

Quality measures desktop reference for Medicaid providers

Please note: The information provided is based on HEDIS® 2016 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
Adults	Access to preventive/ambulatory health services (AAP)	HEDIS	Ages 20 and older	Annual	Members who had an ambulatory or preventive care visit during the year
	Adult body mass index (BMI) assessment (ABA)	HEDIS	Ages 18-74	Biannual	Members who had an outpatient visit with documentation of weight <u>and</u> BMI value during the year or year prior. Members under age 20 must have a height, weight and a BMI percentile documented and/or plotted on a BMI chart.
	Annual monitoring of persistent medications (MPM)	HEDIS	Ages 18 and older	Annual	Members who received annual therapeutic testing when prescribed ACEI, ARB, digoxin or a diuretic
	Disease-modifying anti-rheumatic drug (DMARD) therapy for rheumatoid arthritis (RA) (ART)	HEDIS	Ages 18 and older with a diagnosis of RA	Annual	Members who were dispensed at least one prescription for a DMARD during the year
	Flu vaccinations for adults (FVA)	CAHPS®	Ages 18 -to 64	Annual	Members vaccinated for influenza after July 1
	Medical assistance with smoking and tobacco use cessation (MSC)	CAHPS	Ages 18 and older who are current tobacco users	Annual	Members who received the following from a provider during the year: <ul style="list-style-type: none"> • Cessation advice • Recommendation for or discussion of cessation medications • Recommendation for or discussion of cessation methods or strategies
	Use of imaging studies for lower back pain (LBP)	HEDIS	Ages 18-50	Not applicable	Members who had a primary diagnosis of lower back pain and <u>did not</u> have an imaging study (e.g., plain X-ray, MRI or CT scan) within 28 days of the diagnosis
	Initiation and engagement of alcohol and other drug dependence treatment (IET)	HEDIS	Ages 13 and older with a new episode of alcohol or other drug (AOD) dependence	Annual	Members who received: <ul style="list-style-type: none"> • Initiation of AOD treatment within 14 days of diagnosis • Engagement of AOD treatment: members who initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit
Females	Prenatal and postpartum care (PPC)	HEDIS	Live birth	First trimester and 21-56 days postpartum	<ul style="list-style-type: none"> • Members who had a prenatal visit within the first trimester <u>or</u> within 42 days of enrollment in the plan • Members who had a postpartum visit on or between 21 and 56 days after delivery
	Frequency of ongoing prenatal care (FPC)	HEDIS	Live birth	At least 14 visits for a 40-week pregnancy	Members who had appropriate prenatal visits throughout the pregnancy: <ul style="list-style-type: none"> • Every four weeks for the first 28 weeks of pregnancy • Every two to three weeks for 29-36 weeks of pregnancy • Weekly for 37 weeks of pregnancy through delivery
	Breast cancer screening (BCS)	HEDIS	Ages 50-74	Every two years	Members who had one or more screening mammograms during the year or prior year

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*CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

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Females	Cervical cancer screening (CCS)	HEDIS	Ages 21-64	Varies by age	Women who were screened for cervical cancer using the following criteria: <ul style="list-style-type: none"> • Ages 21-64: At least one cervical cytology (Pap) test every three years • Ages 30-64: Cervical cytology (Pap) test/human papillomavirus (HPV) cotesting every five years
	Nonrecommended cervical cancer screening in adolescent females (NCS)	HEDIS	Ages 16-20	Not applicable	Adolescent females who were screened unnecessarily for cervical cancer Note: Cervical cancer screening should begin at age 21
	Chlamydia screening in women (CHL)	HEDIS	Ages 16-24 and sexually active	Annual	Members who had at least one screening test for chlamydia during the year
	Human papillomavirus (HPV) vaccine for female adolescents	HEDIS	Ages 9-13	Multiple doses	Members who had three doses of the HPV vaccine on or between their 9th and 13th birthdays
Children and adolescents	Weight assessment, counseling for nutrition and physical activity (WCC)	HEDIS	Ages 3-17	Annual	Members who had an outpatient visit with a PCP or OB/GYN during the year in which the following were documented: <ul style="list-style-type: none"> • Height, weight and BMI percentile • Counseling for nutrition • Counseling for physical activity with recommendations and NOT solely for safety
	Appropriate treatment of children with upper respiratory infection (URI)	HEDIS	Ages 3 months-18 years with a diagnosis of URI	Not applicable	Members who <u>did not</u> receive an antibiotic prescription on or within three days after the diagnosis of an upper-respiratory infection
	Appropriate testing for children with pharyngitis (CWP)	HEDIS	Ages 3-18 years with a diagnosis of pharyngitis	Annual	Members who have been diagnosed with pharyngitis, dispensed an antibiotic and received group A streptococcus (strep) test within three days of the diagnosis
	Childhood immunization status (CIS)	HEDIS	Ages 0-2	Multiple doses	Members who had appropriate doses of the following vaccines by their 2nd birthday: 4-DTaP, 3-IPV, 1-MMR, 3-HiB, 3-Hep B, 1-VZV, 4-PCV, 1-Hep A, 2-or 3-RV, 2-Flu
	Immunizations for adolescents (IMA)	HEDIS	Ages 10-13	Multiple doses	Members who had one meningococcal vaccine between their 11th and 13th birthdays and one Tdap or Td between their 10th and 13th birthdays
	Lead screening in children (LSC)	HEDIS	Ages 0-2	Once before age 2	Members who had one or more capillary or venous lead blood test by their 2nd birthday
	Children and adolescents' access to a primary care provider (PCP) (CAP)	HEDIS	Ages 1-19	Varies by age	Members who had a PCP visit within the following time frames: <ul style="list-style-type: none"> • Ages 12 months-6 years: during the year • Ages 7-19 years: during the year or year prior
	Annual dental visit (ADV)	HEDIS	Ages 2-20	Annual	Members who had at least one dental visit during the year
	Well-child visits in the first 15 months of life (W15)	HEDIS	Ages 0-15 months	Six visits	Members who had six well-child visits with a PCP by age 15 months. Well visits must include documentation of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.
	Well-child visits in the 3rd, 4th, 5th and 6th years of life (W34)	HEDIS	Ages 3-6	Annual	Members who had one well-child visit with a PCP during the year. Well visits must include documentation of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.
	Adolescent well-care visits (AWC)	HEDIS	Ages 12-21	Annual	Members who had one well-care visit with a PCP or OB-GYN during the year. Well visits must include documentation of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.

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Cardiovascular conditions	Controlling high blood pressure (CBP)	HEDIS	Ages 18-85 with a diagnosis of hypertension	Annual	Members whose blood pressure (BP) was adequately controlled: <ul style="list-style-type: none"> • Ages 18-59: <140/90 mm Hg • Ages 60-85 with diabetes: BP <140/90 mm Hg • Ages 60-85 nondiabetics: BP <150/90 mm Hg Note: <u>Both</u> systolic and diastolic values must be below stated value. Only the most recent measurement during the year counts towards compliance.
	Persistence of beta-blocker treatment after a heart attack (PBH)	HEDIS	Ages 18 and older with an inpatient discharge for AMI	After discharge	Members who received beta-blocker treatment for six months after a hospital discharge for AMI
	Aspirin use and discussion (ASP)	CAHPS	Men ages 46-79 Women ages 56-79	Annual	<ul style="list-style-type: none"> • Aspirin use: Members at risk for cardiovascular disease who are currently taking aspirin • Discussing aspirin risks and benefits: Members who discussed the risks and benefits of using aspirin with a doctor or other health care provider
New measure: Cardiovascular conditions	Statin therapy for patients with cardiovascular disease (SPC)	HEDIS	Men ages 21-75 Women ages 40-75 with a diagnosis of atherosclerotic cardiovascular disease	Annual	<ul style="list-style-type: none"> • Members who were dispensed at least one high or moderate-intensity statin medication • Members who remained on a high or moderate-intensity statin medication for at least 80 percent of the time from prescription start to end of the year
Diabetes	Comprehensive diabetes care (CDC)	HEDIS	Ages 18-75 with diagnosis of Type I <u>or</u> Type II diabetes	Annual	Each year, members with Type I or Type II diabetes should have: <ul style="list-style-type: none"> • HbA1c testing • Blood pressure monitoring • Nephropathy screening and treatment, if indicated • Dilated eye exam in current year or negative exam in previous year Diabetes control is recognized by the following criteria : <ul style="list-style-type: none"> • HbA1c Control < 7% (Is applied only for a selected population since this is determined by member age and other comorbidities.) • HbA1c Control < 8% • HbA1c Poor Control > 9% • Blood pressure <140/90 (Only the most recent screening result during the year counts towards compliance.)
New measure: Diabetes	Statin therapy for patients with diabetes (SPD)	HEDIS	Ages 40-75 with diagnosis of diabetes who DO NOT have atherosclerotic cardiovascular disease	Annual	<ul style="list-style-type: none"> • Members who were dispensed at least one statin medication of any intensity • Members who remained on a statin medication of any intensity for at least 80 percent of the time from prescription start to end of the year
Respiratory conditions	Medication management for people with asthma (MMA)	HEDIS	Ages 5-64 who have persistent asthma	Annual	Members who remained on an asthma controller medication: <ul style="list-style-type: none"> • 50 percent of time from the prescription start to end of the year • 75 percent of time from the prescription start to end of the year
	Asthma medication ratio (AMR)	HEDIS	Ages 5-64 who have persistent asthma	Annual	Members who had a ratio of controller medications to total asthma medications of 0.50 or greater

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
Respiratory conditions	Avoidance of antibiotic treatment in adults with acute bronchitis (AAB)	HEDIS	Ages 18-64	Annual	Members who <u>did not</u> receive an antibiotic prescription after a diagnosis of acute bronchitis
	Pharmacotherapy management of chronic obstructive pulmonary disease (COPD) exacerbation (PCE)	HEDIS	Ages 40 and older who had an acute inpatient discharge or emergency department (ED) visit for COPD	Inpatient discharge or ED event	Members who were dispensed appropriate medications: <ul style="list-style-type: none"> • Systemic corticosteroid within 14 days of the event • Bronchodilator within 30 days of the event
	Spirometry testing in assessment/diagnosis of COPD (SPR)	HEDIS	Ages 40 and older who had a new diagnosis of COPD or newly active COPD	As newly diagnosed/ newly active	Members who received spirometry testing to confirm the COPD diagnosis
Behavioral health	Antidepressant medication management (AMM)	HEDIS	Ages 18 and older who had a diagnosis of a new episode of major depression	Per episode	Members who were treated with antidepressant medications and remained on for: <ul style="list-style-type: none"> • At least 84 days • At least 180 days
	Follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medications (ADD)	HEDIS	Ages 6-12	Varies by phase	Members who were newly prescribed medications or restarted ADHD medications after a 120-day break with at least three follow-up visits in a 10-month period: <ul style="list-style-type: none"> • Initiation phase: follow-up visit with prescriber within 30 days of prescription • Continuation and maintenance phase: remained on medication and had two more visits within nine months
	Follow-up after hospitalization for mental illness (FUH)	HEDIS	Ages 6 and older who were discharged from an inpatient mental health hospitalization	Within 7 and/or 30 days after discharge	Members who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner, preferably within seven days of discharge but no later than 30 days after discharge.
	Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)	HEDIS	Ages 18-64 with schizophrenia or bipolar disorder and who are not diabetic	Annual	Members who had a glucose test <u>or</u> HbA1c during the year Note: Measure applies to members who are using antipsychotic medications and do not have a diagnosis of diabetes and are not taking any antihyperglycemic or hypoglycemic medications
	Diabetes monitoring for people with diabetes and schizophrenia (SMD)	HEDIS	Ages 18-64 with schizophrenia and diabetes	Annual	Members who had <u>both</u> an LDL-C and an HbA1c test during the year
	Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)	HEDIS	Ages 18-64 with schizophrenia and cardiovascular disease	Annual	Members who had an LDL test during the year Note: Indicators of cardiovascular disease include: <ul style="list-style-type: none"> • Inpatient discharge for AMI or CABG during the year • Diagnosis of PCI in any setting during the year • Diagnosis of IVD during an inpatient or outpatient visit in both the current year and the prior year

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Behavioral health	Adherence to antipsychotic medications for individuals with schizophrenia (SAA)	HEDIS	Ages 19-64 with schizophrenia who were dispensed an antipsychotic medication	Annual	Members who remained on the antipsychotic medication for at least 80 percent of the time between the prescription start date and December 31
	Use of multiple concurrent antipsychotics in children and adolescents (APC)	HEDIS	Ages 1-17 with 90 days of continuous antipsychotic medication treatment	Annual	Members who were on two or more concurrent antipsychotic medications
	Metabolic monitoring for children and adolescents on antipsychotics (APM)	HEDIS	Ages 1-17 who had two or more antipsychotic prescriptions	Annual	Members who had metabolic testing during the year
	Use of first-line psychosocial care for children and adolescents on antipsychotics (APP)	HEDIS	Ages 1-17 who had a new prescription for an antipsychotic medication	Annual	Members who had documentation of psychosocial care as first-line treatment
Patient experience	Ease of getting needed care and seeing specialists	CAHPS	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> In the last six months, how often was it easy to get appointments with specialists? In the last six months, how often was it easy to get the care, tests or treatment you needed through your health plan?
	Rating of specialist	CAHPS		Annual	In the last six months, rate the specialist you saw most often using any number from zero to 10, where zero is the worst specialist possible and 10 is the best specialist possible?
	Rating of personal doctor	CAHPS		Annual	Using a number from zero to 10, where zero is the worst personal doctor and 10 is the best personal doctor, what number would you use to rate your personal doctor?
	Getting appointments and care quickly	CAHPS		Annual	<ul style="list-style-type: none"> In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed? In the last six months, not counting the times when you needed health care right away, how often did you get an appointment for yourself at a doctor's office or clinic as soon as you thought you needed?
	Overall rating of health care quality	CAHPS		Annual	Using a number from zero to 10, where zero is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last six months?
	Overall rating of health plan	CAHPS		Annual	Using a number from zero to 10, where zero is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

HEDIS: Healthcare Effectiveness Data and Information Set

HOS: Medicare Health Outcomes Survey

CAHPS: Consumer Assessment of Healthcare Providers and Systems survey