

# Quality Measures Desktop Reference for Medicaid Providers

HEDIS® is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.





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

- **HEDIS** — a widely used set of performance measures developed by NCQA to measure performance of the care and services provided to our members
- **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 on Availity Essentials Payer Spaces. To access the Patient360 application, you must have the *Patient360* role assignment. From Availity’s home page, select **Payer Spaces**, then choose the health plan from the menu. Choose the **Member360** 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 *Patient Summary*.

Please visit **My Diverse Patients** for additional information about eLearning experiences on provider cultural competency and health equity.

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents ( <b>WCC</b> )	Ages 3 to 17	Annual	<p>The percentage of patients who had an outpatient visit with a PCP or OB/GYN during the measurement year in which the following were documented:</p> <ul style="list-style-type: none"> <li>• BMI percentile documentation*</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul> <p><b>Note:</b> Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</p>
Lead Screening in Children ( <b>LSC</b> )	Ages 0 to 2	Once before age 2	The percentage of patients who had one or more capillary or venous lead blood test by their second birthday
Well-Child Visits in the First 30 Months of Life ( <b>W30</b> )	Ages 0 to 15 months Ages 15 to 30 months	Six visits  Two visits	<p>The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <ul style="list-style-type: none"> <li>• <b>Well-child visits in the first 15 months:</b> children who had six or more well-child visits before turning 15 months</li> <li>• <b>Well-child visits for age 15 to 30 months:</b> children who had two or more well-child visits between 15 and 30 months</li> </ul>
Child and Adolescent Well-Care Visits ( <b>WCV</b> )	Ages 3 to 21	Annual	The percentage of patients who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
Developmental Screening in the First Three Years of Life ( <b>DEV-CH</b> )	Ages 0 to 3	Annual before turning 1, 2, and 3	<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"> <li>• Ages and Stages Questionnaire (ASQ) — 2 months to 5 years</li> <li>• Ages and Stages Questionnaire — 3rd Edition (ASQ-3)</li> <li>• Parents' Evaluation of Developmental Status (PEDS) — birth to 8 years)</li> </ul>
Screening for Depression and Follow-Up Plan ( <b>CDF-CH / CDF-AD</b> )	Ages 12 and older	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><b>Note:</b> 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"> <li>• Patient Health Questionnaire (PHQ)</li> <li>• Postpartum Depression Screening Scale</li> </ul> <p>Documented follow-up for a positive depression screening must include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Referral to a provider for additional evaluation.</li> <li>• Pharmacological interventions.</li> <li>• Other interventions for the treatment of depression.</li> </ul>



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Chlamydia Screening ( <b>CHL</b> )	Ages 16 to 24	Annual	<p>The percentage of patients who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.</p> <p><b>Note:</b> Supplemental data can be used to identify Patients recommended for routine chlamydia screening.</p>
Oral Evaluation, Dental Services ( <b>OED</b> )	Ages 0 to 20	Annual	The percentage of patients under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.
Oral Evaluation, Dental Services ( <b>OEV-CH</b> )	Ages 0 to 20	Annual	This CMS Child core set measure evaluates the percentage of patients under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.
Topical Fluoride for Children ( <b>TFC</b> )	Ages 1 to 4	Annual	The percentage of patients who received at least two fluoride varnish applications during the measurement year
Topical Fluoride for Children ( <b>TFL-CH</b> )	Ages 1 to 20	Annual	<p>This CMS Child core set measure evaluates the percentage of members who received at least two topical fluoride applications within the measurement year. Three rates are reported:</p> <ul style="list-style-type: none"> <li>• Received dental or oral health services</li> <li>• Received dental services</li> <li>• Received oral health services</li> </ul>

Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Appropriate Testing for Pharyngitis ( <b>CWP</b> )	Ages 3 and older	Each occurrence	The percentage of episodes for patients who have been diagnosed with pharyngitis, dispensed an antibiotic, and received group A streptococcus (strep) test for the episode
Pharmacotherapy Management of COPD Exacerbation ( <b>PCE</b> )	Ages 40 and older	Inpatient discharge or ED event	<p>The percentage of COPD exacerbations for patients 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"> <li>• <b>Dispensed a systemic corticosteroid</b> (or there was evidence of an active prescription) within 14 days of the event</li> <li>• <b>Dispensed a bronchodilator</b> (or there was evidence of an active prescription) within 30 days of the event</li> </ul> <p>Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on patients. It is possible for the denominator to include multiple events for the same individual.</p>
Asthma Medication Ratio ( <b>AMR</b> )	Ages 5 to 64	Annual	The percentage of patients 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
Controlling High Blood Pressure ( <b>CBP</b> )	Ages 18 to 85	Annual	<p>The percentage of patients who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt; 140/90 mm Hg) during the measurement year.</p> <p><b>Note:</b> 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>.</p>
Statin Therapy for Patients with Cardiovascular Disease ( <b>SPC</b> )	Men ages 21 to 75 Women ages 40 to 75	Annual	<p>The percentage of patients who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:</p> <ul style="list-style-type: none"> <li>• Received statin therapy: Patients who were dispensed at least one high- or moderate-intensity statin medication during the measurement year</li> <li>• Statin adherence 80%: Patients who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period</li> </ul>
Glycemic Status Assessment for Patients with Diabetes ( <b>GSD</b> )	Ages 18 to 75	Annual	<p>The percentage of patients with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c HbA1c or glucose management indicator GMI) was at:</p> <ul style="list-style-type: none"> <li>• Glycemic status (&lt; 8%)</li> </ul> <p><b>Note:</b> Only the final result of the measurement year counts toward compliance. If no result is recorded during the measurement year, it is assumed that the member is <i>not controlled</i>.</p>
Blood Pressure Control Patients with Diabetes ( <b>BPD</b> )	Ages 18 to 75	Annual	<p>The percentage of patients with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt; 140/90 mm Hg) during the measurement year</p> <p><b>Note:</b> 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>.</p>



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Eye Exam for Patients with Diabetes ( <b>EED</b> )	Ages 18 to 75	Annual	The percentage of patients with diabetes (types 1 and 2) who had one of the following: <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year</li> <li>• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year</li> </ul>
Kidney Health Evaluation for Patients with Diabetes ( <b>KED</b> )	Ages 18 to 85	Annual	The percentage of patients with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) <i>and</i> a urine albumin-creatinine rate (uACR), during the measurement year
Statin Therapy for Patients with Diabetes ( <b>SPD</b> )	Ages 40 to 75	Annual	The percentage of patients with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: <ul style="list-style-type: none"> <li>• Received statin therapy: Patients who were dispensed at least one statin medication of any intensity during the measurement year</li> <li>• Statin adherence 80%: Patients who remained on a statin medication of any intensity for at least 80% of the treatment period</li> </ul>
Follow-Up After Hospitalization for Mental Illness ( <b>FUH</b> )	Ages 6 and older	Within seven and/or 30 days after discharge	The percentage of discharges for patients who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a follow-up visit with a mental health provider. Two rates are reported: <ul style="list-style-type: none"> <li>• The percentage of discharges for which the Patient received follow-up within 30 days after discharge.</li> <li>• The percentage of discharges for which the Patient received follow-up within 7 days after discharge.</li> </ul>



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Follow-Up After Emergency Department Visit for Mental Illness ( <b>FUM</b> )	Ages 6 or older	Within seven and/or 30 days after ED visit	The percentage of emergency department (ED) visits for patients with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: <ul style="list-style-type: none"> <li>The percentage of ED visits for which the Patient received follow-up within 30 days of the ED visit (31 total days)</li> <li>The percentage of ED visits for which the Patient received follow-up within seven days of the ED visit (eight total days)</li> </ul>
Follow-Up After High Intensity Care for Substance Use Disorder ( <b>FUI</b> )	Ages 13 and older	Within seven and/or 30 days after visit or discharge	Percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder that result in a follow-up visit or service for substance use disorder. Two rates are reported: <ul style="list-style-type: none"> <li>The percentage of visits or discharges for which the Patient received follow-up for substance use disorder within the 30 days after the visit or discharge</li> <li>The percentage of visits or discharges for which the Patient received follow-up for substance use disorder within the seven days after visit or discharge</li> </ul> <p><b>Note:</b> Follow-up visits on the same day of the visit or discharge do not meet this measure.</p>
Follow-Up After Emergency Department Visit for Substance Use ( <b>FUA</b> )	Ages 13 and older	Within seven and/or 30 days after ED visit	The percentage of ED visits among patients 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"> <li>The percentage of ED visits for which the Patient received follow-up within 30 days of the ED visit (31 total days)</li> <li>The percentage of ED visits for which the Patient received follow-up within seven days of the ED visit (eight total days)</li> </ul> <p><b>Note:</b> Follow-up visits that occur on the same day as the ED discharge meet this measure.</p>
Pharmacotherapy for Opioid Use Disorder ( <b>POD</b> )	Ages 16 and older	Annual	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
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications ( <b>SSD</b> )	Ages 18 to 64	Annual	The percentage of patients 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 ( <b>SAA</b> )	Ages 18 and older	Annual	The percentage of patients with schizophrenia or schizoaffective disorder who were dispensed and remained on the antipsychotic medication for at least 80% of their treatment period
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis ( <b>AAB</b> )	Ages 3 months and older	Per occurrence	The percentage of episodes for patients with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.
Use of Imaging Studies for Low Back Pain ( <b>LBP</b> )	Ages 18 to 75	Not applicable	Percentage of patients 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.
Adults' Access to Preventive/ Ambulatory Health Services ( <b>AAP</b> )	Ages 20 and older	Annual	The percentage of patients who had an ambulatory or preventive care visit during the measurement year.



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>The percentage of new SUD episodes that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• <b>Initiation of SUD treatment:</b> 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</li> <li>• <b>Engagement of SUD treatment:</b> the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation</li> </ul>
Prenatal and Postpartum Care (PPC, PPC-CH / PPC-AD)	Live birth	Per occurrence	<p>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 Patients, the measure assesses the following facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> <li>• 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 in the organization</li> <li>• Postpartum care: the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery</li> </ul> <p><b>Note:</b> The PPC-CH measure and PPC-AD measures are CMS core set measures that are similar to the HEDIS PPC measure, except these measures stratify beneficiaries/patients by age. PPC-CH reports patients under age 21 and PPC-AD reports ages 21 and older.</p>
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	Live birth	Per occurrence	<p>This CMS Core set measures the percentage of live births that weighed less than 2,500 grams at birth during the measurement year.</p> <p><b>Note:</b> A lower rate indicates better performance.</p>
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Ages 1 to 17	Annual	<p>The percentage of patients who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment</p>

Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Plan All-Cause Readmissions ( <b>PCR</b> )	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 and the predicted probability of an acute readmission
Childhood Immunization Status ( <b>CIS-E</b> )	Ages 0 to 2	Multiple doses	<p>The percentage of patients who had appropriate doses of the following vaccines on or <b>before</b> their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• Four diphtheria, tetanus, and acellular pertussis (DTaP)</li> <li>• Three polio (IPV)</li> <li>• One measles, mumps, and rubella (MMR) (can only be given on or between first and second birthday to close the gap)</li> <li>• Three haemophilus influenza type B (HiB)</li> <li>• Three hepatitis B (HepB) (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.)</li> <li>• One chicken pox (VZV) (can only be given on or between first and second birthday to close the gap)</li> <li>• Four pneumococcal conjugate (PCV)</li> <li>• One hepatitis A (HepA) (can only be given on or between first and second birthday to close the gap)</li> <li>• Two two-dose rotavirus (RV) or 3 three-dose rotavirus (RV) (Or one two-dose and two three-dose RV combination)</li> <li>• Two influenza (flu) (influenza cannot be given until infant is 6 months of age — One of the two vaccinations for influenza can be an LAIV administered on the child's second birthday).</li> </ul>
Immunizations for Adolescents ( <b>IMA-E</b> )	Ages 13	Multiple doses	<p>The percentage of patients who had the had appropriate doses of following vaccines by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• One dose Meningococcal vaccine between 10th and 13th birthday</li> <li>• One Tdap vaccine between 10th and 13th birthday</li> <li>• Complete HPV vaccine series (2 or 3 doses) between 9th and 13th birthday</li> </ul>
Breast Cancer Screening ( <b>BCS-E</b> )	Ages 50 to 74	Annual	The percentage of patients who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer
Cervical Cancer Screening ( <b>CCS-E</b> )	Ages 21 to 64	Varies by age	<p>The percentage of patients who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> <li>• Patients 21 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three years</li> <li>• Patients 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</li> <li>• Patients 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last five years</li> </ul>



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Colorectal Cancer Screening ( <b>COL-E</b> )	Ages 45 to 75	Dependent on screening type	The percentage of patients who had appropriate screening for colorectal cancer. Screenings are defined by one of the following: <ul style="list-style-type: none"> <li>Fecal occult blood test (FOBT) during the measurement period</li> <li>Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period</li> <li>Colonoscopy during the measurement year or the nine years prior to the measurement period</li> <li>CT colonography during the measurement period or the four years prior to the measurement period</li> <li>Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period</li> </ul>
Follow-Up Care for Children Prescribed ADHD Medication ( <b>ADD-E</b> )	Ages 6 to 12	Varies by phase	The percentage of children 6 to 12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (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 first ADHD medication was dispensed. Two rates are reported: <ul style="list-style-type: none"> <li><b>Initiation phase:</b> the percentage of patients with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.</li> <li><b>Continuation and maintenance (C&amp;M) phase:</b> the percentage of patients who had a prescription dispensed for ADHD medication, who 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. If the member is not compliant with the Initiation Phase, they cannot become compliant for the C&amp;M Phase.</li> </ul> <p><b>Note:</b> The first visit (Initiation Phase) must occur within 30 days of when the ADHD medication is initially dispensed <i>or</i> restarted after a 120-day break.</p>
Metabolic Monitoring for Children and Adolescents on Antipsychotics ( <b>APM-E</b> )	Ages 1 to 17	Annual	Patients who had two or more antipsychotic prescriptions and had metabolic testing (both blood glucose and cholesterol testing) during the year.
Adult Immunization Status ( <b>AIS-E</b> )	Flu – Ages 19 and older Td/Tdap – Ages 19 and older Zoster – Ages 50 and older PCV – Ages 60 and older	Annual	This HEDIS measure evaluates the percentage of members who are up to date on recommended routine vaccines. The following rates are reported: <ul style="list-style-type: none"> <li><b>Influenza</b> — 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.</li> <li><b>Td/Tdap</b> — 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.</li> <li><b>Zoster</b> — Members 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.</li> <li><b>Pneumococcal</b> — Members who received at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement year.</li> </ul>
Prenatal Immunization Status ( <b>PRS-E</b> )	N/A	Annual	The percentage of deliveries in the measurement period in which Patients had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Social Need Screening and Intervention ( <b>SNS-E</b> )	Any age	Annual	<p>The percentage of patients 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:</p> <ul style="list-style-type: none"> <li>• <b>Food Screening</b> - The percentage of patients who were screened for food insecurity.</li> <li>• <b>Food Intervention</b> - The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.</li> <li>• <b>Housing Screening</b> - The percentage of patients who were screened for housing instability, homelessness or housing inadequacy.</li> <li>• <b>Housing Intervention</b> - The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness or housing inadequacy.</li> <li>• <b>Transportation Screening</b> - The percentage of patients who were screened for transportation insecurity.</li> <li>• <b>Transportation Intervention</b> - The percentage who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.</li> </ul>
Medical Assistance with Smoking and Tobacco Use Cessation ( <b>MSC</b> ) CAHPS*	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"> <li>• Advising smokers and tobacco users to quit: a rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year</li> <li>• Discussing cessation medications: a rolling average represents the percentage of patients 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</li> <li>• Discussing cessation strategies: a rolling average represents the percentage of patients 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</li> </ul>



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Health Plan Survey 5.1H, Adult Version (CPA) CAHPS*	Patients who have been with the plan through the year	Annual	<p>This measure provides information on the experiences of patients with the organization and gives a general indication of how well the organization meets Patients' expectations. Results summarize Patient experiences through ratings, composites and question summary rates.</p> <p>Four global rating questions reflect overall satisfaction:</p> <ol style="list-style-type: none"> <li>1. Rating of All Health Care.</li> <li>2. Rating of Health Plan.</li> <li>3. Rating of Personal Doctor.</li> <li>4. Rating of Specialist Seen Most Often.</li> </ol> <p>Five composite scores summarize responses in key areas:</p> <ol style="list-style-type: none"> <li>1. Claims Processing (commercial only).</li> <li>2. Customer Service.</li> <li>3. Getting Care Quickly.</li> <li>4. Getting Needed Care.</li> <li>5. How Well Doctors Communicate.</li> </ol> <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"> <li>1. Coordination of Care.</li> </ol>
Health Plan Survey 5.1H, Child Version (CPC) CAHPS*	Patients who have been with the plan through the year	Annual	<p>This measure provides information on parents' experience with their child's Medicaid organization. Results summarize Patient 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"> <li>1. Rating of All Health Care.</li> <li>2. Rating of Health Plan.</li> <li>3. Rating of Personal Doctor.</li> <li>4. Rating of Specialist Seen Most Often.</li> </ol> <p>Four composite scores summarize responses in key areas:</p> <ol style="list-style-type: none"> <li>1. Customer Service.</li> <li>2. Getting Care Quickly.</li> <li>3. Getting Needed Care.</li> <li>4. How Well Doctors Communicate.</li> </ol> <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"> <li>1. Coordination of Care.</li> </ol>



Measure	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Children With Chronic Conditions (CCC) CAHPS*	Patients who have been with the plan through the year	Annual	<p>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:</p> <ol style="list-style-type: none"> <li>1. Access to Specialized Services.</li> <li>2. Family Centered Care: Personal Doctor Who Knows Child.</li> <li>3. Coordination of Care for Children With Chronic Conditions.</li> </ol> <p>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:</p> <ol style="list-style-type: none"> <li>1. Access to Prescription Medicines.</li> <li>2. Family Centered Care: Getting Needed Information.</li> </ol>
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"> <li>• Comprehensive health development history (inclusive both physical and mental health).</li> <li>• Comprehensive unclothed physical exam or appropriately draped.</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, physical and mental illnesses, and conditions discovered by the screening services.</li> </ul>



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