

Quality Measures Desktop Reference for Medicaid Providers

Please note: The information provided is based on HEDIS® 2019 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.

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
	Adult BMI Assessment (ABA)	HEDIS	Ages 18 to 74	Biannual	This measures the number of members who had an outpatient visit with documentation of weight and body mass index (BMI) value during the year or year prior. Members under age 20 must have a height, weight and BMI percentile documented and/or plotted on a BMI chart.
	First-year measure: Adult Immunization Status (AIS)	HEDIS	Ages 19 and older	Annual	Members who are up to date on recommended routine vaccinations for influenza, tetanus and diphtheria (Td); or tetanus, diphtheria and acellular pertussis (Tdap), zoster, and pneumococcal
	Annual Monitoring for Patients on Persistent Medications (MPM)	HEDIS	Ages 18 and older	Annual	Members who received annual therapeutic testing when prescribed ACEI, ARB, digoxin or a diuretic
	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	HEDIS	Ages 18 and older with a diagnosis of rheumatoid arthritis	Annual	Members who were dispensed at least one prescription for a disease-modifying antirheumatic drug during the year
	Flu Vaccinations for Adults Ages 18-64 (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 who are current tobacco users	Annual	Members 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	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	HEDIS	Ages 13 and older with a new episode of alcohol or other drug (AOD) dependence	Annual	Members who received: <ul style="list-style-type: none"> Initiation of AOD treatment or medication treatment within 14 days of diagnosis Engagement of AOD treatment or medication treatment: members who initiated treatment and had two or more additional services, or medication treatment within 34 days of the initiation visit
Females	Prenatal and Postpartum Care (PPC)	HEDIS	Live birth	First trimester and 21 to 56 days postpartum	<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 21 to 56 days after delivery
	First-year measure: 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
	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	Women who were screened for cervical cancer using the following criteria: <ul style="list-style-type: none"> Ages 21 to 64: at least one cervical cytology (Pap) test every three years Ages 30 to 64: Pap test/HPV cotesting every 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 and sexually active	Annual	Members who had at least one screening test for chlamydia during the year
Children and adolescents	Immunizations for Adolescents (IMA)	HEDIS	Ages 9 to 13	Multiple doses	Members who were on or between the 11th and 13th birthdays who had: <ul style="list-style-type: none"> One dose of meningococcal conjugate vaccine One tetanus on or between the member's 10th and 13th birthdays Diphtheria toxoids and acellular pertussis (Tdap) vaccine Completed the human papillomavirus (HPV) vaccine (at least two HPV vaccines or three doses of the HPV vaccine) on or between their 9th and 13th birthday

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Children and adolescents	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
	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	HEDIS	Ages 3 months to 18 years with a diagnosis of URI	Not applicable	Members who did not receive an antibiotic prescription on or within three days after the diagnosis of an upper-respiratory infection
	Appropriate Testing for Children with Pharyngitis (CWP)	HEDIS	Ages 3 to 18 years with a diagnosis of pharyngitis	Annual	Members who have been diagnosed with pharyngitis, dispensed an antibiotic and received group A streptococcus (strep) test within three days of the diagnosis
	Childhood Immunization Status (CIS)	HEDIS	Ages 0 to 2	Multiple doses	Members who had appropriate doses of the following vaccines by their 2nd birthday: 4-DTaP, 3-IPV, 1-MMR, 3-HiB, 3-Hep B, 1-VZV, 4-PCV, 1-Hep A, 2-or 3-RV, 2-Flu
	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
	Children's and Adolescents' Access to Primary Care Practitioners (CAP)	HEDIS	Ages 1 to 19	Varies by age	Members who had a PCP visit within the following time frames: <ul style="list-style-type: none"> • Ages 12 months to 6 years: during the year • Ages 7 to 19 years: during the year or year prior
	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 15 Months of Life (W15)	HEDIS	Ages 0 to 15 months	Six visits	Members who had six well-child visits with a PCP by age 15 months — Children who turn 15 months old during the measurement year are included. Well visits must include documentation of a health and developmental history (physical and mental), and a physical exam and health education/anticipatory guidance.
	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	HEDIS	Ages 3 to 6	Annual	Members who had one well-child visit with a PCP during the year — Well visits must include documentation of a health history, physical developmental history, mental developmental history and health education/anticipatory guidance.
Adolescent Well-Care Visits (AWC)	HEDIS	Ages 12 to 21	Annual	Members who had one well-care visit with a PCP or OB-GYN during the year — Well visits must include documentation of a health history, physical developmental history, mental developmental history and health education/anticipatory guidance.	

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Children and adolescents	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program	EPSDT	Ages 0 to 21	Multiple	<p>EPSDT program description:</p> <ul style="list-style-type: none"> • Medicaid’s federally mandated, comprehensive and preventive health program for individuals under the age of 21 • Defined by law as part of the <i>Omnibus Budget Reconciliation Act of 1989</i> and requires states to cover all services within the scope of the federal Medicaid program • Focuses on early prevention and treatment • Requirements include periodic screening, vision, dental and hearing services <p>Screening must include:</p> <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. <p>The following schedules can be used to determine when services are due:</p> <ul style="list-style-type: none"> • <i>American Academy of Pediatrics</i> periodicity schedule • <i>CDC Advisory Committee on Immunization Practices</i> immunization schedule
Cardiovascular conditions	Controlling High Blood Pressure (CBP)	HEDIS	Ages 18 to 85 on or after the second diagnosis of hypertension	Annual	<p>Members whose blood pressure (BP) was adequately controlled:</p> <ul style="list-style-type: none"> • Ages 18 to 59: < 140/90 mm Hg • Ages 60 to 85 with diabetes: BP <140/90 mm Hg • Ages 60 to 85 nondiabetics: BP <150/90 mm Hg <p>Note: Both systolic and diastolic values must be below stated value. Only the most recent measurement during the year counts towards compliance.</p>

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Cardiovascular conditions	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	HEDIS	Ages 18 and older with an inpatient discharge for acute myocardial infarction (AMI)	After discharge	<ul style="list-style-type: none"> Members who received beta-blocker treatment for six months after a hospital discharge for AMI
	Aspirin Use and Discussion (ASP)	CAHPS	Men ages 46 to 79 Women ages 56 to 79	Annual	<ul style="list-style-type: none"> Aspirin use: members at risk for cardiovascular disease who are currently taking aspirin Discussing aspirin risks and benefits: members who discussed the risks and benefits of using aspirin with a doctor or other health care provider
	Statin Therapy for Patients With Cardiovascular Disease (SPC)	HEDIS	Men ages 21 to 75 Women ages 40 to 75 with a diagnosis of atherosclerotic cardiovascular disease	Annual	<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
Diabetes	Comprehensive Diabetes Care (CDC)	HEDIS	Ages 18 to 75 with diagnosis of type 1 or type 2 diabetes	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%) HbA1c control (< 7%) for a selected population (Note: applied only for a selected population determined by member age and other comorbidities) Eye exam (retinal) performed Medical attention for nephropathy BP control (< 140/90 mm Hg)
	Statin Therapy for Patients With Diabetes (SPD)	HEDIS	Ages 40 to 75 with diagnosis of diabetes who do not have atherosclerotic cardiovascular disease	Annual	<ul style="list-style-type: none"> Members who were dispensed at least one statin medication of any intensity Members who remained on a statin medication of any intensity for at least 80% of the time from prescription start to end of the year
Respiratory conditions	Medication Management for People With Asthma (MMA)	HEDIS	Ages 5 to 64 who have persistent asthma	Annual	<p>Members who remained on an asthma controller medication:</p> <ul style="list-style-type: none"> 50% of time from the prescription start to end of the year 75% of time from the prescription start to end of the year

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Respiratory conditions	Asthma Medication Ratio (AMR)	HEDIS	Ages 5 to 64 who have persistent asthma	Annual	Members who had a ratio of controller medications to total asthma medications of 0.5 or greater
	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	HEDIS	Ages 18 to 64	Annual	Members who did not receive an antibiotic prescription after a diagnosis of acute bronchitis
	Pharmacotherapy Management of COPD Exacerbation (PCE)	HEDIS	Ages 40 and older who had an acute inpatient discharge or emergency department (ED) visit for chronic obstructive pulmonary disease (COPD)	Inpatient discharge or ED event	Members who were dispensed appropriate medications: <ul style="list-style-type: none"> • Systemic corticosteroid within 14 days of the event • Bronchodilator within 30 days of the event
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	HEDIS	Ages 40 and older who had a new diagnosis of COPD or newly active COPD	As newly diagnosed/ newly active	Members who received spirometry testing to confirm the COPD diagnosis
Behavioral health	Antidepressant Medication Management (AMM)	HEDIS	Ages 18 and older who had a diagnosis of a new episode of major depression	Per episode	Members who were treated with antidepressant medications and remained on for: <ul style="list-style-type: none"> • At least 84 days (12 weeks) • At least 180 days (6 months)
	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	HEDIS	Ages 6 to 12	Varies by phase	Members who were newly prescribed medications or restarted ADHD medications after a 120-day break with at least three follow-up visits in a 10-month period: <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 and had two more visits within nine months
	Follow-Up After Hospitalization for Mental Illness (FUH)	HEDIS	Ages 6 to 17, 18 to 64, and 65 and older who were discharged from an inpatient mental health hospitalization	Within seven and/or 30 days after discharge	Members who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner, preferably within seven days of discharge but no later than 30 days after discharge — This includes members with a principal diagnosis of intentional self-harm, and any diagnosis of a mental health disorder and must always require a diagnosis code.

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Behavioral health	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS	Ages 6 to 17, 18 to 64, and 65 years and older with a principal diagnosis of mental illness	Within seven and/or 30 days after ED visit	A follow-up visit with any practitioner with a principal diagnosis of a mental health disorder, including members with principal diagnosis or intentional self-harm, within seven days or 30 days after the ED visit, which includes visits that occur on the date of ED visit — Must always require a diagnosis code.
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	HEDIS	Ages 13 years of age and older with a principal diagnosis of AOD	Within seven and/or 30 days after emergency department (ED) visit	A follow-up visit with any practitioner with a principal diagnosis of an AOD dependence within seven days or 30 days after the ED visit, includes visits that occur on the date of the ED visit
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	HEDIS	Ages 18 to 64 with schizophrenia or bipolar disorder and who are not diabetic	Annual	Members who had a glucose test or HbA1c during the year Note: Measure applies to members who are using antipsychotic medications, do not have a diagnosis of diabetes, and are not taking any antihyperglycemic or hypoglycemic medications.
	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	HEDIS	Ages 18 to 64 with schizophrenia and diabetes	Annual	Members who had both an LDL-C and an HbA1c test during the year
	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	HEDIS	Ages 18 to 64 with schizophrenia and cardiovascular disease	Annual	Members 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 19 to 64 with schizophrenia who were dispensed an antipsychotic medication	Annual	Members who remained on the antipsychotic medication for at least 80% of the time between the prescription start date and December 31

Clinical population	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
Behavioral health	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	HEDIS	Ages 1 to 17 with 90 days of continuous antipsychotic medication treatment	Annual	Members who were on two or more concurrent antipsychotic medications
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS	Ages 1 to 17 who had two or more antipsychotic prescriptions	Annual	Members who had metabolic testing during the year
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	HEDIS	Ages 1 to 17 who had a new prescription for an antipsychotic medication	Annual	Members who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment
	Use of Opioids at High Dosage (UOD)	HEDIS	Ages 18 years and older	Annual	For members 18 years and older receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine milligram equivalent dose > 120 mg)
	Use of Opioids From Multiple Providers (UOP)	HEDIS	Ages 18 years and older	Annual	For members 18 years and older receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers
	First-year measure: Risk of Opioid Use (COU)	HEDIS	Ages 18 years and older	Annual	The percentage of members 18 years of age and older 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
	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
Patient experience	Ease of Getting Needed Care and Seeing Specialists	CAHPS	Members who have been with the plan through the year	Annual	In the last six months, how often did you get an appointment to see a specialist as soon as you needed?

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Patient experience	Rating of Specialist	CAHPS	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> 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, did you, and a doctor or other health provider talk about specific things you could do to prevent illness? 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 all your health care in the last six months?
	Getting Appointments and Care Quickly	CAHPS	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> In the last six months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office? In the last six months, when you needed care right away, how often did you get care as soon as you needed?
	Overall Rating of Health Plan	CAHPS	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> In the last six months, did you look for any information in written materials or on the Internet about how your health plan works? In the last six months, how often did the written materials or the Internet provide the information you needed about how your health plan works? In the last six months, did you get information or help from your health plan's customer service? In the last six months, how often did your health plan's customer service give you the information or help you needed? In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect? Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
	Overall Rating of Health Care Quality	CAHPS	Members who have been with the plan through the year	Annual	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 all your health care in the last six months?