming Attractions. The program monitors expectant mothers throughout pregnancy and manages Neonatal Intensive Care Unit (NICU) infants or other babies with special needs until they are 1 year old. Of the 372 high risk pregnancies for participants in 2023, 50 worked with a case manager.

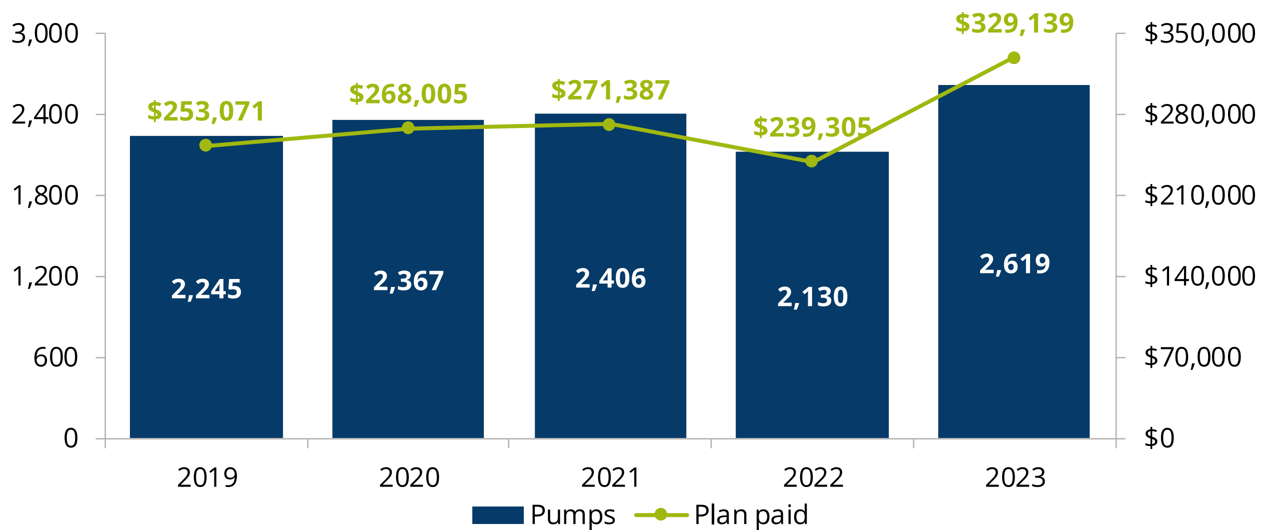
Risk levels for members not enrolled in Coming Attractions

Year	Low risk	Medium risk	High risk	Unknown
2020	1,961	31	28	234
2021	2,285	30	25	274
2022	2,461	31	85	148
2023	2,868	3	7	164

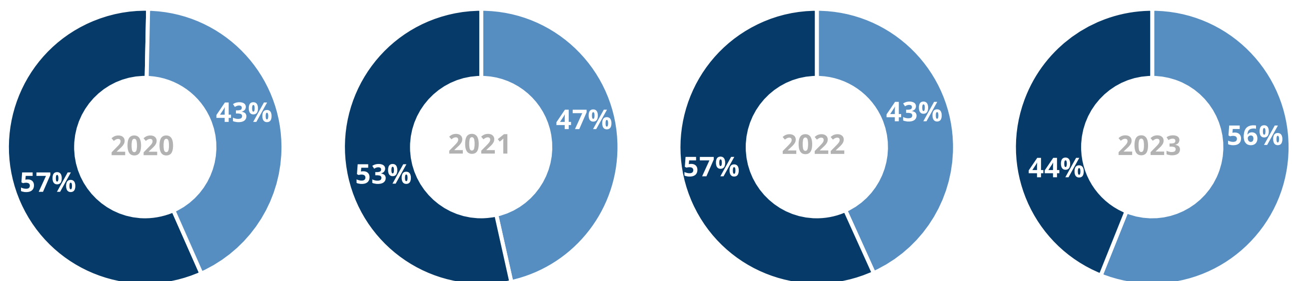
Enrollment in Moms program (behavioral health management)



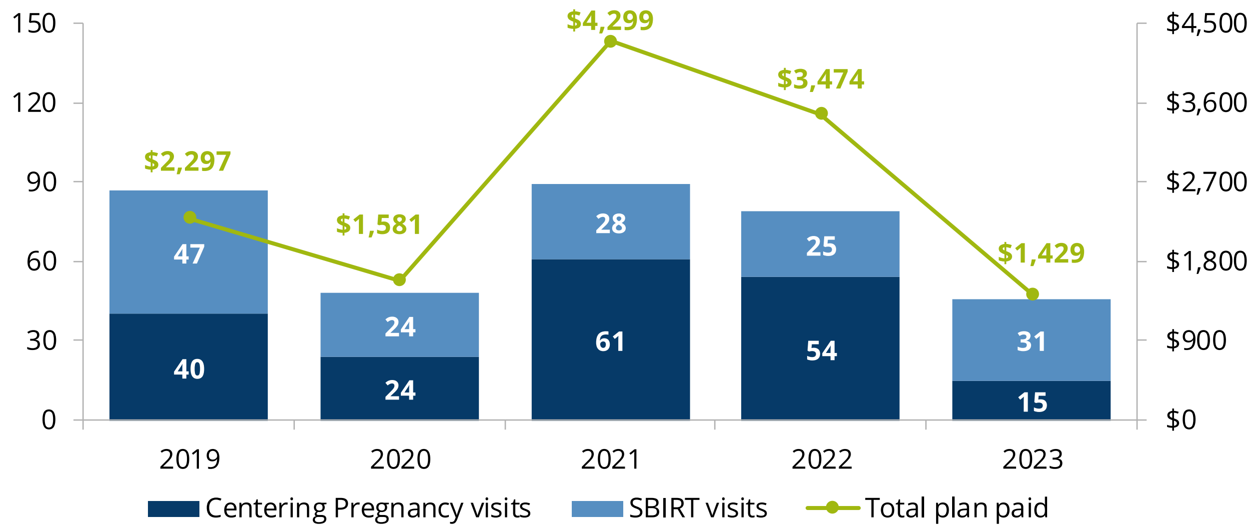
Breast pumps



Breast pump utilization by year



Centering Pregnancy, SBIRT



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.

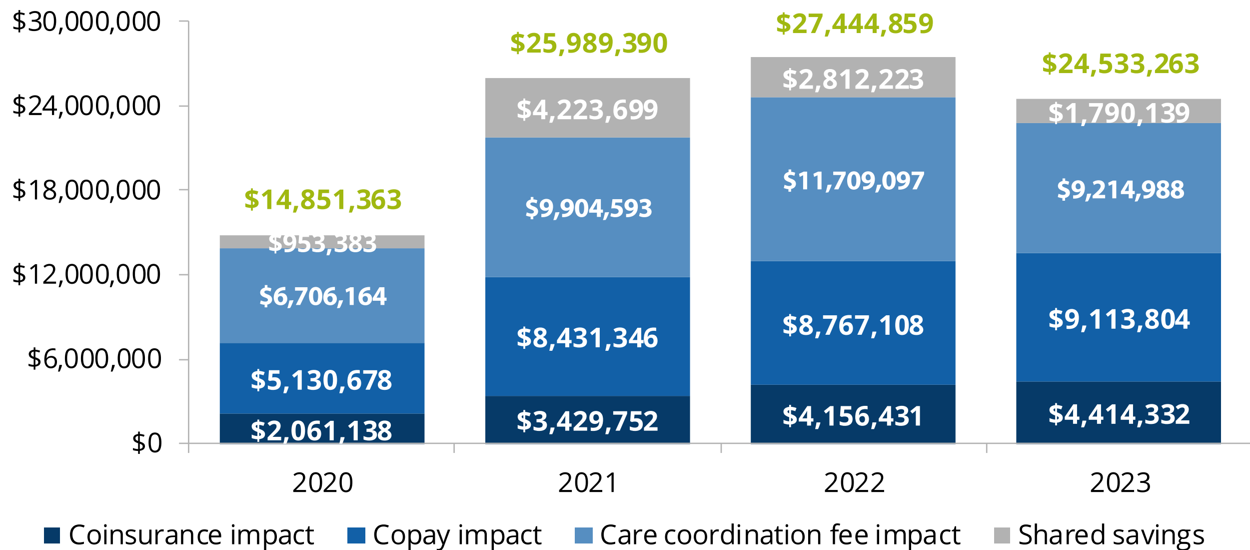
An approach of the Birth Outcomes Initiative, Centering Pregnancy is a nationally recognized model of group prenatal care supported by the Centering Healthcare Institute. Patients are organized into groups of eight to 12 women who have due dates in the same month. Groups meet for 10 two-hour sessions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

Patient-centered medical home (PCMH)

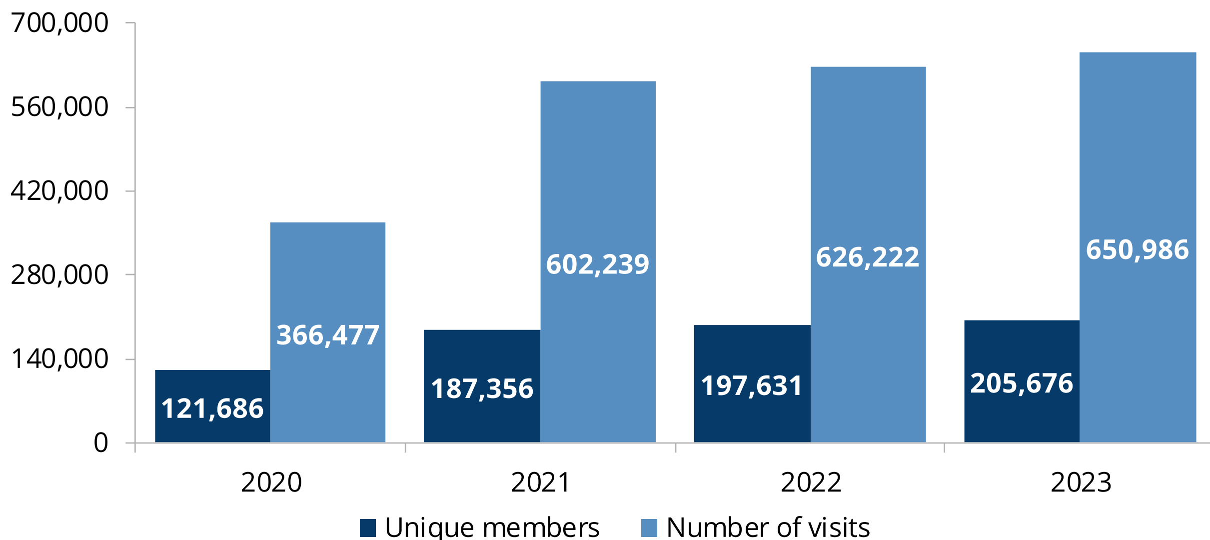
Patient-centered medical homes

Financial impact



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.

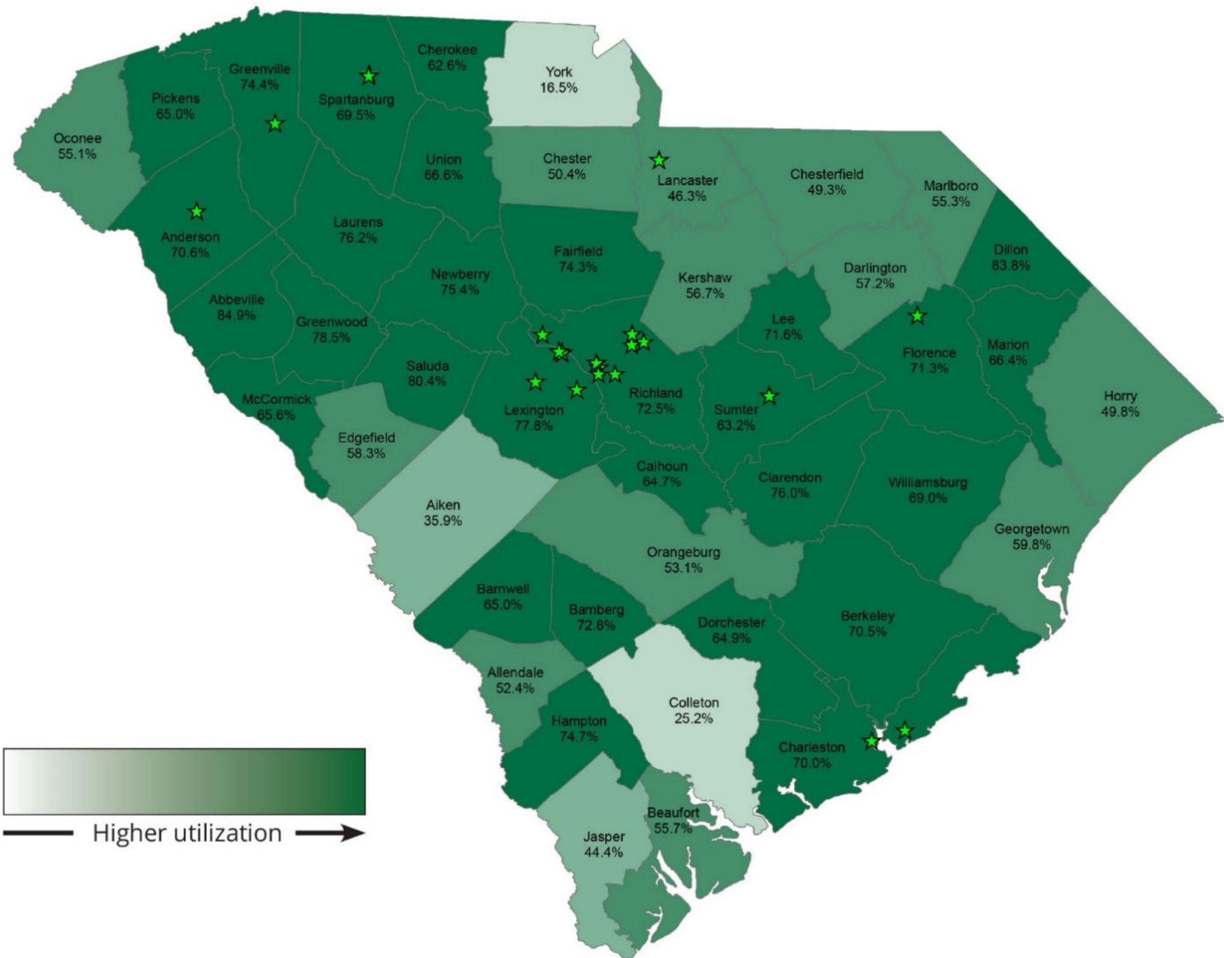
Utilization of all patients



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 2023, there were 702 PCMH practices and 8,856 PCMH practitioners.

Percentage of State Health Plan primary members utilizing a PCMH | 2023



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

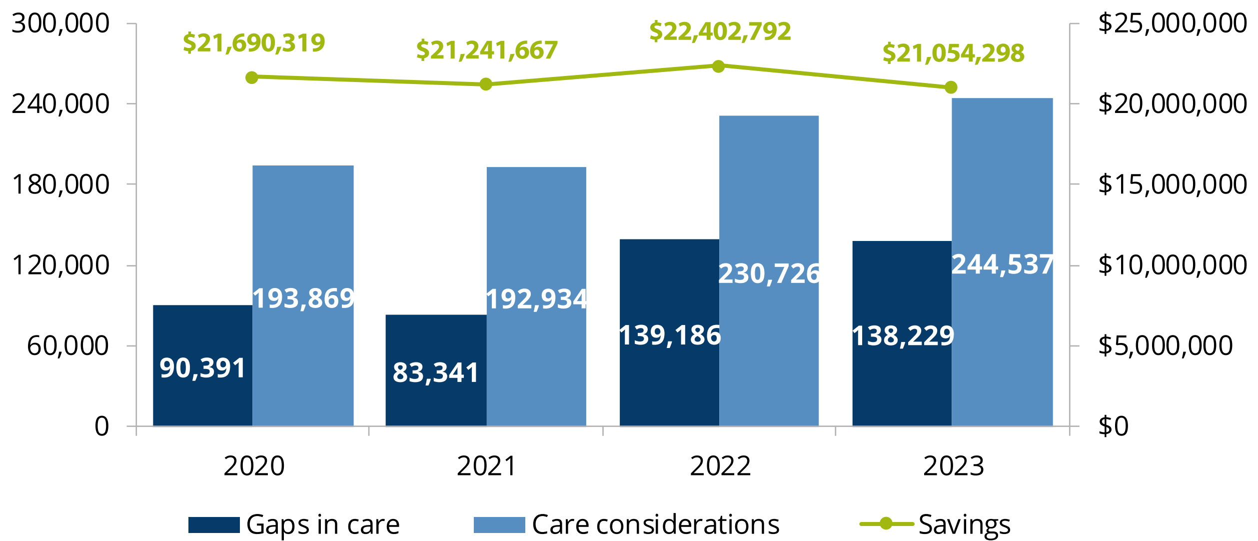
Upstate
- Amed Pediatrics Anderson
- Internal Medicine Associates
- MGC-Medial Affiliates-North Grove
- PH Pediatrics Spartanburg

Midlands
- Harbison Medical Associates
- Lexington Family Practice (5 locations)
- Mackey Family Practice
- MUSC Health Primary Care Clemson Rd
- Palmetto Pediatrics
- PH Primary Care
- Sandhills Pediatrics
- SC Internal Medicine Assoc & Rehab
- Sterling Sharpe Pediatrics
- The Columbia Medical Group

Lowcountry/Pee Dee
- HopeHealth Irby
- Colonial Family Practice LLC
- MUSC Physicians University Family Medicine
- Coastal Pediatric Associates PA

Active Health

Active Health



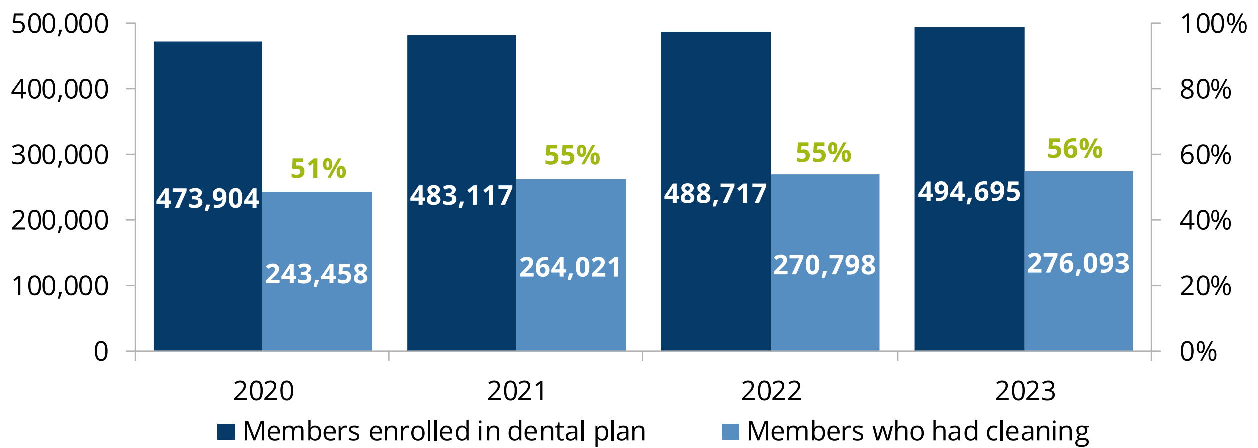
After analyzing claims data, Active Health sends care considerations to providers to help close gaps in care. Improved clinical outcomes lead to Plan savings. The care consideration compliance rate was 31.5% in 2016 and 43.1% in 2023. There were less projected savings in 2023 because there was a decrease 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.

Dental and vision

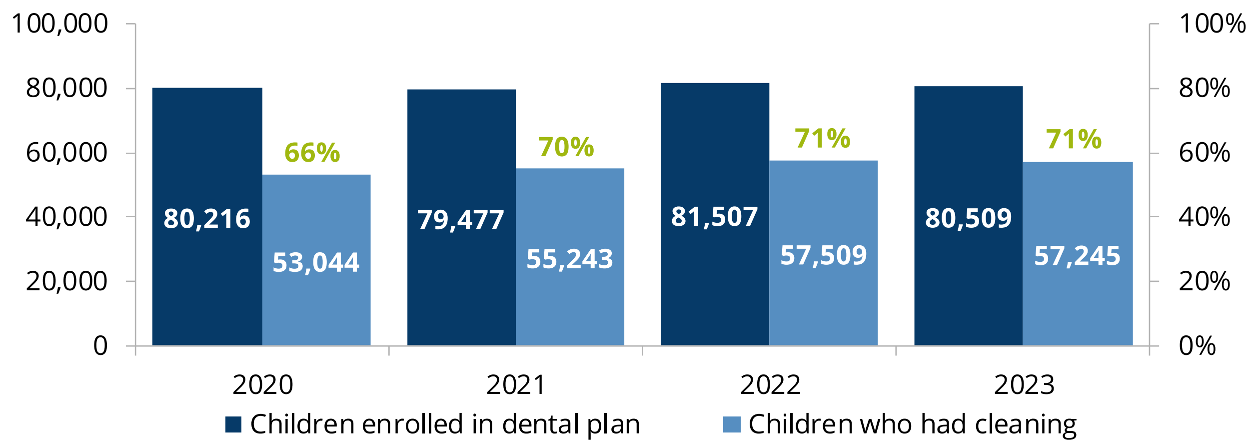
Dental cleanings

Adults



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



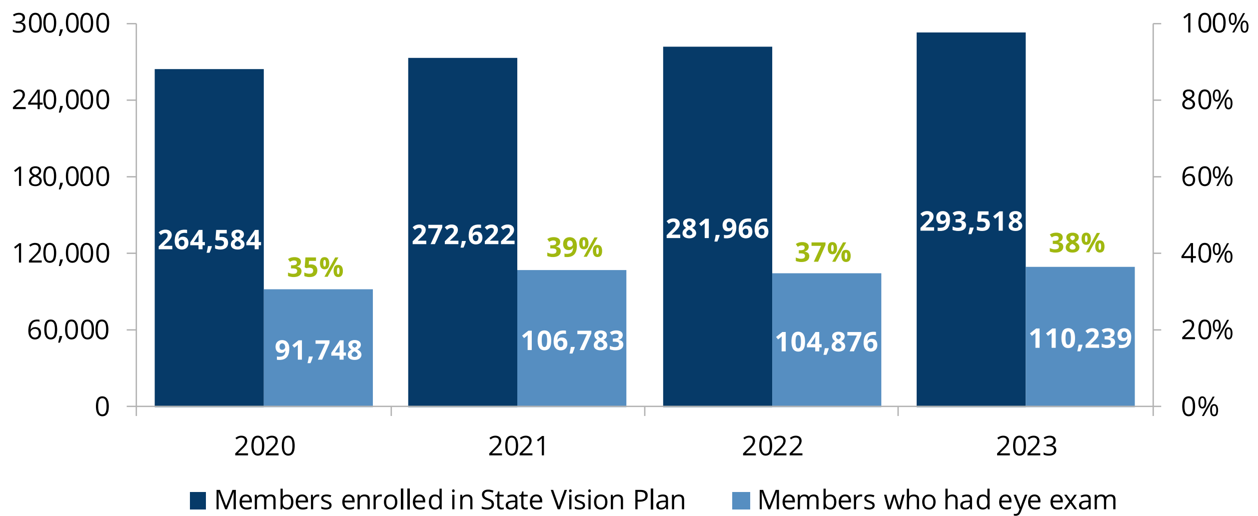
Children are defined as ages 2 through 17. The total count is the number of children who had at least one cleaning, and who are enrolled in Dental Plus or Basic Dental.

HEDIS measure: Annual Dental Visit (ADV)

	Year	Total members	Members with dental claim	Dental claim rate
Ages 2-20	2022	89,256	65,241	73.1%
	2023	83,294	62,362	74.9%
Benchmark				47.3%

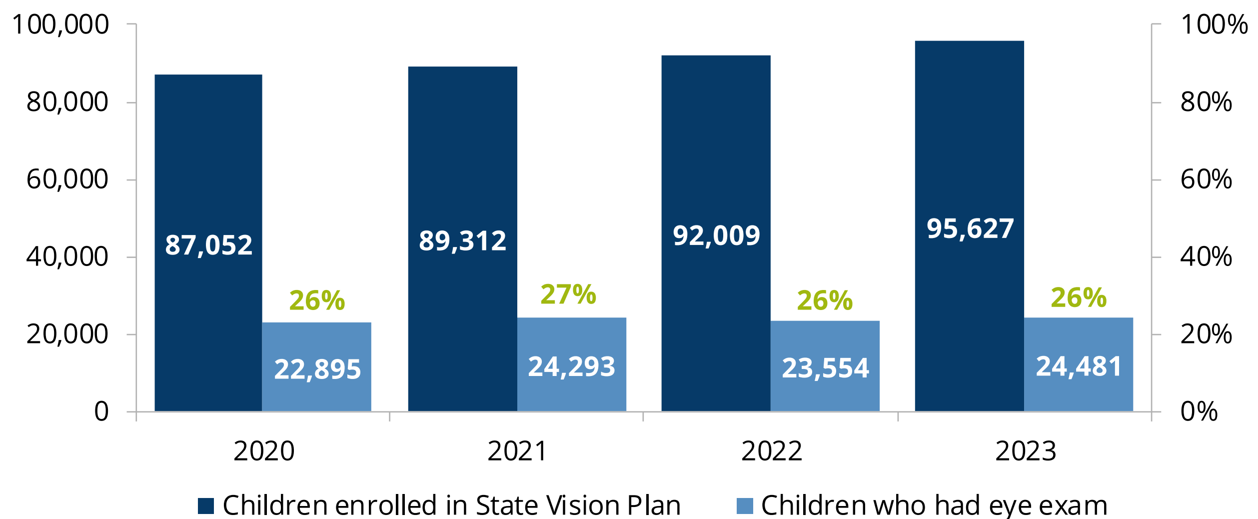
Eye exams

Subscribers and spouses



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



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.

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 191 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
Measures for behavior or services that improve member health outcomes and reduce costs			
Adults who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.	↑	**94.8%** (2022)	**96.1%** (2022) **96.1%** (2023)
Children ages 2 through 20 who had at least one dental claim during the measurement year.	↑	**47.3%** (2022)	**73.1%** (2022) **74.9%** (2023)
At least six well child visits in the first 15 months of life with a primary care physician.	↑	**80.8%** (2022)	**84.3%** (2022) **85.3%** (2023)
Well child visits in the first 30 months of life (15 months to 30 months).	↑	**88.2%** (2022)	**91.4%** (2022) **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.	↑	**56.2%** (2022)	**52.9%** (2022) **55.5%** (2023)
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); and four pneumococcal conjugates (PCV).	↑	**70.1%** (2022)	**89.5%** (2022) **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.	↑	**30.5%** (2022)	**31.0%** (2022) **30.9%** (2023)
The percentage of members ages 19 to 65 who had a flu vaccine during the measurement year.	↑	**22.3%** (2022)	**31.8%** (2022) **26.6%** (2023)
The percentage of adults ages 50 to 65 who had a shingles vaccine during the measurement year.	↑	**16.5%** (2022)	**17.3%** (2022) **19.9%** (2023)
The percentage of adults ages 19-65 who had one dose of TDaP during the measurement year.	↑	**35.9%** (2022)	**36.6%** (2022) **39.2%** (2023)
The percentage of adults ages 66 and older who had a pneumococcal vaccine during the measurement year.	↑	**28.7%** (2022)	**54.2%** (2022) **56.2%** (2023)
Women ages 50 through 74 who had at least one mammogram to screen for breast cancer in the past two years.	↑	**72.3%** (2022)	**73.6%** (2022) **75.0%** (2023)

Measure		Benchmark	SHP
Measures for behavior or services that improve member health outcomes and reduce costs			
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.	↑	**73.0%** (2022)	**65.4%** (2022) **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.	↑	**55.8%** (2022)	**63.9%** (2022) **64.6%** (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).	↓	**4.4%** (2022)	**4.3%** (2022) **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.	↑	**46.5%** (2022)	**46.2%** (2022) **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.	↑	**68.8%** (2022)	**69.4%** (2022) **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.	↑	**78.3%** (2022)	**77.3%** (2022) **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.	↑	**63.1%** (2022)	**62.1%** (2022) **61.5%** (2023)
HEDIS measures for low-value services			
Adolescent females ages 16 through 20 who were screened unnecessarily for cervical cancer.	↓	**0.5%** (2022)	**0.8%** (2022) **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).	↑	**75.0%** (2022)	**73.0%** (2022) **72.5%** (2023)

Measure descriptions information on the following pages is taken directly from HEDIS Technical Specifications for Health Plans. https://www.ncqa.org/hedis/measures/.

Adults' Access to Preventive/Ambulatory Health Services (AAP)

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	2017-2019	97,979	91,229	93.1%
	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%
45-64 years	2017-2019	122,401	118,494	96.8%
	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%
65 years & older	2017-2019	10,912	10,659	97.7%
	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%
Total	2017-2019	231,292	220,382	95.3%
	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%
Benchmark				94.8%

Annual Dental Visit (ADV)

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	2019	81,723	59,658	73.0%
	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%
21 to 39 years	2019	93,579	47,448	50.7%
	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%
40 to 64 years	2019	144,293	85,182	59.0%
	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%
65 years & older	2019	13,452	8,720	64.8%
	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%
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%
Benchmark (ages 2 to 20)				47.3%

Annual Dental Visit (ADV) Additional Results

		Dental Basic & Dental Plus		Dental Basic		Dental Plus	
Year	**Age group**	**Total members**	**Members with dental claim**	**Total members**	**Members with dental claim**	**Total members**	**Members with dental claim**
2023	2-3 years	4,764	2,700 (56.7%)	1,547	673 (43.5%)	3,217	2,027 (63.0%)
2023	4-6 years	9,647	7,671 (79.5%)	2,840	1,937 (68.2%)	6,807	5,734 (84.2%)
2023	7-10 years	16,375	13,741 (83.9%)	4,062	2,983 (73.4%)	12,313	10,758 (87.4%)
2023	11-14 years	18,946	15,393 (81.2%)	4,320	2,969 (68.7%)	14,626	12,424 (84.9%)
2023	15-18 years	22,106	16,072 (72.7%)	5,185	3,174 (61.2%)	16,921	12,898 (76.2%)
2023	19-20 years	11,456	6,785 (59.2%)	2,753	1,295 (47.0%)	8,703	5,490 (63.1%)
2023	21-29 years	44,934	21,763 (48.4%)	15,042	5,685f (37.8%)	29,892	16,078 (53.8%)
2023	30-39 years	49,893	27,990 (56.1%)	17,170	7,245 (42.2%)	32,723	20,745 (63.4%)
2023	40-49 years	61,784	37,192 (60.2%)	17,282	7,939 (45.9%)	44,502	29,253 (65.7%)
2023	50-64 years	88,411	54,803 (62.0%)	24,397	11,292 (46.3%)	64,014	43,511 (68.0%)
2023	65 years & older	16,098	10,363 (64.4%)	4,083	1,824 (44.7%)	12,015	8,539 (71.1%)
2022	2-3 years	5,614	3,035 (54.1%)	1,724	738 (42.8%)	3,890	2,297 (59.0%)
2022	4-6 years	10,624	8,239 (77.6%)	2,938	1,913 (65.1%)	7,686	6,326 (82.3%)
2022	7-10 years	17,415	14,424 (82.8%)	4,128	2,944 (71.3%)	13,287	11,480 (86.4%)
2022	11-14 years	20,300	16,092 (79.3%)	4,585	3,113 (67.9%)	15,715	12,979 (82.6%)
2022	15-18 years	23,347	16,634 (71.2%)	5,467	3,332 (60.9%)	17,880	13,302 (74.4%)
2022	19-20 years	11,956	6,817 (57.0%)	2,971	1,367 (46.0%)	8,985	5,450 (60.7%)
2022	21-29 years	52,042	23,668 (45.5%)	17,334	6,082 (35.1%)	34,708	17,586 (50.7%)
2022	30-39 years	55,315	30,022 (54.3%)	18,512	7,383 (39.9%)	36,803	22,639 (61.5%)

2022	40-49 years	64,562	37,787 (58.5%)	17,871	7,911 (44.3%)	46,691	29,876 (64.0%)
2022	50-64 years	94,399	57,643 (61.1%)	26,275	11,949 (45.5%)	68,124	45,694 (67.1%)
2022	65 years & older	18,261	11,732 (64.2%)	4,819	2,176 (45.2%)	13,442	9,556 (71.1%)

Well-Child Visits in the First 15 Months (W15)

Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents.[1] Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.[2] Well-care visits provide an opportunity for providers to influence health and development. They are a critical opportunity for screening and counseling.

1 Bright Futures. 2021. https://brightfutures.aap.org/
2 Lipkin, Paul H., Michelle M. Macias, Section on Developmental and Behavioral Pediatrics Council on Children with Disabilities, Kenneth W. Norwood Jr, Timothy J. Brei, Lynn F. Davidson, Beth Ellen Davis, et al. 2020. "Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening." Pediatrics 145 (1): e20193449. https://doi.org/10.1542/peds.2019-3449

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 (W15): 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
2019	3,138	12 (0.4%)	3,126 (99.6%)	3,105 (98.9%)	3,087 (98.4%)	3,059 (97.5%)	2,977 (94.9%)	2,673 (85.2%)
2020	3,396	31 (0.9%)	3,365 (99.1%)	3,354 (98.8%)	3,334 (98.2%)	3,287 (96.8%)	3,211 (94.6%)	2,828 (83.3%)
2021	3,303	27 (0.8%)	3,276 (99.2%)	3,253 (98.5%)	3,229 (97.7%)	3,189 (96.5%)	3,105 (94.0%)	2,808 (85.0%)
2022	3,341	34 (1.0%)	3,307 (99.0%)	3,288 (98.4%)	3,268 (97.8%)	3,225 (96.5%)	3,143 (94.1%)	2,818 (84.3%)
2023	3,334	34 (1.0%)	3,300 (99.0%)	3,280 (98.4%)	3,261 (97.8%)	3,206 (96.2%)	3,110 (93.3%)	2,845 (85.3%)
Benchmark								80.8%

Well-Child Visits from 15 Months to 30 Months (W30)

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	85 (2.5%)	3,380 (97.5%)	3,211 (92.7%)
2021	3,525	127 (3.6%)	3,398 (96.4%)	3,181 (90.2%)
2022	3,278	104 (3.2%)	3,174 (96.8%)	2,995 (91.4%)
2023	3,356	125 (3.7%)	3,231 (96.3%)	3,062 (91.2%)
Benchmark				88.2%

Child and Adolescent Well-Care Visits (WCV)

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.

	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
2020	39,244	24,049 (61.3%)	34,224	16,889 (49.3%)	12,331	3,697 (30.0%)	85,799	44,635 (52.0%)
2021	38,236	23,998 (62.7%)	33,373	16,849 (50.5%)	12,302	3,813 (31.0%)	83,911	44,650 (53.2%)
2022	37,899	23,685 (62.5%)	33,194	16,551 (49.9%)	12,359	3,890 (31.5%)	83,452	44,126 (52.9%)
2023	37,826	24,656 (65.2%)	33,480	17,652 (52.7%)	12,429	4,178 (33.6%)	83,735	46,486 (55.5%)
Benchmark								56.2%

Childhood Immunization Status (CIS)

Childhood vaccines protect children from several serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus, and whooping cough, at a time in their lives when they are most vulnerable to disease.[1,2] Approximately 300 children in the United States die each year from vaccine preventable diseases.[3]

Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained to prevent a resurgence of vaccine-preventable diseases.[4]

1 Mayo Clinic. 2014. "Infant and Toddler Health.Childhood Vaccines: Tough questions, straight answers. Do vaccines cause autism? Is it OK to skip certain vaccines? Get the facts on these and other common questions."
http://www.mayoclinic.com/health/vaccines/CC00014
2 Institute of Medicine. January 2013. "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies." Report Brief
3 gov. 2013. "Immunizations and Infectious Diseases."
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23
4 Diekema, D.S. 2012. "Improving Childhood Vaccination Rates." N Engl J Med 366:39;1-3
http://www.nejm.org/doi/full/10.1056/NEJMp1113008

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%
DTaP benchmark				80.9%
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%
IPV benchmark				86.4%
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%
MMR benchmark				90.0%
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%
HiB benchmark				87.3%
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%
HepB benchmark				78.8%
One chicken pox (VZV) vaccination between first and second birthdays	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%
VZV benchmark				89.7%
Four pneumococcal conjugate (PCV) vaccinations during their first two years of life	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%
PCV benchmark				81.9%
One hepatitis A (HepA) vaccination	2020	2,996	2,819	94.1%

between member's first and second birthdays	2021	3,133	2,923	93.3%
	2022	2,870	2,748	95.7%
	2023	3,027	2,883	95.2%
HepA benchmark				87.6%
Three rotavirus (RV) vaccinations during their first 2 years of life	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%
RV benchmark				80.1%
Two influenza vaccinations during their first two years of life	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%
Flu benchmark				63.4%
Combination 10 (four DTaP, three IPV, one MMR, three HiB, two HepB, one VZV by their second birthday, four PCV, one HepA, three RV and two seasonal flu)	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%
Combination 10 benchmark				50.0%

Immunizations for Adolescents (IMA)

Vaccines are a safe and effective way to protect adolescents against potential deadly diseases.[1] Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and human papillomavirus. These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures, cancer — and even death.[2]

1 National Foundation for Infectious Diseases. AdolescentVaccination.org. 2013. "10 Reasons to be Vaccinated."
http://adolescentvaccination.org/10-reasons
2 2017. "2017 Recommended Immunizations for Children 7–18 Years Old."
https://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf

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%
MCV4 benchmark				81.0%
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	3,652	86.0%
	2023	4,149	3,905	94.1%
TDAP/TD benchmark				85.6%
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%
HPV benchmark				31.7%
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%
Adolescent Combination 10 benchmark				30.5%

Breast Cancer Screening (BCS)

Aside from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity.[1] Screening can improve outcomes: Early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower health care costs.[2]

1 Centers for Disease Control and Prevention (CDC). 2018. "Breast Cancer Statistics." http://www.cdc.gov/cancer/breast/statistics/index.htm
2 American Cancer Society. 2017. "American Cancer Society Recommendations for the Early Detection of Breast Cancer." https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

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
2019	57,455	41,503	72.2%
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%
Benchmark			72.3%

Cervical Cancer Screening (CCS)

Cervical cancer is a disease in which the cells in the cervix grow out of control. Cervical cancer used to be one of the most common causes of cancer death for American women; effective screening has reduced the mortality rate by more than 50 percent over the last 30 years.[1] Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable.[1]

1 American Cancer Society. 2014. "Cervical Cancer Prevention and Early Detection." http://www.cancer.org/acs/groups/cid/documents/webcontent/003167-pdf.pdf

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
2019	111,375	71,273	64.0%
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%
Benchmark			73.0%

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) (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.[1]

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
2019	14,511	185	1.3%
2020	14,967	136	0.9%
2021	14,685	123	0.8%
2022	14,761	115	0.8%
2023	15,134	121	0.8%
Benchmark			0.5%

Colorectal Cancer Screening (COL)

Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate after five years. However, more than a third of adults 50-75 do not get recommended screenings.[1] Colorectal cancer screening of asymptomatic adults in that age group can catch polyps before they become cancerous or detect colorectal cancer in its early states, when treatment is most effective.

1 American Cancer Society. 2017. "Colorectal Cancer Facts & Figures 2017-2019." https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf

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
2019	103,860	62,661	60.3%
2020	106,112	64,370	60.7%
2021	107,439	69,437	64.6%
2022	106,835	68,306	63.9%
2023	114,657	74,068	64.6%
Benchmark			55.8%

Screening percentage via colonoscopy

Year	Screening percentage
2019	96.5%
2020	94.5%
2021	88.8%
2022	91.1%
2023	89.5%

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

Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scan) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment. For most individuals who experience severe low back pain, pain improves within the first two weeks of onset. Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs.

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 – (numerator/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
2019	10,807	3,050	71.8%
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%
Benchmark			75.0%

Use of Opioids at High Dosage (HDO)

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
2019	276,937	45,884	8,675	489	5.6%
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%
Benchmark					4.4%

Follow-Up After Hospitalization for Mental Illness (FUH)

In 2019, nearly one in five adults aged 18 and older in the U.S. had a diagnosed mental health disorder.[1] Despite this, individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.[2,3,4]

1 Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (NSDUH). Retrieved from: https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf
2 Barekatain M, Maracy MR, Rajabi F, Baratian H. (2014). Aftercare services for patients with severe mental disorder: A randomized controlled trial. J Res Med Sci. 19(3):240-5.
3 Luxton DD, June JD, Comtois KA. (2013). Can post-discharge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. Crisis. 34(1):32-41. doi: 10.1027/0227-5910/a000158.
4 Glazer, W. (2010). Tackling adherence in the real world. Behavioral Healthcare, 30(3), 28-30.

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%
Benchmark			46.5%		68.8%

Antidepressant Medication Management (AMM)

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.[1,2] 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.[3]

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	2,831	2,189	77.3%	1,759	62.1%
2023	2,403	1,879	78.2%	1,477	61.5%
Benchmark			78.3%		63.1%

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