

Quality Measures Desktop Reference for Medicaid Providers

Please note: The information provided is based on HEDIS® measurement year 2023 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.

* The measures with an asterisk include telehealth accommodations.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Prevention and screening				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*	HEDIS	Ages 3 to 17	Annual	<p>The percentage of 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"> Height, weight, and BMI percentile Counseling for nutrition Counseling for physical activity <p>Note: All three sub measures can be completed by any provider.</p>
Childhood Immunization Status (CIS)	HEDIS	Turning age 2 in the measurement year	Multiple doses	<p>The percentage of members who had appropriate doses of the following vaccines on or before their second birthday:</p> <ul style="list-style-type: none"> Three Hepatitis B (One of the three hepB 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.) Four DTaP Three IPV One MMR (must be given on or between first and second birthday) Three HiB One VZV (must be given on or between first and second birthday) Four PCV One Hepatitis A (must be given on or between first and second birthday) Two two-dose or three three-dose RV (or one two-dose and two three-dose RV combination)

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Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
				<ul style="list-style-type: none"> Two Flu (Influenza cannot be given until six months of age. One of the two vaccinations for influenza can be an LAIV administered on the child's second birthday)
Immunizations for Adolescents (IMA)	HEDIS	Turning age 13 in the measurement year	Multiple doses	<p>The percentage of members who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the human papillomavirus (HPV) vaccine series completed by their 13th birthday. Vaccines must be given during the timeframes below.</p> <ul style="list-style-type: none"> Meningococcal vaccine between 11th and 13th birthday Tdap vaccine between 10th and 13th birthday HPV vaccine between 9th and 13th birthday (2 or 3 dose series)
Lead Screening in Children (LSC)	HEDIS	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.
Developmental Screening in the First Three Years of Life (DEV-CH)	CMS Child Core Set	Ages 0 to 3	Annually before the 1st, 2nd and 3rd birthday	<p>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>Note: The AAP recommends that the developmental screening be completed at the 9-month, 18-month and 30-month visits. If applicable, the screening can be performed during a catch-up visit.</p>
Cervical Cancer Screening (CCS)	HEDIS	Ages 21 to 64	Varies by age	<p>The percentage of women who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> Women 21 to 64 years of age who had cervical cytology performed within the last three years Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years Women 30 to 64 years of age who had cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing within the last five years
Chlamydia Screening in Women (CHL)	HEDIS	Ages 16 to 24	Annually	The percentage of members who are sexually active and had at least one screening test for chlamydia during the measurement year.
Oral Evaluation, Dental Services (OED)	HEDIS	Ages 0 to 20	Annually	The percentage of members who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.
Topical Fluoride for Children (TFC)	HEDIS	Ages 1 to 4	Annually	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		

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
	CMS Child Core Set			
Sealant Receipt on Permanent First Molars (SFM-CH)	CMS Child Core Set	Turning age 10 in the measurement year	Annually	The percentage of members who have received sealants on permanent first molar teeth. Two rates are reported: <ul style="list-style-type: none"> At least one sealant All four molars
Screening for Depression and Follow-up Plan (CDF-CH)	CMS Child Core Set	Ages 12 to 17	Annually	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>Note: To be considered compliant, the member must have either of the following:</p> <ul style="list-style-type: none"> A negative screen for depression or A positive screen for depression and a follow-up plan documented on the same date as the positive screen
Screening for Depression and Follow-up Plan (CDF-AD)	CMS Child Core Set	Ages 18 and older	Annually	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>Note: To be considered compliant, the member must have either of the following:</p> <ul style="list-style-type: none"> A negative screen for depression or A positive screen for depression and a follow-up plan documented on the same date as the positive screen
Respiratory conditions				
Appropriate Testing for Pharyngitis (CWP)	HEDIS	Ages 3 and older	Each occurrence	The percentage of episodes for members who have been diagnosed with pharyngitis, dispensed an antibiotic and received group A streptococcus (strep) test for the episode
Pharmacotherapy Management of COPD Exacerbation (PCE)	HEDIS	Ages 40 and older	Inpatient discharge or ED event	The percentage of COPD exacerbations for members who had an acute inpatient discharge or 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 evidence of an active prescription) within 14 days of the event. Dispensed a Bronchodilator (or evidence of an active prescription) within 30 days of the event.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
				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.
Asthma Medication Ratio (AMR)*	HEDIS	Ages 5 to 64	Annually	The percentage of members who have been 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.
Cardiovascular conditions				
Controlling High Blood Pressure (CBP)*	HEDIS	Ages 18 to 85	Annually	The percentage of members who had a diagnosis of HTN and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year. Note: Only the most recent BP measurement during the year counts towards compliance. If no BP is recorded during the year, the member is considered not compliant.
Statin Therapy for Patients With Cardiovascular Disease (SPC)*	HEDIS	Men ages 21 to 75 Women ages 40 to 75	Annually	The percentage of members with a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) and who: <ul style="list-style-type: none"> • Received Statin Therapy: dispensed at least one high- or moderate-intensity statin medication. • Statin Adherence 80%: remained on the statin medication for at least 80% of the treatment period (from prescription start to end of the year).
Diabetes				
Hemoglobin A1c Control for Patients With Diabetes (HBD)	HEDIS	Ages 18 to 75	Annually	The percentage of members with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) in control - HbA1c control (< 8%) during the year. Note: HbA1c test must be performed at least once during the current year and the most recent result must be less than 8 to be considered compliant. If no A1c is recorded during the year, the member is considered not compliant.
Blood Pressure Control Patients With Diabetes (BPD)	HEDIS	Ages 18 to 75	Annually	The percentage of members with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the year. Note: BP check must be performed at least once during the current year and both systolic and diastolic values must be less than 140/90 mm Hg to be considered compliant. Only the most recent BP measurement during the year counts towards compliance. If no BP is recorded during the year, the member is considered not compliant.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Eye Exam for Patients With Diabetes (EED)	HEDIS	Ages 18 to 75	Annually	The percentage of members with diabetes (types 1 and 2) who had a retinal eye exam must be performed by an eye care professional (optometrist or ophthalmologist) at least once during the current year or year prior. An eye exam completed in the: <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 compliant.
Kidney Health Evaluation for Patients With Diabetes (KED)*	HEDIS	Ages 18 to 85	Annually	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.
Statin Therapy for Patients With Diabetes (SPD)*	HEDIS	Ages 40 to 75	Annually	The percentage of members with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: <ul style="list-style-type: none"> • Received Statin Therapy: dispensed at least one statin medication of any intensity during the measurement year. • Statin Adherence 80%: remained on the statin medication for at least 80% of the treatment period (from prescription start to end of the year).
Behavioral health				
Antidepressant Medication Management (AMM)*	HEDIS	Ages 18 and older	Per episode	The percentage of members who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on the antidepressant medication treatment for at least six months. Two rates are reported: <ul style="list-style-type: none"> • Effective Acute Phase Treatment: Remained on the antidepressant medication for at least 84 days (12 weeks). • Effective Continuation Phase Treatment: Remained on the antidepressant medication for at least 180 days (six months).
Follow-Up Care for Children Prescribed ADHD Medication (ADD)*	HEDIS	Ages 6 to 12	Varies by phase	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported: <ul style="list-style-type: none"> • Initiation Phase: one follow-up visit within 30 days with a practitioner with prescribing authority. • Continuation and Maintenance (C&M) Phase: remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Follow-Up After Hospitalization for Mental Illness (FUH)*	HEDIS	Ages 6 and older	Within 7 and/or 30 days after discharge	<p>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:</p> <ul style="list-style-type: none"> • 7-day Follow-up: Received a follow-up visit within 7 days after discharge. • 30-day Follow-up: Received a follow-up visit within 30 days after discharge. <p>Note: Follow-up visits that occur on the same day as the discharge do not count towards compliance for this measure.</p>
Follow-Up After Emergency Department Visit for Mental Illness (FUM)*	HEDIS	Ages 6 or older	Within 7 and/or 30 days after ED visit	<p>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. Two rates are reported:</p> <ul style="list-style-type: none"> • 7-day Follow-up: Received a follow-up within 7 days of the ED visit (eight total days). • 30-day Follow-up: Received a follow-up within 30 days of the ED visit (31 total days). <p>Note: Follow-up visits that occur on the same day of the ED discharge <u>count</u> towards compliance for this measure.</p>
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)*	HEDIS	Ages 13 and older	Within 7 and/or 30 days after discharge	<p>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use that result in a follow-up visit or service for substance use disorder. Two rates are reported:</p> <ul style="list-style-type: none"> • 7-day Follow-up: Received a follow-up visit within 7 days after discharge • 30-day Follow-up: Received a follow-up visit within 30 days after discharge <p>Note: Follow-up visits that occur on the same day as the discharge do not count towards compliance for this measure.</p>
Follow-Up After Emergency Department Visit for Substance Use (FUA)*	HEDIS	Ages 13 and older	Within 7 and/or 30 days after ED visit	<p>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:</p> <ul style="list-style-type: none"> • 7-day Follow-up: Received a follow-up visit within 7 days of the ED visit (eight total days). • 30-day Follow-up: Received a follow-up visit within 30 days of the ED visit (31 total days).

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
				Note: Follow-up visits that occur on the same day as the ED discharge <u>count</u> towards compliance for this measure.
Pharmacotherapy for Opioid Use Disorder (POD)	HEDIS	Ages 16 and older	Annually	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members with a diagnosis of OUD and a new OUD pharmacotherapy event.
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*	HEDIS	Ages 18 to 64	Annually	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.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)*	HEDIS	Ages 18 and older	Annually	The percentage of members with schizophrenia or schizoaffective disorder who were dispensed an antipsychotic medication who remained on the antipsychotic medication for at least 80% of their treatment period.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS	Ages 1 to 17	Annually	The percentage of children and adolescents on antipsychotics on two or more antipsychotic prescriptions and had metabolic testing during the year. Three rates are reported: <ul style="list-style-type: none"> • Blood glucose testing • Cholesterol testing • Blood glucose and cholesterol testing
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	Custom GA Measure	Ages 1 to 17	Annually	The percentage of children and adolescents who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the year. Note: This measure is only applicable to members in Georgia Families 360° SM . The intent of the measure is to minimize the use of two or more concurrent antipsychotic medications in children and adolescents. A lower rate indicates better performance.
Youth Readmitted within 30 days to a Behavioral Health (BH) or Acute Care Facility with a Primary BH Diagnosis (RAD)	Custom GA Measure	Not specified	Per occurrence	The percentage of youth readmitted to a Behavioral Health (BH) Facility or an Acute Care Facility with a Primary BH Diagnosis Within 30 Days of Discharge Note: This measure is only applicable to members in Georgia Families 360° SM . The aim of this measure is to decrease the percentage of readmissions to a Psychiatric or Acute Care Hospital with a behavioral health primary diagnosis within 30 days of initial discharge.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Overuse/appropriateness				
Use of Opioids from Multiple Providers (UOP)	HEDIS	Ages 18 and older	Annually	<p>The percentage of members receiving prescription opioids for ≥ 15 days during the measurement year (MY) who received opioids from multiple providers. Three rates are reported:</p> <ul style="list-style-type: none"> • Multiple Prescribers: Receiving prescriptions for opioids from four or more different prescribers during the MY. • Multiple Pharmacies: Receiving prescriptions for opioids from four or more different pharmacies during the MY. • Multiple Prescribers and Multiple Pharmacies. Receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the MY (in other words, the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). <p>Note: A lower rate indicates better performance for all three rates.</p>
Risk of Opioid Use (COU)	HEDIS	Ages 18 and older	Annually	<p>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"> • At least 15 days in a 30-day period • At least 31 days in a 62-day period <p>Note: A lower rate indicates better performance.</p>
Use of Opioids at High Dosage (HDO)	HEDIS	Ages 18 and older	Annually	<p>The percentage of members who received prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine milligram equivalent dose ≥ 90 mg).</p> <p>Note: A lower rate indicates better performance.</p>
Appropriate Treatment for Upper Respiratory Infection (URI)	HEDIS	Ages 3 months and older	Per occurrence	<p>The percentage of episodes for members with a diagnosis URI that did not result in an antibiotic dispensing event.</p>
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	HEDIS	Ages 3 months and older	Per occurrence	<p>The percentage of episodes for members with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p>
Use of Imaging Studies for Low Back Pain (LBP)	HEDIS	Ages 18 to 75	Not applicable	<p>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.</p>

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Measures collected through the CAHPS® Health Plan Survey				
Medical Assistance with Smoking and Tobacco Use Cessation (MSC) CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).	CAHPS	Ages 18 and older	Annually	The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation: <ul style="list-style-type: none"> • Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of members 18 years of age and older 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 18 years of age and older 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 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.
Access/availability of care				
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	HEDIS	Ages 20 and older	Annually	The percentage of members who had an ambulatory or preventive care visit during the measurement year.
Initiation and Engagement of Substance Use Disorder Treatment (IET)*	HEDIS	Ages 13 and older	Per episode	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: <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.
Prenatal and Postpartum Care (PPC)*	HEDIS	Live birth	Per occurrence	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. For these members, the measure assesses the following facets of prenatal and postpartum care. <ul style="list-style-type: none"> • Timeliness of Prenatal Care: received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
				<ul style="list-style-type: none"> Postpartum Care: received a postpartum visit on or between seven and 84 days after delivery.
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	CMS Child Core Set	Live birth	Per occurrence	<p>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>
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*	HEDIS	Ages 1 to 17	Annually	The percentage of members who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment
Utilization and risk adjusted utilization				
Well-Child Visits in the First 30 Months of Life (W30) *	HEDIS	Ages 0 to 15 months Ages 15 to 30 months	6 Visits 2 Visits	<p>The percentage of 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:</p> <ul style="list-style-type: none"> Well-Child Visits in the First 15 Months: Six or more well-child visits before turning 15 months old Well-Child Visits for Age 15 to 30 Months: Two or more well-child visits between 15 and 30 months old
Child and Adolescent Well-Care Visits (WCV)*	HEDIS	Ages 3 to 21	Annual	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.
Ambulatory Care (AMB)	HEDIS	Not specified	Per occurrence	<p>This measure summarizes utilization of ambulatory care in the following categories:</p> <ul style="list-style-type: none"> Outpatient visits, including telehealth. ED visits.
Inpatient Utilization-General Hospital/Acute Care (IPU)	HEDIS	Not specified, except Maternity; ages 10 to 64	Per occurrence	<p>This measure summarizes utilization of acute inpatient care and services in the following categories:</p> <ul style="list-style-type: none"> Maternity. Surgery. Medicine. Total inpatient (the sum of maternity, surgery, and medicine).
Plan All-Cause Readmissions (PCR)*	HEDIS	Ages 18 to 64 years	Per occurrence	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.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Experience of care				
Health Plan Survey 5.1H, Adult Version (CPA)	CAHPS*	Members who have been with the plan through the year	Annually	<p>This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations. Results summarize member experiences through ratings, composites and question summary rates.</p> <p>Four global rating questions reflect overall satisfaction:</p> <ol style="list-style-type: none"> 1. Rating of All Health Care. 2. Rating of Health Plan. 3. Rating of Personal Doctor. 4. Rating of Specialist Seen Most Often. <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.
Health Plan Survey 5.1H, Child Version (CPC)	CAHPS*	Members who have been with the plan through the year	Annually	<p>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.</p> <p>Four global rating questions reflect overall satisfaction:</p> <ol style="list-style-type: none"> 1. Rating of All Health Care. 2. Rating of Health Plan. 3. Rating of Personal Doctor. 4. Rating of Specialist Seen Most Often. <p>Four composite scores summarize responses in key areas:</p> <ol style="list-style-type: none"> 1. Customer Service. 2. Getting Care Quickly. 3. Getting Needed Care.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
				<p>4. How Well Doctors Communicate.</p> <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.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program				
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program	EPSDT	Ages 0 to 20	Multiple	<p>Requirements for EPSDT Screenings must include but may not be limited to:</p> <ul style="list-style-type: none"> • Comprehensive health development history (including 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 healthcare — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.
Measures reported using electronic clinical data systems (ECDS)				
Breast Cancer Screening (BCS-E)	HEDIS	Ages 50 to 74	Once every 2 years	The percentage of women who had a mammogram to screen for breast cancer.
Prenatal Immunization Status (PRS-E)	HEDIS	Deliveries during the measurement period	28 days prior to the delivery through the delivery date	The percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations
Social Need Screening and Intervention (SNS-E)	HEDIS	All	Annually	<p>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.</p> <ul style="list-style-type: none"> • Food Screening. The percentage of members who were screened for food insecurity.

Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
				<ul style="list-style-type: none"> • Food Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity. • Housing Screening. The percentage of members who were screened for housing instability, homelessness, or housing inadequacy. • Housing Intervention. The percentage of members who received a corresponding intervention within one month of screening positive for housing instability, homelessness, or housing inadequacy. • Transportation Screening. The percentage of members who were screened for transportation insecurity. • Transportation Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity.