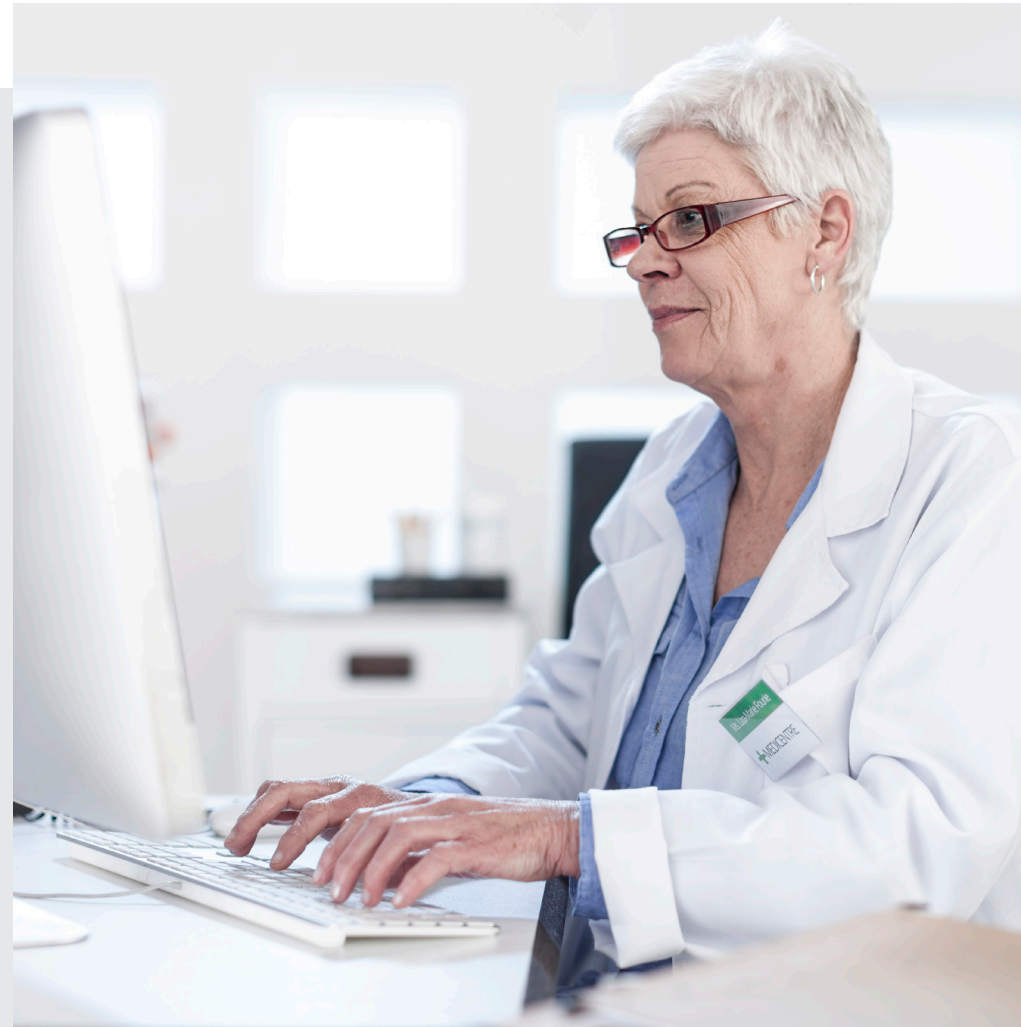


Quality Measures Desktop Reference for Medicaid Providers

The quality measures listed in the following pages are derived from:

- HEDIS® — a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.
- Core Set of Health Care Quality Measures (adult/child) — Performance measures published by CMS to better understand the quality of health care that children/adults receive through Medicaid and/or Children's Health Insurance Program (CHIP) programs
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) — An annual standardized survey conducted anonymously by an NCQA-Certified third-party vendor to assess consumers' experiences with their health plan and health care services



Patient care opportunities

You can find patient care opportunities within the Patient360 application located on Availity Essentials **Payer Spaces**. To access the *Patient360* application, you must have the *Patient360* role assignment. From the Availity home page, select **Payer Spaces**, then choose the health plan from the menu. Choose the **Patient360** tile from the **Payer Space Applications** menu and complete the required information on the screen. Gaps in care are located in the **Active Alerts** section of the *Member Summary*.



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Prevention screening			
Lead Screening in Children (LSC)	Ages 0 to 2	Once before age 2	The percentage of members who had one or more capillary or venous lead blood test by their 2nd birthday
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Ages 20 and older	Annual	This HEDIS measure evaluates the percentage of members who had an ambulatory or preventive care visit during the measurement year.
Breast Cancer Screening (BCS-E)	Ages 50 to 74	Annual	This HEDIS measure evaluates the percentage of members who had a mammogram to screen for breast cancer between October 1 two years prior to the current year and December 31 of the current year. Note: BCS-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.
Cervical Cancer Screening (CCS/CCS-E)	Ages 21 to 64	Varies by age	This HEDIS measure evaluates the percentage of members who were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> Members 21 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three years. Members 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. Members 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years. Note: CCS-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.
Child and Adolescent Well-Care Visits (WCV)	Ages 3 to 21	Annual	This HEDIS measure evaluates the percentage of members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Chlamydia Screening in Women (CHL)	Ages 16 to 24	Annual	This HEDIS measure evaluates the percentage of members who were identified as sexually active and who had at least one screening test for chlamydia during the measurement year.

Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Developmental Screening in the first three years of life (DEV-CH)	Ages 0 to 3	Annual	<p>This CMS Child core set measure evaluates the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months before their first, second or third birthday.</p> <p>Standardized tools that are only focused on one domain of development do not count for this measure (such as the ASQ-SE or M-CHAT). Appropriate developmental screening tools identify risk for developmental, behavioral, and social delays. Tools that meet the criteria for developmental screening include, but may not be limited to:</p> <ul style="list-style-type: none"> • <i>Ages and Stages Questionnaire (ASQ)</i> — 2 months to 5 years • <i>Ages and Stages Questionnaire — 3rd Edition (ASQ-3)</i> • <i>Parents' Evaluation of Developmental Status (PEDS)</i> — birth to 8 years)
Lead Screening in Children (LSC)	Age 2	Once before age 2	This HEDIS measure evaluates the percentage of members who had one or more capillary or venous lead blood test by their second birthday.
Screening for Clinical Depression and Follow-up Plan (CDF-CH/CDF-AD)	Ages 12 -17 (CH-Child) Ages 18 and older (AD-Adult)	Annual	<p>These CMS core set measures evaluate the percentage of members who had an outpatient visit during the current year and were screened for depression using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the same date as the positive screen.</p> <p>Note: The screening must be completed using a standardized tool that has been normalized and validated for the population in which it is being utilized. Common depression screening tools include but are not limited to:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ) • Postpartum Depression Screening Scale <p>Documented follow-up for a positive depression screening must include one or more of the following:</p> <ul style="list-style-type: none"> • Referral to a provider for additional evaluation. • Pharmacological interventions. • Other interventions for the treatment of depression.



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Social Need Screening and Intervention (SNS-E)	All ages	Annual	This HEDIS measure evaluates the percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive. Six rates are reported: <ul style="list-style-type: none"> • Food Screening — screened for food insecurity • Food Intervention — received a corresponding intervention within 30 days (one month) of screening positive for food insecurity • Housing Screening — screened for housing instability, homelessness, or housing inadequacy • Housing Intervention — received a corresponding intervention within 30 days (one month) of screening positive for housing instability, homelessness, or housing inadequacy • Transportation Screening — screened for transportation insecurity • Transportation Intervention — received a corresponding intervention within 30 days (one month) of screening positive for transportation insecurity
			Note: SNS-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Ages 3 to 17	Annual	This HEDIS measure evaluates the percentage of 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"> • BMI Percentile Documentation* • Counseling for Nutrition • Counseling for Physical Activity * Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.
Well-Child Visits in the First 30 Months of Life (W30)	Ages 0 to 15 months	Six visits	This HEDIS measure evaluates members who had the following number of well-child visits with a PCP during the first 30 months of life. The following rates are reported: Well-child visits in the first 15 months — children who turned 15 months old during the measurement year and received at least six well-child visits
	Ages 15 to 30 months	Two visits	Well-child visits for age 15 to 30 months — children who turned 30 months old during the measurement year and received at least two well-child visits



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program	Ages 0 to 20	Multiple	<p>EPSDT Screenings must include:</p> <ul style="list-style-type: none"> • Comprehensive health development history (inclusive both physical and mental health). • Comprehensive unclothed physical exam or appropriately draped. • Appropriate immunizations. • Laboratory tests. • Lead toxicity screening. • Health education including anticipatory guidance. • Vision services. • Dental services. • Hearing services. • Other necessary health care — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.
Pharmacotherapy Management of COPD Exacerbation (PCE)	Ages 40 and older	Inpatient discharge or ED event	<p>The percentage of COPD exacerbations for members who had an acute inpatient discharge or emergency department (ED) visit on or between January 1 to November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:</p> <ul style="list-style-type: none"> • Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event • Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event <p>Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.</p>
Immunizations			
Adult Immunization Status (AIS-E)	Flu — Ages 19 and older	Varies	<p>This HEDIS measure evaluates the percentage of members who are up to date on recommended routine vaccines. The following rates are reported:</p> <p>Influenza — Members who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement year.</p>
	Td/Tdap — Ages 19 and older	Varies	<p>Td/Tdap — Members who received at least one Tetanus and diphtheria (Td) or one tetanus, diphtheria, and acellular pertussis (Tdap) vaccine between 9 years prior to the start of the measurement period and the end of the measurement period.</p>
	Zoster — Ages 50 and older	Varies	<p>Zoster — Members 50 years of age and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the measurement year.</p>
	PCV — Ages 60 and older	Varies	<p>Pneumococcal — Members who were administered at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement year.</p>

Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Childhood Immunization Status (CIS/CIS-E)	Age 2	Multiple doses before age 2	<p>This HEDIS measure evaluates the percentage of members who had appropriate doses of the following vaccines on or before their 2nd birthday:</p> <ul style="list-style-type: none"> • 4 diphtheria, tetanus, and acellular pertussis (DTaP) • 3 polio (IPV) • 1 measles, mumps, and rubella (MMR) (can only be given on or between first and second birthday to close the gap) • 3 haemophilus influenza type B (HiB) • 3 hepatitis B (One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth.) • 1 chicken pox (VZV) (can only be given on or between first and second birthday to close the gap) • 4 pneumococcal conjugate (PCV) • 1 hepatitis A (HepA) (can only be given on or between first and second birthday to close the gap) • 2 two-dose rotavirus series or 3 three-dose rotavirus series (Or 1 dose of the two-dose series and two doses of the three-dose series) • 2 influenza (flu) (Influenza cannot be given until infant is 6 months of age — 1 of the two vaccinations for influenza can be an LAIV administered on the child's second birthday). <p>Note: CIS-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.</p>
Prenatal Immunization Status (PRS-E)	N/A	Per pregnancy	<p>This HEDIS measure evaluates the percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.</p> <p>Note: PRS-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.</p>
Dental/oral health services			
Oral Evaluation, Dental Services (OED)	Ages 0 to 20	Annual	This HEDIS measure evaluates the percentage of members who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.
Oral Evaluation, Dental Services (OEV-CH)	Ages 0 to 20	Annual	This CMS Child core set measure evaluates the percentage of members who received a comprehensive or periodic oral evaluation within the measurement year.
Sealants Receipt on Permanent First Molars (SFM-CH)	Age 10	Per episode	<p>This CMS Child core set measure evaluates the percentage of children who have ever received sealants on permanent first molar teeth by their 10th birthday. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Received at least one sealant 2. All four molars sealed.
Topical Fluoride for Children (TFC)	Ages 1 to 4	Annual	This HEDIS measure evaluates the percentage of members who received at least two fluoride varnish applications during the measurement year.
Topical Fluoride for Children (TFL-CH)	Ages 1 to 20	Annual	This CMS Child core set measure evaluates the percentage of members ages 1 through 20 who received at least two topical fluoride applications within the measurement year. Three rates are reported:



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Prenatal and postpartum care			
Contraceptive Care — All Women (CCW-CH)	Ages 15 to 20	Per occurrence	<p>This CMS Child core set measure evaluates women who are at risk of unintended pregnancy and were provided a most effective or moderately effective method of contraception or a long-acting reversible method of contraception (LARC). Four rates are reported:</p> <ul style="list-style-type: none"> • Most or moderately effective contraception – within 3 days of delivery • Most or moderately effective contraception – within 90 days of delivery • LARC – within 3 days of delivery • LARC – within 90 days of delivery.
Contraceptive Care — Postpartum Women (CCP-CH)	Ages 15 to 20	Per occurrence	<p>This CMS Child core set measure evaluates women who had a live birth and were provided a most effective or moderately effective method of contraception within three and 90 days of delivery or long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery. Four rates are reported:</p> <ul style="list-style-type: none"> • Most or moderately effective contraception — within three days of delivery • Most or moderately effective contraception — within 90 days of delivery • LARC — within three days of delivery • LARC — within 90 days of delivery
Live Births Weighing Less than 2,500 grams (LBW-CH)	Live birth	Each occurrence	<p>This CMS Child core set measure evaluates the percentage of live births that weighed less than 2,500 grams at birth during the measurement year.</p> <p>Note: A lower rate indicates better performance.</p>
Low Risk Cesarean Delivery (LRCD-CH)	Live birth	Each occurrence	<p>This CMS Child core set measure evaluates the percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean during the measurement year.</p> <p>Note: A lower rate indicates better performance.</p>
Prenatal and Postpartum Care (PPC)	All deliveries	Each occurrence	<p>This HEDIS measure evaluates the measure evaluates the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Two rates are reported:</p> <ul style="list-style-type: none"> • Timeliness of prenatal care: the percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment. • Postpartum care: the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Respiratory conditions			
Appropriate Testing for Pharyngitis (CWP)	Ages 3 years and older	Each occurrence	This HEDIS measure evaluates the percentage of episodes for members diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.
Appropriate Treatment for Upper Respiratory Infection (URI)	Ages 3 months and older	Per occurrence	This HEDIS measure evaluates the percentage of episodes for members with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. Note: A higher rate indicates appropriate URI treatment.
Asthma Medication Ratio (AMR)	Ages 5 to 64	Annual	This HEDIS measure evaluates the percentage of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)	Ages 3 months and older	Per occurrence	The percentage of episodes for members with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event. Note: A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment.
Pharmacotherapy Management of COPD Exacerbation (PCE)	Ages 40 and older	Per discharge or ED event	This HEDIS measure evaluates the percentage of COPD exacerbations for members who had an acute inpatient discharge or emergency department (ED) visit on or between January 1 to November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: <ul style="list-style-type: none"> • Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within 14 days of the event • Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event Note: This measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.
Cardiovascular conditions			
Controlling High Blood Pressure (CBP)	Ages 18 to 85	Annual	This HEDIS measure evaluates the percentage of members who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year. Note: Only the final BP result of the measurement year counts toward compliance. If no BP is recorded during the measurement year, it is assumed that the member is <i>not controlled</i> .
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Men ages 21 to 75 Women ages 40 to 75	Annual	This HEDIS measure evaluates the percentage of members who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: <ul style="list-style-type: none"> • Received Statin Therapy — dispensed at least one high- or moderate-intensity statin medication during the measurement year • Statin Adherence 80% — remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period

Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Diabetes			
Blood Pressure Control Patients with Diabetes (BPD)	Ages 18 to 75	Annual	<p>This HEDIS measure evaluates the percentage of members with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.</p> <p>Note: The final BP result of the measurement year counts toward compliance. If no BP is recorded during the measurement year, it is assumed that the member is <i>not controlled</i>.</p>
Eye Exam for Patients with Diabetes (EED)	Ages 18 to 75	Annual	<p>This HEDIS measure evaluates the percentage of members with diabetes (type 1 and type 2) who had a retinal eye exam performed by an eye care professional (optometrist or ophthalmologist) at least once during the current year and/or year prior. A retinal or dilated eye exam completed in the:</p> <ul style="list-style-type: none"> • Current year is considered compliant (regardless of result). • Prior year that indicates negative for retinopathy is considered compliant. • Prior year that indicates positive for retinopathy is not considered complaint. <p>Note: Bilateral eye enucleation any time during the member's history through December 31 of the measurement year also counts for compliance.</p>
Glycemic Status Assessment for Patients with Diabetes (GSD)	Ages 18 to 75	Annual	<p>This HEDIS measure evaluates the percentage of members with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> • Glycemic Status (< 8%) • Glycemic Status (> 9%) <p>Note: The final A1c result of the measurement year counts toward compliance.</p>
Kidney Health Evaluation for Patients with Diabetes (KED)	Ages 18 to 85	Annual	<p>This HEDIS measure evaluates the percentage of members with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine rate (uACR) during the measurement year.</p>
Statin Therapy for Patients with Diabetes (SPD)	Ages 40 to 75	Annual	<p>This HEDIS measure evaluates the percentage of members with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:</p>
Behavioral health			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	Ages 18 and older	Annual	<p>This HEDIS measure evaluates the percentage of members with schizophrenia or schizoaffective disorder who were dispensed and remained on the antipsychotic medication for at least 80% of their treatment period</p>
Antidepressant Medication Management (AMM)	Ages 18 and older	Per episode	<p>This HEDIS measure evaluates the percentage of members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ul style="list-style-type: none"> • Effective acute phase treatment — the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks) • Effective continuation phase treatment — the percentage of members who remained on an antidepressant medication for at least 180 days (six months)

Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Ages 18 to 64	Annual	This HEDIS measure evaluates the percentage of members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test and/or HbA1c test) during the measurement year.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Ages 6 or older	Within seven and/or 30 days after ED visit	This HEDIS measure evaluates the percentage of emergency department (ED) visits for with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness with any practitioner. Two rates are reported: <ul style="list-style-type: none"> 7-day follow-up visit — received follow-up within seven days of the ED visit (eight total days) 30-day follow-up visit — received follow-up within 30 days of the ED visit (31 total days)
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Ages 13 and older	Within seven and/or 30 days after ED visit	This HEDIS measure evaluates the percentage of emergency department (ED) visits among members with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: <ul style="list-style-type: none"> 7-day follow-up visit — received follow-up within seven days of the ED visit (8 total days) 30-day follow-up visit — received follow-up within 30 days of the ED visit (31 total days) <p>Note: Follow-up visits that occur on the same day as the ED discharge meet this measure.</p>
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)	Ages 13 and older	Within seven and/or 30 days after discharge	This HEDIS measure evaluates the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use that result in a follow-up visit or service for substance use disorder. Two rates are reported: <ul style="list-style-type: none"> 7-day follow-up visit — received follow-up within seven days of the ED visit (8 total days) 30-day follow-up visit — received follow-up within 30 days of the ED visit (31 total days) <p>Note: Follow-up visits that occur on the same day as the ED discharge meet this measure.</p>
Follow-Up After Hospitalization for Mental Illness (FUH)	Ages 6 and older	Within seven and/or 30 days after discharge	This HEDIS measure evaluates the percentage of discharges for members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: <ul style="list-style-type: none"> 7-day follow-up visit — received follow-up within seven days of the ED visit (8 total days) 30-day follow-up visit — received follow-up within 30 days of the ED visit (31 total days) <p>Note: Visits that occur on the date of discharge do not meet compliance for this measure.</p>
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	Ages 6 to 12	Varies by phase	This HEDIS measure evaluates the percentage of children who were newly prescribed ADHD medication and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the ADHD medication was first dispensed. Two rates are reported: <ul style="list-style-type: none"> Initiation phase — received at least one follow-up visit within 30 days with a practitioner with prescribing authority Continuation and maintenance phase — remained on the ADHD medication for at least 210 days and had two more follow-up visits within 270 days (nine months) after the Initiation phase ended <p>Notes: The first visit must occur within 30 days of when the ADHD medication is initially dispensed or restarted after a 120-day break. ADD-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.</p>



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Initiation and Engagement of Substance Use Disorder Treatment (IET)	Ages 13 and older	Per episode	<p>This HEDIS measure evaluates the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation of SUD treatment: the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days • Engagement of SUD treatment: the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	Ages 1 to 17	Annual	<p>This HEDIS measure evaluates the percentage of members who had two or more antipsychotic prescriptions and had metabolic testing during the year. Three rates are reported:</p> <ul style="list-style-type: none"> • Blood glucose testing — the percentage of children and adolescents on antipsychotics who received blood glucose testing • Cholesterol testing — the percentage of children and adolescents on antipsychotics who received cholesterol testing • Combo — the percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing <p>Note: APM-E is an NCQA Electronic Clinical Data Systems (ECDS) measure.</p>
Percentage of Readmissions to a Psychiatric or Acute Care Facility with a Behavioral Health Primary Diagnosis Within 30 Days of Initial Discharge	Unspecified	Per occurrence	<p>This custom state identified measure evaluates the percentage of Readmissions to a Psychiatric or Acute Care Facility with a Behavioral Health Primary Diagnosis Within 30 Days of Initial Discharge</p> <p>Note: This measure is only applicable to member enrolled in the Georgia Families 360SM population.</p>
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Ages 1 to 17	Annual	This HEDIS measure evaluates the percentage of members who had a new prescription for an antipsychotic medication
Overuse/appropriateness			
Pharmacotherapy for Opioid Use Disorder (POD)	Ages 16 and older	Per occurrence	This HEDIS measure evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days with a diagnosis of OUD and a new OUD pharmacotherapy event.
Risk of Continued Opioid Use (COU)	Ages 18 and older	Annual	<p>This HEDIS measure evaluates the percentage of members who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of members with at least 15 days of prescription opioids in a 30-day period • The percentage of members with at least 31 days of prescription opioids in a 62-day period <p>Note: A lower rate indicates better performance.</p>
Use of Imaging Studies for Low Back Pain (LBP)	Ages 18 to 75	Per diagnosis	This HEDIS measure evaluates the percentage of members who had a primary diagnosis of lower back pain and did not have an imaging study (for example, plain X-ray, MRI, or CT scan) within 28 days of the diagnosis.

Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Use of Opioids at High Dosage (HDO)	Ages 18 and older	Annual	1. This HEDIS measure evaluates the percentage of members who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.
Use of Opioids from Multiple Providers (UOP)	Ages 18 and older	Annual	<p>This HEDIS measure evaluates the percentage of members receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported:</p> <ul style="list-style-type: none"> • Multiple prescribers: the percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year • Multiple pharmacies: the percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year • Multiple prescribers and multiple pharmacies: the percentage of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (for example, the percentage of members who are numerator compliant for both the multiple prescribers and multiple pharmacies rates)

Note: A lower rate indicates better performance for all three rates.



Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
Utilization and risk adjusted utilization			
Plan All-Cause Readmissions (PCR)	Ages 18 to 64 years	Per occurrence	This HEDIS measure evaluates the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.
CAHPS			
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	Ages 18 and older	Annual	<p>The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none"> • Advising smokers and tobacco users to quit — a rolling average represents the percentage of members who were current smokers or tobacco users and who received advice to quit during the measurement year • Discussing cessation medications — a rolling average represents the percentage of members who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year • Discussing cessation strategies — a rolling average represents the percentage of members who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year

Health Plan Survey 5.1H, Adult Version (CPA)	Members who have been with the plan through the year	Annual	<p>Five composite scores summarize responses in key areas:</p> <ol style="list-style-type: none"> 1. Claims Processing (commercial only) 2. Customer Service 3. Getting Care Quickly 4. Getting Needed Care 5. How Well Doctors Communicate <p>Item-specific question summary rates are reported for the rating questions and each composite question. Question summary rates are also reported individually for one item summarizing the following concept:</p> <ol style="list-style-type: none"> 1. Coordination of Care
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Measure	Eligible population	Occurrence	Description of measurement screening, test, or treatment needed
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Health Plan Survey 5.1H, Child Version (CPC)

Members who have been with the plan through the year

Annual

This measure provides information on parents' experience with their child's Medicaid organization. Results summarize member experiences through ratings, composites, and individual question summary rates.

Four global rating questions reflect overall satisfaction:

1. Rating of All Healthcare
2. Rating of Health Plan
3. Rating of Personal Doctor
4. Rating of Specialist Seen Most Often

Four composite scores summarize responses in key areas:

1. Customer Service
2. Getting Care Quickly
3. Getting Needed Care
4. How Well Doctors Communicate

Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for one item summarizing the following concept:

1. Coordination of Care



Children With Chronic Conditions (CCC)

Members who have been with the plan through the year

Annual

This measure provides information on parents' experience with their child's Medicaid organization for the population of children with chronic conditions. Three composites summarize satisfaction with basic components of care essential for successful treatment, management, and support of children with chronic conditions:

1. Access to Specialized Services
2. Family Centered Care: Personal Doctor Who Knows Child
3. Coordination of Care for Children with Chronic Conditions

Item-specific question summary rates are reported for each composite question. Question summary rates are also reported individually for two items summarizing the following concepts:

1. Access to Prescription Medicines
2. Family Centered Care: Getting Needed Information



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This desktop reference contains Electronic Clinical Data Systems (ECDS) quality measures developed by NCQA for HEDIS reporting. These measures inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. ECDS measures allow health plans the opportunity to utilize multiple data sources for HEDIS reporting. These sources may include electronic health records (EHR)/personal health records (PHR), Health information exchange (HIE)/clinical registries, case management systems as well as the administrative data utilized in traditional HEDIS measure reporting.

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