

### Quality Measures Desktop Reference for Medicaid Providers

Please note: The information provided is based on HEDIS® 2017 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance, 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	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 <b>and</b> BMI value during the year or year prior  Note: Members under age 20 must have a height, weight <b>and</b> BMI percentile documented and/or plotted on a BMI chart.
	Annual Monitoring for Patients on Persistent Medications (MPM)	HEDIS	Ages 18 and older	Annual	Members who received annual therapeutic testing when prescribed ACE inhibitors, angiotensin receptor blockers, digoxin or a diuretic
	Disease-Modifying Antirheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (ART)	HEDIS	Ages 18 and older with a diagnosis of rheumatoid arthritis	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"> <li>• Cessation advice</li> <li>• Recommendation for or discussion of cessation medications</li> <li>• Recommendation for or discussion of cessation methods or strategies</li> </ul>
	Use of Imaging Studies for Low Back Pain (LBP)	HEDIS	Ages 18-50	Not applicable	Members who had a primary diagnosis of lower back pain and <b>did not</b> 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"> <li>• Initiation of AOD treatment within 14 days of diagnosis</li> <li>• 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</li> </ul>

#### Definitions

HEDIS: Healthcare Effectiveness Data and Information Set

HOS: Medicare Health Outcomes Survey

CAHPS: Consumer Assessment of Healthcare Providers and Systems

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
<b>Females</b>	Prenatal and Postpartum Care (PPC)	HEDIS	Live birth	Prenatal care in the first trimester and postpartum care 21-56 days after delivery	Members who: <ul style="list-style-type: none"> <li>Had a prenatal visit within the first trimester <b>or</b> within 42 days of enrollment in the plan</li> <li>Had a postpartum visit on or between 21 and 56 days after delivery</li> </ul> <p>Note: A postoperative visit after a C-section does not count as a postpartum visit.</p>
	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"> <li>Every four weeks for the first 28 weeks of pregnancy</li> <li>Every two to three weeks for 29-36 weeks of pregnancy</li> <li>Weekly for 37 weeks of pregnancy through delivery</li> </ul>
	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 <p>Note: Tomosynthesis (3-D mammography) will not count as primary breast cancer screening.</p>
	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"> <li>Ages 21-64: at least one cervical cytology (Pap) test every three years</li> <li>Ages 30-64: cervical cytology (Pap) test/human papillomavirus (HPV) cotesting every five years</li> </ul>
	Nonrecommended Cervical Cancer Screening in Adolescent Females (NCS)	HEDIS	Ages 16-20	Not applicable	Adolescent females who were screened unnecessarily for cervical cancer <p>Note: CCS should begin at age 21.</p>
	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
<b>Children and adolescents</b>	Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) Program	EPSDT	Ages 0-21	Multiple	EPSDT Program description: <ul style="list-style-type: none"> <li>Medicaid's federally mandated comprehensive and preventive health program for individuals under the age of 21</li> <li>Defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program</li> <li>Focuses on early prevention and treatment</li> <li>Requirements include periodic screening, vision, dental and hearing services</li> </ul>

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
					<p>Screening must include the following:</p> <ul style="list-style-type: none"> <li>• Comprehensive health and developmental history (inclusive of both physical and mental health)</li> <li>• Comprehensive unclothed physical exam</li> <li>• Appropriate immunizations</li> <li>• Laboratory tests</li> <li>• Lead toxicity screening</li> <li>• Health education including anticipatory guidance</li> <li>• Vision services</li> <li>• Dental services</li> <li>• Hearing services</li> <li>• Other necessary health care — diagnostic services and treatment to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services</li> </ul> <p>The following schedules can be used to determine when services are due:</p> <ul style="list-style-type: none"> <li>• American Academy of Pediatrics periodicity schedule</li> <li>• CDC Advisory Committee on Immunization Practices immunization recommendations schedule</li> </ul>
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	HEDIS	Ages 3-17	Annual	<p>Members who had an outpatient visit with a PCP or OB/GYN during the year in which the following were documented:</p> <ul style="list-style-type: none"> <li>• Height, weight and BMI percentile</li> <li>• Counseling for nutrition or referral for nutrition education</li> <li>• Counseling for physical activity with recommendations and <b>not</b> solely for safety or clearance for sports activity</li> </ul>
	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	HEDIS	Ages 3 months-18 years with a diagnosis of URI	Not applicable	<p>Members who <b>did not</b> receive an antibiotic prescription on or within three days after the diagnosis of a URI</p> <p>Note: Educating patients on the difference between bacterial and viral infections is a key factor in the success of this measure as it reduces the unnecessary use of antibiotics.</p>

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
	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 for the episode  Note: <i>Clinical Practice Guidelines</i> recommend children with lab-confirmed group A streptococcus or other bacteria-related ailments be treated with appropriate antibiotics.
	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 9-13	Multiple doses	Members who had one meningococcal conjugate vaccine between their 11th and 13th birthdays; one Tdap between their 10th and 13th birthdays; and at least three HPV vaccines between their 9th 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 to check for lead poisoning by their 2nd birthday
	Children and Adolescents' Access to Primary Care Practitioners (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"> <li>• Ages 12 months-6 years: during the year</li> <li>• Ages 7-19 years: during the year or year prior</li> </ul>
	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  Note: 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 Third, Fourth, Fifth and Sixth Years of Life (W34)	HEDIS	Ages 3-6	Annual	Members who had one well-child visit with a PCP during the year  Note: 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  Note: Well visits must include documentation of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
<b>Cardiovascular conditions</b>	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"> <li>• Ages 18-59: &lt; 140/90 mm Hg</li> <li>• Ages 60-85 with diabetes: BP &lt; 140/90 mm Hg</li> <li>• Ages 60-85 nondiabetics: BP &lt; 150/90 mm Hg</li> </ul> <p>Note: <b>Both</b> systolic and diastolic values must be below stated value. Only the most recent measurement during the year counts towards compliance as long as it occurred after the diagnosis of hypertension.</p>
	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 and women ages 56-79	Annual	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
	Statin Therapy for Patients with Cardiovascular Disease (SPC)	HEDIS	Men ages 21-75 and women ages 40-75 with a diagnosis of atherosclerotic cardiovascular disease	Annual	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% of the time from prescription start to end of the year
<b>Diabetes</b>	Comprehensive Diabetes Care (CDC)	HEDIS	Ages 18-75 with diagnosis of type I or type II diabetes	Annual	Each year, members with type I or type II diabetes should have: <ul style="list-style-type: none"> <li>• HbA1c testing</li> <li>• BP monitoring</li> <li>• Nephropathy screening and treatment if indicated</li> <li>• Dilated eye exam in current year or negative exam in previous year</li> </ul> <p>Diabetes control is recognized by the following criteria :</p> <ul style="list-style-type: none"> <li>• HbA1c control &lt; 7% (applied only for a selected population since this is determined by member age and other comorbidities)</li> <li>• HbA1c control &lt; 8%</li> <li>• HbA1c poor control &gt; 9%</li> <li>• BP &lt; 140/90 (only the most recent screening result during the year counts towards compliance)</li> </ul>

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
	Statin Therapy for Patients With Diabetes (SPD)	HEDIS	Ages 40-75 with diagnosis of diabetes who <b>do not</b> have clinical atherosclerotic cardiovascular disease	Annual	Members who: <ul style="list-style-type: none"> <li>Were dispensed at least one statin medication of any intensity</li> <li>Remained on a statin medication of any intensity for at least 80% of the time from prescription start to end of the year</li> </ul>
<b>Respiratory conditions</b>	Medication Management for People with Asthma (MMA)	HEDIS	Ages 5-64 who have persistent asthma	Annual	Members who were dispensed appropriate medications and remained on an asthma controller medication: <ul style="list-style-type: none"> <li>50% of time from the prescription start to end of the year</li> <li>75% of time from the prescription start to end of the year</li> </ul>
	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
	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	HEDIS	Ages 18-64	Annual	Members who <b>did not</b> 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, emphysema or chronic bronchitis	Inpatient discharge or ED event	Members who were dispensed or there was evidence of an active prescription for appropriate medications: <ul style="list-style-type: none"> <li>Systemic corticosteroid within 14 days of the event</li> <li>Bronchodilator within 30 days of the event</li> </ul>
	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
<b>Behavioral health</b>	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"> <li>At least 84 days</li> <li>At least 180 days</li> </ul>
	Follow-Up Care for Children Prescribed ADHD Medication (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"> <li>Initiation phase: follow-up visit with prescriber within 30 days of prescription</li> <li>Continuation and maintenance phase: remained on medication and had two more visits within nine months</li> </ul>

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	Follow-Up After Hospitalization for Mental Illness (FUH)	HEDIS	Ages 6 and older who were discharged from an inpatient mental health hospitalization	Within seven 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
	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS	Ages 6 and older with a principal diagnosis of mental illness	Within seven and/or 30 days after ED visit	A follow-up visit with any practitioner with a principal diagnosis of a mental health disorder within seven days or 30 days after the ED visit; includes visits that occur on the date of the ED visit
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	HEDIS	Ages 13 years of age and older with a principal diagnosis of AOD dependence	Within seven and/or 30 days after ED visit	A follow-up visit with any practitioner with a principal diagnosis of an AOD dependence within seven days or 30 days after the ED visit; includes visits that occur on the date of the ED visit
	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 <b>are not</b> diabetic	Annual	Members who had a glucose test <b>or</b> 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 <b>and</b> diabetes	Annual	Members who had <b>both</b> 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 <b>and</b> cardiovascular disease	Annual	Members who had an LDL test during the year  Indicators of cardiovascular disease include: <ul style="list-style-type: none"> <li>• Inpatient discharge for AMI or CABG during the year</li> <li>• Diagnosis of PCI in any setting during the year</li> <li>• Diagnosis of IVD during an inpatient or outpatient visit in both the current year and the prior year</li> </ul>
	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% 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

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	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 <ul style="list-style-type: none"> <li>At least one blood glucose test or HbA1c</li> <li>At least one test for LDL-C or cholesterol</li> </ul>
	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

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<b>Patient experience</b>	Ease of getting needed care and seeing specialists	CAHPS	Members who have been with the plan through the year	Annual	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 0-10 (where 0 is the worst specialist possible and 10 is the best specialist possible).
	Rating of personal doctor	CAHPS		Annual	Using a number from 0-10 (where 0 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	In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed it?  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 one?
	Overall rating of health care quality	CAHPS		Annual	Using a number from 0-10 (where 0 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 0-10 (where 0 is the worst health plan possible and 10 is the best health plan possible), what number would you use to rate your health plan?