

Quality Measures Desktop Reference for Medicaid Providers

Please note: The information provided is based on HEDIS® Measurement Year 2020 and 2021 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 asterisk (*) denotes that the measure includes telehealth accommodations.

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
Adults	Adults' Access to Preventive/ Ambulatory Health Services (AAP)	HEDIS	Ages 20 and older	Annual	Members who had an ambulatory or preventive care visit during the year
	Plan All-Cause Readmissions (PCR)*	HEDIS	Ages 18 and older	Annual	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
	Flu Vaccinations for Adults Ages 18 to 64 (FVA)	CAHPS®	Ages 18 to 64	Annual	Members vaccinated for influenza after July 1
	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	CAHPS	Ages 18 and older	Annual	Members who are current tobacco users who received the following from a provider during the year: <ul style="list-style-type: none"> • Cessation advice • Recommendation for or discussion of cessation medications • Recommendation for or discussion of cessation methods or strategies
	Use of Imaging Studies for Low Back Pain (LBP)	HEDIS	Ages 18 to 50	Not applicable	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

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Adults	Appropriate Treatment for Upper Respiratory Infection (URI)	HEDIS	Ages 3 months and older	Not applicable	Members with a diagnosis of URI who did not receive an antibiotic prescription
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)*	HEDIS	Ages 13 and older	Annual	Members with a new episode of alcohol or other drug (AOD) abuse or dependence who received: <ul style="list-style-type: none"> Initiation of AOD treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis Engagement of AOD treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit
	Frequency of Selected Procedures (FSP)	HEDIS	Not specified	Annual	This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.
	Ambulatory Care (AMB)	HEDIS	Not specified	Annual	This measure summarizes utilization of ambulatory care in the following categories: <ul style="list-style-type: none"> Outpatient Visits including telehealth ED visits
	Appropriate Testing for Pharyngitis (CWP)	HEDIS	Ages 3 years and older	Annual	Members who have been diagnosed with pharyngitis, dispensed an antibiotic and received group A streptococcus (strep) test for the episode
Females	Prenatal and Postpartum Care (PPC)*	HEDIS	Live birth	Annual	<ul style="list-style-type: none"> Members who had a prenatal visit within the first trimester or within 42 days of enrollment in the plan Members who had a postpartum visit on or between 7 and 84 days after delivery
	Prenatal Immunization Status (PRS)	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

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Females	Breast Cancer Screening (BCS)*	HEDIS	Ages 50 to 74	Every two years	Members who had one or more mammogram screenings during the year or prior year
	Cervical Cancer Screening (CCS)	HEDIS	Ages 21 to 64	Varies by age	The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria: <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/ hrHPV cotesting within the last five years
	Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	HEDIS	Ages 16 to 20	Not applicable	Adolescent females who were screened unnecessarily for cervical cancer Note: Cervical cancer screening should begin at age 21.
	Chlamydia Screening in Women (CHL)	HEDIS	Ages 16 to 24	Annual	Members who are sexually active and who had at least one screening test for chlamydia during the year
Children and adolescents	Immunizations for Adolescents (IMA)	HEDIS	Ages 13	Multiple doses	Members who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)*	HEDIS	Ages 3 to 17	Annual	Members who had an outpatient visit with a PCP or OB/GYN during the year in which the following were documented: <ul style="list-style-type: none"> • Height, weight and BMI percentile • Counseling for nutrition • Counseling for physical activity with recommendations and not solely for safety

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Children and adolescents	Childhood Immunization Status (CIS)	HEDIS	Ages 0 to 2	Multiple doses	Members who had appropriate doses of the following vaccines by their 2nd birthday: four — DTaP, three — IPV, one — MMR, three — HiB, three — Hep B, one — VZV, four — PCV, one — Hep A, two or three — RV, two — Flu by their 2nd birthday
	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program	EPSDT	Ages 0 to 20	Multiple	Screening must include: <ul style="list-style-type: none"> • Comprehensive health development history (inclusive both physical and mental health). • Comprehensive unclothed physical exam. • 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
	Lead Screening in Children (LSC)	HEDIS	Ages 0 to 2	Once before age 2	Members who had one or more capillary or venous lead blood test by their 2nd birthday
	Annual Dental Visit (ADV)	HEDIS	Ages 2 to 20	Annual	Members who had at least one dental visit during the year
	Well-Child Visits in the First 30 Months of Life (W30)*	HEDIS	Ages 0 to 15 months Ages 15-30 months	6 visits 2 visits	Members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: <ul style="list-style-type: none"> • Well-child visits in the first 15 months: for children who turned 15 months old during the measurement year: six or more well-child visits • Well-child visits for ages 15 to 30 months: for children who turned 30 months old during the measurement year, two or more well-child visits

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Children and adolescents	Child and Adolescent Well-Care Visits (WCV)*	HEDIS	Ages 3 to 21	Annual	Members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
Cardiovascular conditions	Controlling High Blood Pressure (CBP)*	HEDIS	Ages 18 to 85	Annual	Members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year Note: If no BP is recorded during the measurement year, assume that the member is <i>not controlled</i> .
	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)*	HEDIS	Ages 18 and older	After discharge	Members with an inpatient discharge for acute myocardial infarction (AMI) who received beta-blocker treatment for six months after a hospital discharge for AMI
	Statin Therapy for Patients With Cardiovascular Disease (SPC)*	HEDIS	Men ages 21 to 75 Women ages 40 to 75	Annual	Members with a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: <ul style="list-style-type: none"> • Members who were dispensed at least one high- or moderate-intensity statin medication • Members who remained on a high- or moderate-intensity statin medication for at least 80% of the time from prescription start to end of the year

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Cardiovascular conditions	Cardiac Rehabilitation (CRE)	HEDIS	Ages 18 and older	Annual	<p>Members who have attended cardiac rehabilitation following a qualified cardiac event including, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement</p> <p>Four rates are reported:</p> <ul style="list-style-type: none"> • Initiation: the percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event • Engagement 1: the percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event • Engagement 2: the percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event • Achievement: the percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event
Diabetes	Comprehensive Diabetes Care (CDC)*	HEDIS	Ages 18 to 75	Annual	<p>The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • HbA1c poor control (> 9%) • HbA1c control (< 8%) • Eye exam (retinal) performed • BP control (< 140/90 mm Hg)
	Kidney Health Evaluation for Patients with Diabetes (KED)	HEDIS	Ages 18 to 85	Annual	<p>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 ratio (uACR), during the measurement year</p>

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Diabetes	Statin Therapy for Patients with Diabetes (SPD)*	HEDIS	Ages 40 to 75	Annual	Members with diagnosis of diabetes who do not have atherosclerotic cardiovascular disease: <ul style="list-style-type: none"> Members who were dispensed at least one statin medication of any intensity during the measurement year Members who remained on a statin medication of any intensity for at least 80% of the treatment period
Respiratory conditions	Asthma Medication Ratio (AMR)*	HEDIS	Ages 5 to 64	Annual	Members who have persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater
	Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)	HEDIS	Ages 3 months and older	Annual	Members who did not receive an antibiotic prescription after a diagnosis of acute bronchitis/bronchiolitis
	Pharmacotherapy Management of COPD Exacerbation (PCE)	HEDIS	Ages 40 and older	Inpatient discharge or ED event	Members who had an acute inpatient discharge or emergency department (ED) visit for chronic obstructive pulmonary disease (COPD) exacerbation, who were dispensed appropriate medications: <ul style="list-style-type: none"> Systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event Bronchodilator(or there was evidence of an active prescription) within 30 days of the event
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)*	HEDIS	Ages 40 and older	As newly diagnosed/ newly active	Members who had a new diagnosis of COPD or newly active COPD who received spirometry testing to confirm the COPD diagnosis

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Behavioral health	Follow-Up Care for Children Prescribed ADHD Medication (ADD)*	HEDIS	Ages 6 to 12	Varies by phase	Members who were 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: follow-up visit with prescriber within 30 days of prescription • Continuation and maintenance phase: remained on medication for at least 210 days and had two more visits within nine months
	Antidepressant Medication Management (AMM)*	HEDIS	Ages 18 and older	Per episode	Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for: <ul style="list-style-type: none"> • At least 84 days (12 weeks) • At least 180 days (six months)
	Follow-Up After Hospitalization for Mental Illness (FUH)*	HEDIS	Ages 6 and older	Within seven and/or 30 days after discharge	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 practitioner — Two rates are reported: <ul style="list-style-type: none"> • The percentage of discharges for which the member received follow-up within 30 days after discharge • The percentage of discharges for which the member received follow-up within 7 days after discharge
	Follow-Up After High Intensity Care for Substance Use Disorder (FUI)*	HEDIS	Ages 13 and older	Within seven and/or 30 days after discharge	Members 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: <ul style="list-style-type: none"> • The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge • The percentage of visits or discharges for which the member received follow-up for substance use disorder within the seven days after the visit or discharge

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Behavioral health	Follow-Up After Emergency Department Visit for Mental Illness (FUM)*	HEDIS	Ages 6 or older	Within seven and/or 30 days after ED visit	Members with a principal diagnosis of a mental illness or intentional self-harm, who had a follow-up visit for mental illness: <ul style="list-style-type: none"> Follow-up within 30 days of the ED visit (31 total days) Follow-up within seven days of the ED visit (eight total days)
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)*	HEDIS	Ages 13 years of age and older	Within seven and/or 30 days after ED visit	Members with a principal diagnosis of alcohol and other drug (AOD) abuse or dependence, who had a follow-up visit for AOD: <ul style="list-style-type: none"> A follow-up visit 30 days of the ED visit (31 total days) A follow-up visit seven days of the ED visit (eight total days)
	Pharmacotherapy for Opioid Use Disorder (POD)	HEDIS	Ages 16 years and older	Annual	Members with a diagnosis of OUD with new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*	HEDIS	Ages 18 to 64	Annual	Members with schizophrenia, schizoaffective disorder or bipolar disorder and who are not diabetic who had a glucose test or HbA1c during the year
	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*	HEDIS	Ages 18 to 64	Annual	Members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C and an HbA1c test during the year

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Behavioral health	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*	HEDIS	Ages 18 to 64	Annual	Members with schizophrenia, schizoaffective disorder and cardiovascular disease who had an LDL-C test during the year Note: Indicators of cardiovascular disease include: <ul style="list-style-type: none"> • Inpatient discharge for acute myocardial infarction (AMI) or coronary artery bypass grafting (CABG) during the year. • Diagnosis of percutaneous coronary intervention (PCI) in any setting during the year. • Diagnosis of ischemic vascular disease (IVD) during an inpatient or outpatient visit in both the current year and the prior year.
	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*	HEDIS	Ages 18 years and older	Annual	Members with schizophrenia or schizoaffective disorder who were dispensed an antipsychotic medication who remained on the antipsychotic medication for at least 80% of the time between the of their treatment period
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS	Ages 1 to 17	Annual	Members who had two or more antipsychotic prescriptions who had metabolic testing during the year. Three rates are reported: <ul style="list-style-type: none"> • The percentage of children and adolescents on antipsychotics who received blood glucose testing • The percentage of children and adolescents on antipsychotics who received cholesterol testing • The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*	HEDIS	Ages 1 to 17	Annual	Members who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment

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Behavioral health	Use of Opioids at High Dosage (HDO)	HEDIS	Ages 18 years and older	Annual	For members receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine milligram equivalent dose ≥ 90 mg) Note: Lower rate indicates higher performance.
	Use of Opioids From Multiple Providers (UOP)	HEDIS	Ages 18 years and older	Annual	For members receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers — Three rates are reported: <ul style="list-style-type: none"> • Multiple Prescribers • Multiple Pharmacies • Multiple Prescribers and Multiple Pharmacies Note: Lower rate indicates higher performance.
	Risk of Opioid Use (COU)	HEDIS	Ages 18 years and older	Annual	The percentage of who have a new episode of opioid use that puts them at risk for continued opioid use — Two rates are reported: <ul style="list-style-type: none"> • The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period • The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period Note: Lower rate indicates higher performance.
	Depression Screening and Follow-Up for Adolescents and Adults (DSF)*	HEDIS	Ages 12 years of age and older	Annual	For members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care within 30 days: <ul style="list-style-type: none"> • Depression screening: the percentage of members who were screened for clinical depression using a standardized instrument • Follow-up on positive screen: the percentage of members who received follow-up care within 30 days of a positive depression screen finding

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Behavioral health	Identification of Alcohol and Other Drug Services (IAD)*	HEDIS	Not specified	Annual	Members with an AOD claim who received the following chemical dependency services during the measurement year: <ul style="list-style-type: none"> • Inpatient • Intensive outpatient or partial hospitalization • Outpatient or medication treatment • ED • Telehealth • Any service
	Mental Health Utilization (MPT)*	HEDIS	Not specified	Annual	Members receiving the following mental health services during the measurement year: <ul style="list-style-type: none"> • Inpatient • Intensive outpatient or partial hospitalization • Outpatient • ED • Telehealth • Any service
	Antibiotic Utilization (ABX)	HEDIS	Not specified	Annual	Outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender: <ul style="list-style-type: none"> • Total number of antibiotic prescriptions • Average number of antibiotic prescriptions per member, per year (PMPY) • Total days supplied for all antibiotic prescriptions • Average days supplied per antibiotic prescription • Total number of prescriptions for antibiotics of concern • Average number of prescriptions PMPY for antibiotics of concern • Percentage of antibiotics of concern for all antibiotic prescriptions • Average number of antibiotics PMPY reported by drug class: <ul style="list-style-type: none"> ○ For selected “antibiotics of concern” ○ For all other antibiotics

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Patient experience	Getting Health Care From Specialists	CAHPS	Members who have been with the plan through the year	Annual	<p>Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of health care:</p> <ul style="list-style-type: none"> • In the last six months, did you make any appointments to see a specialist? • In the last six months, how often did you get an appointment to see a specialist as soon as you needed? • How many specialists have you seen in the last six months? • We want to know your rating of the specialist you saw most often in the last six months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
	Rating of Personal Doctor	CAHPS	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> • In the last six months, how many times did you visit your personal doctor to get care for yourself? • In the last six months, how often did your personal doctor explain things in a way that was easy to understand? • In the last six months, how often did your personal doctor listen carefully to you? • In the last six months, how often did your personal doctor show respect for what you had to say? • In the last six months, how often did your personal doctor spend enough time with you? • In the last six months, did you get care from a doctor or other health provider besides your personal doctor? • In the last six months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers? • Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your health care in the last six months?