

## Quality Measures Desktop Reference for Medicaid Providers

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.

Effectiveness of care	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"> <li>• Height, weight, and BMI percentile</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>
Prevention and screening	Childhood Immunization Status (CIS)	HEDIS	Ages 0 to 2	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"> <li>• Four diphtheria, tetanus, and acellular pertussis (DTaP)</li> <li>• Three IPV</li> <li>• One MMR (can only be given on or between first and second birthday to close the gap)</li> <li>• Three HiB</li> <li>• Three 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.)</li> <li>• One VZV (can only be given on or between first and second birthday to close the gap)</li> <li>• Four PCV</li> <li>• One Hepatitis A (can only be given on or between first and second birthday to close the gap)</li> </ul>

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					<ul style="list-style-type: none"> <li>Two two-dose RV or three three-dose RV (Or one two-dose and two three-dose RV combination)</li> <li>Two 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>
Prevention and screening	Immunizations for Adolescents (IMA)	HEDIS	Ages 13	Multiple doses	<p>The percentage of 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:</p> <ul style="list-style-type: none"> <li>Meningococcal vaccine between 11th and 13th birthday</li> <li>Tdap vaccine between 10th and 13th birthday</li> <li>At least two HPV vaccines between 9th and 13th birthday and with dates of service at least 146 days apart OR at least three HPV vaccines between 9th and 13th birthdays with different dates of service</li> </ul>
Prevention and screening	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 second birthday.
Prevention and screening	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"> <li><b>Women 21 to 64 years of age</b> who had cervical cytology performed within the last three years</li> <li><b>Women 30 to 64 years of age</b> who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years</li> <li><b>Women 30 to 64 years of age</b> who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years</li> </ul>
Prevention and screening	Colorectal Cancer Screening (COL)	HEDIS	Ages 45 to 75	Dependent on screening type	<p>The percentage of members who had appropriate screening for colorectal cancer.</p> <p>Screenings are defined by one of the following:</p> <ul style="list-style-type: none"> <li>FOBT during the measurement year</li> </ul>

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					<ul style="list-style-type: none"> <li>• Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year</li> <li>• Colonoscopy during the measurement year or the nine years prior to the measurement year</li> <li>• CT colonography during the measurement year or the four years prior to the measurement year</li> <li>• Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year</li> </ul>
Prevention and screening	Chlamydia Screening in Women ( <b>CHL</b> )	HEDIS	Ages 16 to 24	Annual	The percentage of members who identified as sexually active and who had at least one screening test for chlamydia during the year.
Prevention and screening	Oral Evaluation, Dental Services ( <b>OED</b> )	HEDIS	Ages 0 to 20	Annual	The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.
Prevention and screening	Topical Fluoride for Children ( <b>TFC</b> )	HEDIS	Ages 1 to 4	Annual	The percentage of members 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.
Respiratory conditions	Appropriate Testing for Pharyngitis ( <b>CWP</b> )	HEDIS	Ages 3 years 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.
Respiratory conditions	Use of Spirometry Testing in the Assessment and Diagnosis of COPD ( <b>SPR</b> )	HEDIS	Ages 40 and older	As newly diagnosed/ newly active	The percentage of members who had a new diagnosis of COPD or newly active COPD who received spirometry testing to confirm the COPD diagnosis.
Respiratory conditions	Pharmacotherapy Management of COPD Exacerbation ( <b>PCE</b> )	HEDIS	Ages 40 and older	Inpatient discharge or emergency department (ED) event	<p>The percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>• Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.</li> </ul>

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					<b>Note:</b> 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.
Respiratory conditions	Asthma Medication Ratio ( <b>AMR</b> )	HEDIS	Ages 5 to 64	Annual	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 ( <b>CBP</b> )	HEDIS	Ages 18 to 85	Annual	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.  The final BP of the measurement year is captured.  <b>Note:</b> If no BP is recorded during the measurement year, assume that the member is not controlled.
Cardiovascular conditions	Persistence of Beta-Blocker Treatment After a Heart Attack ( <b>PBH</b> )	HEDIS	Ages 18 and older	After discharge	The percentage of members with an inpatient discharge from July 1 of the year prior to the measurement year to June 30 of the measurement year for acute myocardial infarction (AMI) who received beta-blocker treatment for six months after a hospital discharge for AMI.
Cardiovascular conditions	Statin Therapy for Patients with Cardiovascular Disease ( <b>SPC</b> )	HEDIS	Men ages 21 to 75  Women ages 40 to 75	Annual	The percentage of members with a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: <ul style="list-style-type: none"> <li>• <b>Received statin therapy:</b> Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year.</li> <li>• <b>Statin adherence 80%:</b> 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.</li> </ul>
Cardiovascular conditions	Cardiac Rehabilitation ( <b>CRE</b> )	HEDIS	Ages 18 and older	Annual	The percentage of 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.  Four rates are reported:

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					<ul style="list-style-type: none"> <li>• <b>Initiation:</b> the percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event</li> <li>• <b>Engagement one:</b> the percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.</li> <li>• <b>Engagement two:</b> the percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.</li> <li>• <b>Achievement:</b> the percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.</li> </ul>
Diabetes	Hemoglobin A1c Control for Patients with Diabetes ( <b>HBD</b> )	HEDIS	Ages 18 to 75	Annual	<p>The percentage of members with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>• HbA1c control (&lt; 8%)</li> <li>• HbA1c poor control (&gt; 9%)</li> </ul> <p><b>Note:</b> Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</p>
Diabetes	Blood Pressure Control Patients with Diabetes ( <b>BPD</b> )	HEDIS	Ages 18 to 75	Annual	<p>The percentage of members with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt; 140/90 mm Hg) during the measurement year.</p> <p>The final BP of the measurement year is captured.</p>
Diabetes	Eye Exam for Patients with Diabetes ( <b>EED</b> )	HEDIS	Ages 18 to 75	Annual	<p>The percentage of members with diabetes (types 1 and 2) who had one of the following:</p> <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional 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>

Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
					<ul style="list-style-type: none"> <li>Bilateral eye enucleation any time during the member's history through December 31 of the measurement year</li> </ul>
Diabetes	Kidney Health Evaluation for Patients with Diabetes ( <b>KED</b> )	HEDIS	Ages 18 to 85	Annual	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) <i>and</i> a urine albumin-creatinine rate (uACR), during the measurement year.
Diabetes	Statin Therapy for Patients with Diabetes ( <b>SPD</b> )	HEDIS	Ages 40 to 75	Annual	<p>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> <ul style="list-style-type: none"> <li><b>Received statin therapy:</b> Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li><b>Statin adherence 80%:</b> Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ul>
Behavioral health	Diagnosed Mental Health Disorders ( <b>DMH</b> )	HEDIS	1 year or older	Annual	<p>The percentage of members who were diagnosed with a mental health disorder during the measurement year.</p> <p>The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance.</p>
Behavioral health	Antidepressant Medication Management ( <b>AMM</b> )	HEDIS	Ages 18 and older	Per episode	<p>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"> <li><b>Effective Acute Phase Treatment:</b> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li><b>Effective Continuation Phase Treatment:</b> The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul>

Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Behavioral health	Follow-Up Care for Children Prescribed ADHD Medication ( <b>ADD</b> )	HEDIS	Ages 6 to 12	Varies by phase	<p>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 —</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>• <b>Initiation Phase:</b> The percentage of members 6 to 12 years of age 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 members 6 to 12 years of age with 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 (9 months) after the Initiation Phase ended.</li> </ul>
Behavioral health	Follow-Up After Hospitalization for Mental Illness ( <b>FUH</b> )	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"> <li>• The percentage of discharges for which the member received follow-up within 30 days after discharge.</li> <li>• The percentage of discharges for which the member received follow-up within 7 days after discharge.</li> </ul>
Behavioral health	Follow-Up After Emergency Department Visit for Mental Illness ( <b>FUM</b> )	HEDIS	Ages 6 or older	Within 7 and/or 30 days after ED visit	<p>The percentage of 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 type. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>• The percentage of ED visits for which the member received follow-up within seven days of the ED visit (8 total days).</li> </ul>

Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Behavioral health	Diagnosed Substance Use Disorders ( <b>DSU</b> )	HEDIS	Ages 13 years or older	Annual	<p>The percentage of members who were diagnosed with a substance use disorder during the measurement year. Four rates are reported:</p> <ul style="list-style-type: none"> <li>• The percentage of members diagnosed with an alcohol disorder.</li> <li>• The percentage of members diagnosed with an opioid disorder.</li> <li>• The percentage of members diagnosed with a disorder for other or unspecified drugs.</li> <li>• The percentage of members diagnosed with any substance use disorder.</li> </ul> <p><b>Note:</b> The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.</p>
Behavioral health	Follow-Up After High Intensity Care for Substance Use Disorder ( <b>FUI</b> )	HEDIS	Ages 13 years and older	Within 7 and/or 30 days after discharge	<p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The percentage of visits or discharges for which the member received follow-up for substance use disorder within the seven days after 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>



Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Behavioral health	Follow-Up After Emergency Department Visit for Substance Use ( <b>FUA</b> )	HEDIS	Ages 13 years and older	Within 7 and/or 30 days after ED visit	<p>The percentage of 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"> <li>• The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>• The percentage of ED visits for which the member 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>
Behavioral health	Pharmacotherapy for Opioid Use Disorder ( <b>POD</b> )	HEDIS	Ages 16 years and older	Annual	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.
Behavioral health	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications ( <b>SSD</b> )	HEDIS	Ages 18 to 64	Annual	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.
Behavioral health	Diabetes Monitoring for People with Diabetes and Schizophrenia ( <b>SMD</b> )	HEDIS	Ages 18 to 64	Annual	Percentage of members with schizophrenia or schizoaffective disorder and diabetes who had <b>both</b> an LDL-C and an HbA1c test during the year
Behavioral health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia ( <b>SMC</b> )	HEDIS	Ages 18 to 64	Annual	<p>Percentage of members with schizophrenia, schizoaffective disorder <b>and</b> cardiovascular disease who had an LDL-C test during the year.</p> <p><b>Note:</b> Indicators of cardiovascular disease include:</p> <ul style="list-style-type: none"> <li>• Inpatient discharge for acute myocardial infarction (AMI) or coronary artery bypass grafting (CABG) during the year.</li> <li>• Diagnosis of percutaneous coronary intervention (PCI) in any setting during the year.</li> </ul>

Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
					<ul style="list-style-type: none"> <li>Diagnosis of ischemic vascular disease (IVD) during an inpatient or outpatient visit in both the current year and the prior year.</li> </ul>
Behavioral health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	HEDIS	Ages 18 years and older	Annual	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.
Behavioral health	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS	Ages 1 to 17	Annual	Members who had two or more antipsychotic prescriptions and had metabolic testing during the year. Three rates are reported: <ul style="list-style-type: none"> <li>The percentage of children and adolescents on antipsychotics who received blood glucose testing.</li> <li>The percentage of children and adolescents on antipsychotics who received cholesterol testing.</li> <li>The percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing.</li> </ul>
Overuse/ appropriateness	Use of Opioids from Multiple Providers (UOP)	HEDIS	Ages 18 years and older	Annual	The percentage of members receiving prescription opioids for $\geq 15$ days during the measurement year who received opioids from multiple providers. Three rates are reported: <ul style="list-style-type: none"> <li><b>Multiple prescribers:</b> The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.</li> <li><b>Multiple pharmacies:</b> The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li><b>Multiple prescribers and multiple pharmacies:</b> The percentage of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (such as, the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).</li> </ul>

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					<b>Note:</b> A lower rate indicates better performance for all three rates.
Overuse/ appropriateness	Risk of Opioid Use ( <b>COU</b> )	HEDIS	Ages 18 years and older	Annual	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: <ul style="list-style-type: none"> <li>• The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period.</li> <li>• The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period.</li> </ul> <b>Note:</b> Lower rate indicates higher performance.
Overuse/ appropriateness	Appropriate Treatment for Upper Respiratory Infection ( <b>URI</b> )	HEDIS	Ages 3 months and older	Per occurrence	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
Overuse/ appropriateness	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchioli tis ( <b>AAB</b> )	HEDIS	Ages 3 months and older	Per occurrence	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.
Overuse/ appropriateness	Non-Recommended Cervical Cancer Screening in Adolescent Females ( <b>NCS</b> )	HEDIS	Ages 16 to 20	Annual	The percentage of adolescent females who were screened unnecessarily for cervical cancer.  <b>Note:</b> Cervical cancer screening should begin at age 21.  <b>Note:</b> A lower percentage rate indicated better performance.
Overuse/ appropriateness	Use of Imaging Studies for Low Back Pain ( <b>LBP</b> )	HEDIS	Ages 18 to 75	Not applicable	Percentage of members who had a primary diagnosis of lower back pain and <b>did not</b> have an imaging study (for example, plain X-ray, MRI, or CT scan) within 28 days of the diagnosis
Overuse/ appropriateness	Use of Opioids at High Dosage ( <b>HDO</b> )	HEDIS	Ages 18 years and older	Annual	The percentage of members who received prescription opioids for $\geq 15$ days during the measurement year at a high dosage (average morphine milligram equivalent dose $\geq 90$ mg)  <b>Note:</b> Lower rate indicates higher performance.

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Measures collected through the <i>CAHPS® Health Plan Survey</i>	Medical Assistance with Smoking and Tobacco Use Cessation ( <b>MSC</b> )	CAHPS	Ages 18 and older	Annual	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"> <li>• <b>Advising smokers and tobacco users to quit:</b> 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.</li> <li>• <b>Discussing cessation medications:</b> 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.</li> <li>• <b>Discussing cessation strategies:</b> 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.</li> </ul>
Access/availability of care	Adults' Access to Preventive/ Ambulatory Health Services ( <b>AAP</b> )	HEDIS	Ages 20 and older	Annual	The percentage of members who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.
Access/availability of care	Initiation and Engagement of Substance Use Disorder Treatment ( <b>IET</b> )	HEDIS	Ages 13 and older	Per episode	The percentage of new SUD episodes that result in treatment initiation and engagement. Two rates are reported: <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>

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Access/availability of care	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"> <li>• <b>Timeliness of prenatal care:</b> 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>• <b>Postpartum care:</b> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul>
Access/availability of care	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	HEDIS	Ages 1 to 17	Annual	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	Six visits  Two 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"> <li>• <b>Well-child visits in the first 15 months:</b> Children who turned 15 months old during the measurement year — six or more well-child visits.</li> <li>• <b>Well-child visits for ages 15 to 30 months:</b> Children who turned 30 months old during the measurement year — two or more well-child visits.</li> </ul>
Utilization and risk adjusted utilization	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.
Utilization and risk adjusted utilization	Ambulatory Care (AMB)	HEDIS	Not specified	Per occurrence	This measure summarizes utilization of ambulatory care in the following categories: <ul style="list-style-type: none"> <li>• Outpatient visits including telehealth</li> <li>• ED visits</li> </ul>

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Utilization and risk adjusted utilization	Inpatient Utilization-General Hospital/Acute Care (IPU)	HEDIS	Maternity only report ages 10 to 64	Per occurrence	This measure summarizes utilization of acute inpatient care and services in the following categories: <ul style="list-style-type: none"> <li>• Maternity</li> <li>• Surgery</li> <li>• Medicine</li> <li>• Total inpatient (the sum of maternity, surgery, and medicine)</li> </ul>
Utilization and risk adjusted utilization	Antibiotic Utilization for Respiratory Conditions (AXR)	HEDIS	Ages 3 months and older	Per episode	The percentage of episodes for members with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.
Risk adjustment utilization	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.
Electronic Clinical Data Systems (ECDS)	Social Need Screening and Intervention (SNE-E)	HEDIS	Ages < 17 and older	Annual	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: <ul style="list-style-type: none"> <li>• <i>Food Screening</i>: The percentage of members who were screened for food insecurity.</li> <li>• <i>Food Intervention</i>: The percentage of members who received a corresponding intervention within one month of screening positive for food insecurity.</li> <li>• <i>Housing Screening</i>: The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.</li> <li>• <i>Housing Intervention</i>: The percentage of members who received a corresponding intervention within one month of screening positive for housing instability, homelessness, or housing inadequacy.</li> <li>• <i>Transportation Screening</i>: The percentage of members who were screened for transportation insecurity.</li> <li>• <i>Transportation Intervention</i>: The percentage of members who received a corresponding intervention within one month of screening positive for transportation insecurity.</li> </ul>

Effectiveness of care	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	Annual	<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> <ul style="list-style-type: none"> <li>• Rating of all healthcare</li> <li>• Rating of health plan</li> <li>• Rating of personal doctor</li> <li>• Rating of specialist seen most often</li> </ul> <p>Five composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> <li>• Claims processing (Commercial only)</li> <li>• Customer service</li> <li>• Getting care quickly</li> <li>• Getting needed care</li> <li>• How well doctors communicate</li> </ul> <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> <ul style="list-style-type: none"> <li>• Coordination of care</li> </ul>
Experience of care	Health Plan Survey 5.1H, Child Version (CPC)	CAHPS	Members who have been with the plan through the year	Annual	<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> <ul style="list-style-type: none"> <li>• Rating of all healthcare</li> <li>• Rating of health plan</li> </ul>

Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
					<ul style="list-style-type: none"> <li>• Rating of personal doctor</li> <li>• Rating of specialist seen most often</li> </ul> <p>Five composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> <li>• Claims processing (Commercial only)</li> <li>• Customer service</li> <li>• Getting care quickly</li> <li>• Getting needed care</li> <li>• How well doctors communicate</li> </ul> <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: Coordination of care</p>
Experience of care	Children With Chronic Conditions (CCC)	CAHPS	Members 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> <ul style="list-style-type: none"> <li>• Access to specialized services</li> <li>• Family centered care: Personal doctor who knows child</li> <li>• Coordination of care for children with chronic conditions</li> </ul> <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> <ul style="list-style-type: none"> <li>• Access to prescription medicines</li> <li>• Family centered care: Getting needed information</li> </ul>
Children and adolescence	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program	EPSDT	Ages 0 to 20	Multiple	<p>Screening must include:</p> <ul style="list-style-type: none"> <li>• Comprehensive health development history (inclusive both physical and mental health)</li> </ul>



Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
					<ul style="list-style-type: none"> <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 healthcare — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.</li> </ul>