

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 21 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 year prior |

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

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| | 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 |
| FEMALES | 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 2-18 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 second 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 second 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 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. 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 determined by <ul style="list-style-type: none"> • HbA1c below 9 percent (actual goal depends on age and comorbidities) • 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 |
| | 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 | 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 |

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| | | | emergency department (ED) visit for COPD | | <ul style="list-style-type: none"> 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 year prior |
| | 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 |

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| BEHAVIORAL HEALTH | 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