Simply Healthcare Plans, Inc. | Medicaid Managed Care and Florida Healthy Kids
Clear Health Alliance | Medicaid Managed Care

Quality Measures Desktop Reference for Medicaid Providers

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Table of Contents

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

To help make it as easy as possible to keep up with annual changes to HEDIS documentation, we have created a library of HEDIS content for you. You'll find tip sheets with coding information and more for many HEDIS measures and other documentation to help ensure accurate claims coding, which helps ensure accurate reimbursement. Go to Provider News to view all communications in the **Optimizing HEDIS & STARS** category.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents **(WCC)**	• Patients with a diagnosis of pregnancy. Do not include laboratory claims (claims with POS code 81). • Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 3 to 17	Annual	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: • BMI percentile documentation* • Counseling for nutrition • Counseling for physical activity * Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.
Lead Screening in Children **(LSC)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year. • Patients who die any time during the measurement year	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
Chlamydia Screening in Women **(CHL)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients who are assigned male at birth anytime in the Patient's history	Ages 16 to 24	Annual	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. Note: Supplemental data can be used to identify Patients recommended for routine chlamydia screening.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Oral Evaluation, Dental Services **(OED)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year. • Patients who die anytime during the measurement year.	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
Topical Fluoride for Children **(TFC)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 1 to 4	Annual	The percentage of patients who received at least two fluoride varnish applications during the measurement year

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Appropriate Testing for Pharyngitis **(CWP)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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 **(PCE)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 40 and older	Inpatient discharge or ED event	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: • **Dispensed a systemic corticosteroid** (or there was evidence of an active prescription) within 14 days of the event • **Dispensed a bronchodilator** (or there was evidence of an active prescription) within 30 days of the event **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.
Asthma Medication Ratio **(AMR)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients who had a diagnosis that requires a different treatment approach than Patients with asthma any time during the Patient's history through December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients who had no asthma controller or reliever medications dispensed during the measurement year	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

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Persistence of Beta-Blocker Treatment After a Heart Attack **(PBH)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients with a medication dispensing event that indicates a contraindication to beta-blocker therapy • Patients with a diagnosis that indicates a contraindication to beta-blocker therapy any time during the Patient's history through the end of the continuous enrollment period meet criteria. Do not include laboratory claims (claims with POS code 81). • Patients 66 to 80 years of age as of December 31 of the measurement year with frailty **and** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).	Ages 18 and older	After discharge	The percentage of patients who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI (Acute myocardial infarction) and who received persistent beta-blocker treatment for 180 days (6 months) after discharge

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Controlling High Blood Pressure **(CBP)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative care anytime during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients with a diagnosis that indicates end-stage renal disease (ESRD) any time during the Patient's history on or prior to December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81). • Patients with a procedure that indicates end stage renal disease (ESRD): dialysis any time during the Patient's history on or prior to December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81).	Ages 18 to 85	Annual	The percentage of patients who had a diagnosis of hypertension (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. **Note:** The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the Patient is *not controlled*.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Controlling High Blood Pressure **(CBP)** (cont.)	• Patients with a procedure that indicates ESRD: dialysis nephrectomy or kidney transplant any time during the Patient's history on or prior to December 31 of the measurement year. Patients with a diagnosis of pregnancy any time during the measurement year. Do not include laboratory claims (claims with POS code 81). • Patients 66 to 80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).	Ages 18 to 85	Annual	The percentage of patients who had a diagnosis of hypertension (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. **Note:** The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the Patient is *not controlled*.
Statin Therapy for Patients with Cardiovascular Disease **(SPC)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Men ages 21 to 75 Women ages 40 to 75	Annual	• The percentage of patients who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: • **Received statin therapy:** Patients who were dispensed at least one high- or moderate-intensity statin medication during the measurement year • Statin adherence 80%: Patients who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Statin Therapy for Patients with Cardiovascular Disease **(SPC)** (cont.)	• Patients with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81). • In vitro fertilization in the measurement year or the year prior to the measurement year • Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year • ESRD during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81). • Dialysis during the measurement year or the year prior to the measurement year • Cirrhosis during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81). • Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Do not include laboratory claims (claims with POS code 81). • Myalgia or rhabdomyolysis caused by a statin any time during the Patient's history through December 31 of the measurement year	Men ages 21 to 75 Women ages 40 to 75	Annual	• The percentage of patients who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: • **Received statin therapy:** Patients who were dispensed at least one high- or moderate-intensity statin medication during the measurement year • Statin adherence 80%: Patients who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Statin Therapy for Patients with Cardiovascular Disease **(SPC)** (cont.)	• Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81). • Patients 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. • Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients who use hospice services or elect to use a hospice benefit any time during the measurement year	Men ages 21 to 75 Women ages 40 to 75	Annual	• The percentage of patients who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: • **Received statin therapy:** Patients who were dispensed at least one high- or moderate-intensity statin medication during the measurement year • Statin adherence 80%: Patients who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period
Cardiac Rehabilitation **(CRE)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81)	Ages 18 and older	Annual	The percentage of patients 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: • **Initiation:** the percentage of patients who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event • **Engagement 1:** the percentage of patients who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event • **Engagement 2:** the percentage of patients who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event • **Achievement:** the percentage of patients who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed

Cardiac Rehabilitation **(CRE)** (cont.)	• Patients 66 to 80 years of age as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)
	• Patients 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
	• Discharged from an inpatient setting with any of the following on the discharge claim during the 180 days after the episode date:
	  • Myocardial Infarction (MI)
	  • Coronary artery bypass graft (CABG)
	  • Heart or heart/lung transplant
	  • Heart valve repair or replacement
	  • Percutaneous Coronary Intervention (PCI)
		Ages 18 and older	Annual	The percentage of patients 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:
				• **Initiation:** the percentage of patients who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event
				• **Engagement 1:** the percentage of patients who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event
				• **Engagement 2:** the percentage of patients who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event
				• **Achievement:** the percentage of patients who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Glycemic Status Assessment for Patients with Diabetes **(GSD)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. • Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)	Ages 18 to 75	Annual	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 the following levels during the measurement year: • Glycemic status (< 8%) • Glycemic status (> 9%) **Note:** Organizations must use the same data collection method (administrative or hybrid) to report these indicators.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Blood Pressure Control Patients with Diabetes **(BPD)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year. • Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients 66 years of age and older as of December 31 of the measurement with frailty and advanced illness. • Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients who use hospice services or elect to use a hospice benefit any time during the measurement year	Ages 18 to 75	Annual	The percentage of patients with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year The final BP of the measurement year is captured

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Eye Exam for Patients with Diabetes **(EED)**	• Bilateral eye enucleation any time during the Patient's history through December 31 of the measurement year • Unilateral eye enucleation with a bilateral modifier (CPT Modifier code 50). • Two unilateral eye enucleations with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.	Ages 18 to 75	Annual	The percentage of patients with diabetes (types 1 and 2) who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Eye Exam for Patients with Diabetes **(EED)** (cont.)	• Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service. • A unilateral eye enucleation and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart. • A unilateral eye enucleation and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart. • Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year. • Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)	Ages 18 to 75	Annual	The percentage of patients with diabetes (types 1 and 2) who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Kidney Health Evaluation for Patients with Diabetes **(KED)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year. • Patients who had an encounter for palliative care anytime during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients with a diagnosis of ESRD any time during the Patient's history on or prior to December 31 of the measurement year • Patients who had dialysis any time during the Patient's history on or prior to December 31 of the measurement year • Patients 66 to 80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).	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) ***and*** a urine albumin-creatinine rate (uACR), during the measurement year

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Kidney Health Evaluation for Patients with Diabetes **(KED)** (cont.)	• Patients 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81) • Advanced illness on at least two different dates of service • Dispensed dementia medication	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) ***and*** a urine albumin-creatinine rate (uACR), during the measurement year

Statin Therapy for Patients with Diabetes **(SPD)**	• Patients with at least one of the following during the year prior to the measurement year in any setting:
	  • Myocardial Infarction (MI)
	  • Coronary artery bypass graft (CABG)
	  • Percutaneous Coronary Intervention (PCI)
	  • Other revascularization procedure
	• Patients who had at least one encounter with a diagnosis of IVD (In Vitro Diagnostic) during both the measurement year and the year prior to the measurement year
	• Patients with a diagnosis of pregnancy during the measurement year or year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
	• In vitro fertilization in the measurement year or year prior to the measurement year
		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:
				• **Received statin therapy:** Patients who were dispensed at least one statin medication of any intensity during the measurement year
				• **Statin adherence 80%:** Patients who remained on a statin medication of any intensity for at least 80% of the treatment period

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Statin Therapy for Patients with Diabetes **(SPD)** (cont.)	• Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year. • ESRD during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81). • Dialysis during the measurement year or the year prior to the measurement year • Cirrhosis during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81). • Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Do not include laboratory claims (claims with POS code 81). • Myalgia or rhabdomyolysis caused by a statin any time during the Patient's history through December 31 of the measurement year. • Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year.	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: • **Received statin therapy:** Patients who were dispensed at least one statin medication of any intensity during the measurement year • **Statin adherence 80%:** Patients who remained on a statin medication of any intensity for at least 80% of the treatment period

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Statin Therapy for Patients with Diabetes **(SPD)** (cont.)	• Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients 66 years of age and older as of December 31 of the measurement year with frailty **and** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).	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: • **Received statin therapy:** Patients who were dispensed at least one statin medication of any intensity during the measurement year • **Statin adherence 80%:** Patients who remained on a statin medication of any intensity for at least 80% of the treatment period
Diagnosed Mental Health Disorders **(DMH)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	1 year or older	Annual	The percentage of patients who were diagnosed with a mental health disorder during the measurement year **Note:** The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Follow-Up After Hospitalization for Mental Illness **(FUH)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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 mental health follow-up service. Two rates are reported: • The percentage of discharges for which the patient received follow-up within 30 days after discharge. • The percentage of discharges for which the patient received follow-up within 7 days after discharge.
Follow-Up After Emergency Department Visit for Mental Illness **(FUM)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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: • The percentage of ED visits for which the Patient received follow-up within 30 days of the ED visit (31 total days) • The percentage of ED visits for which the Patient received follow-up within seven days of the ED visit (eight total days)
Diagnosed Substance Use Disorders **(DSU)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 13 and older	Annual	The percentage of patients who were diagnosed with a substance use disorder during the measurement year. Four rates are reported: • The percentage of patients diagnosed with an alcohol disorder • The percentage of patients diagnosed with an opioid disorder • The percentage of patients diagnosed with a disorder for other or unspecified drugs • The percentage of patients diagnosed with any substance use disorder **Note:** The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Follow-Up After High Intensity Care for Substance Use Disorder **(FUI)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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: • 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 • 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 **Note:** Follow-up visits on the same day of the visit or discharge do not meet this measure.
Follow-Up After Emergency Department Visit for Substance Use **(FUA)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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: • The percentage of ED visits for which the Patient received follow-up within 30 days of the ED visit (31 total days) • The percentage of ED visits for which the patient received follow-up within seven days of the ED visit (eight total days) **Note:** Follow-up visits that occur on the same day as the ED discharge meet this measure.
Pharmacotherapy for Opioid Use Disorder **(POD)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications **(SSD)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients with diabetes • Patients who had no antipsychotic medications dispensed during the measurement year	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
Diabetes Monitoring for People with Diabetes and Schizophrenia **(SMD)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year			
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia **(SMC)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year			

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Adherence to Antipsychotic Medications for Individuals with Schizophrenia **(SAA)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients who had a diagnosis of dementia. Do not include laboratory claims (claims with POS code 81) • Patients who *did not* have at least two antipsychotic medication dispensing events • Patients 66 to 80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).	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

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Use of Opioids from Multiple Providers **(UOP)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 18 and older	Annual	The percentage of patients receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported: • **Multiple prescribers:** the percentage of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year • **Multiple pharmacies:** the percentage of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year • **Multiple prescribers and multiple pharmacies:** the percentage of patients receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (for example, the percentage of patients who are numerator compliant for both the multiple prescribers and multiple pharmacies rates). **Note:** A lower rate indicates better performance for all three rates.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Risk of Continued Opioid Use **(COU)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients who met at least one of the following at any time during the 365 days prior to the IPSD (Index Prescription Start Date) through 61 days after the IPSD: • Cancer: Do not include laboratory claims (claims with POS code 81). • Sickle cell disease: Do not include laboratory claims (claims with POS code 81). • Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81)	Ages 18 years and older	Annual	The percentage of patients who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: • The percentage of patients with at least 15 days of prescription opioids in a 30-day period • The percentage of patients with at least 31 days of prescription opioids in a 62-day period **Note:** Lower rate indicates better performance.
Appropriate Treatment for Upper Respiratory Infection **(URI)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 3 months and older	Per occurrence	The percentage of episodes for patients with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis **(AAB)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed

Use of Imaging Studies for Low Back Pain **(LBP)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
	• Patients who die any time during the measurement year
	• Patients 66 years of age and older as of December 31 of the measurement with frailty ***and*** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)
	• Patients meet any of the following criteria:
	  • Cancer:, HIV, history of organ transplant, osteoporosis or spondylopathy. Do not include laboratory claims (claims with POS code 81).
	  • Organ transplant, lumbar surgery or medication treatment for osteoporosis.
	  • Trauma or a fragility fracture. Do not include laboratory claims (claims with POS code 81).
	  • Intravenous drug abuse, neurological impairment or spinal infection. Do not include laboratory claims (claims with POS code 81).
	  • Prolonged use of corticosteroids. 90 consecutive days of corticosteroid treatment anytime during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.
		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

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Use of Imaging Studies for Low Back Pain **(LBP)** (cont.)	• Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81) • A dispensed prescription to treat osteoporosis any time during the Patient's history through 28 days after the IESD (Index Episode Start Date).	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
Use of Opioids at High Dosage **(HDO)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patient who meet the following criteria: • Cancer: Do not include laboratory claims (claims with POS code 81). • Sickle Cell: Do not include laboratory claims (claims with POS code 81). • Patients receiving palliative care any time during the measurement year. • Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81)	Ages 18 and older	Annual	The percentage of patients who received prescription opioids at a high dosage (average morphine milligram equivalent dose MME ≥90) for ≥15 days during the measurement year **Note:** Lower rate indicates better performance.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Adults' Access to Preventive/ Ambulatory Health Services **(AAP)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 20 and older	Annual	The percentage of patients who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line: • Medicaid and Medicare Patients who had an ambulatory or preventive care visit during the measurement year • Commercial Patients who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year
Initiation and Engagement of Substance Use Disorder Treatment **(IET)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 13 and older	Per episode	The percentage of new SUD episodes that result in treatment initiation and engagement. Two rates are reported: • **Initiation of SUD treatment:** the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days • **Engagement of SUD treatment**: the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation
Prenatal and Postpartum Care **(PPC)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	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 patients, the measure assesses the following facets of prenatal and postpartum care: • **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 • **Postpartum care:** the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics **(APP)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients for whom first-line antipsychotic medications may be clinically appropriate: Patients with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year Do not include laboratory claims (claims with POS code 81).	Ages 1 to 17	Annual	The percentage of patients who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment
Well-Child Visits in the First 30 Months of Life **(W30)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 0 to 15 months Ages 15 to 30 months	Six visits Two visits	Patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: • **Well-child visits in the first 15 months:** children who turned 15 months old during the measurement year: six or more well-child visits • **Well-child visits for age 15 to 30 months:** children who turned 30 months old during the measurement year: two or more well-child visits
Child and Adolescent Well-Care Visits **(WCV)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 3 to 21	Annual	Patients who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
Antibiotic Utilization for Respiratory Conditions **(AXR)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year	Ages 3 months and older	Per episode	The percentage of episodes for patients with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Plan All-Cause Readmissions **(PCR)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year	Ages 18 to 64	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
Acute Hospital Utilization **(AHU)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year	Ages 18 to 64		For Patients 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement year. • For Patients with six or more inpatient or observation stay discharges during the measurement year.
Childhood Immunization Status **(CIS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients who had a contraindication to a childhood vaccine on or before their second birthday. Do not include laboratory claims (claims with POS 81) • Patients who had an organ or bone marrow transplant.	Ages 0 to 2	Multiple doses	The percentage of patients who had appropriate doses of the following vaccines on or before their 2nd birthday: • Four diphtheria, tetanus, and acellular pertussis (DTaP) • Three polio (IPV) • One measles, mumps, and rubella (MMR) (can only be given on or between first and second birthday to close the gap) • Three haemophilus influenza type B (HiB) • 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.) • One chicken pox (VZV) (can only be given on or between first and second birthday to close the gap) • Four pneumococcal conjugate (PCV) • One hepatitis A (HepA) (can only be given on or between first and second birthday to close the gap) • Two two-dose rotavirus (RV) or 3 three-dose rotavirus (RV) (Or one two-dose and two three-dose RV combination) • 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).

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Immunizations for Adolescents **(IMA-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die anytime during the measurement year.	Ages 13	Multiple doses	The percentage of patients 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. The measure calculates a rate for each vaccine and two combination rates. • Meningococcal vaccine between 10th and 13th birthday • Tdap vaccine between 10th and 13th birthday • HPV vaccine between 9th and 13th birthday

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Breast Cancer Screening **(BCS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the Patient's history through the end of the measurement period • Patients who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the Patient's history through the end of the measurement period • Patients 66 years of age or older as of December 31 of the measurement year with frailty ***and*** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients who die any time during the measurement year • Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81)	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

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Documented Assessment After Mammogram **(DBM-E)**	• Not applicable	Ages 40-74		The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram.
Follow-Up After Abnormal Mammogram Assessment **(FMA-E)**	• Not applicable	Ages 40-74		The percentage of episodes for with inconclusive or high-risk BI-RADS assessments who received appropriate follow-up within 90 days of the assessment.
Cervical Cancer Screening **(CCS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Hysterectomy with no residual cervix any time during the Patient's history through December 31 of the measurement year • Cervical agenesis or acquired absence of cervix any time during the Patient's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81). • Patients receiving palliative care any time during the measurement period • Patients who had an encounter for palliative care any time during the measurement period. Do not include laboratory claims (claims with POS code 81) • Patients with Sex Assigned at Birth of Male anytime during the patient's history	Ages 21 to 64	Varies by age	The percentage of patients who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria: • 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 • 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 • Patients 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Colorectal Cancer Screening **(COL-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients 66 years of age or older as of December 31 of the measurement year with frailty ***and*** advanced illness. Patients must meet **both** frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81) • Patients receiving palliative care any time during the measurement year • Patients who had an encounter for palliative care any time during the measurement year. Do not include laboratory claims (claims with POS code 81) • Patients who had colorectal cancer any time during the Patient's history through December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81). • Patients who had a total colectomy any time during the Patient's history through December 31 of the measurement period	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: • Fecal occult blood test (FOBT) during the measurement period • Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period • Colonoscopy during the measurement year or the nine years prior to the measurement period • CT colonography during the measurement period or the four years prior to the measurement period • Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Blood Pressure Control for Patients with Hypertension **(BPC-E)**	• Not applicable	Ages 18 to 85	Annual	The percentage of patients who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.
Follow-Up Care for Children Prescribed ADHD Medication **(ADD-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients with a diagnosis of narcolepsy any time during the Patient's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81).	Ages 6 to 12	Varies by phase	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported: • **Initiation phase:** the percentage of patients 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. • **Continuation and maintenance (C&M) phase:** the percentage of patients 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 (nine months) after the initiation phase ended.
Metabolic Monitoring for Children and Adolescents on Antipsychotics **(APM-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 1 to 17	Annual	Patients who had two or more antipsychotic prescriptions and had metabolic testing during the year. Three rates are reported: • 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 both blood glucose and cholesterol testing

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Depression Screening and Follow-up for Adolescents and Adults **(DSF-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients with a history of bipolar disorder at any time during the Patient's history through the end of the year prior to the measurement period. Do not include laboratory claims (claims with POS code 81). • Patients with depression that starts during the year prior to the measurement period. Do not include laboratory claims (claims with POS code 81).	Ages 12 and older	Per episode	The percentage of patients who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care: • **Depression screening:** The percentage of patients who were screened for clinical depression using a standardized instrument. • **Follow-up on positive screen***:* The percentage of patients who received follow-up care within 30 days of a positive depression screen finding.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults **(DMS-E)**	• Patients with any of the following any time during the Patient's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81): • Bipolar disorder • Personality disorder • Psychotic disorder • Pervasive developmental disorder • Patients who use hospice services or elect to use a hospice benefit any time during the measurement period. • Patients who die any time during the measurement period.	Ages 12 and older	Per episode	The percentage of patients with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Unhealthy Alcohol Use Screening and Follow-Up **(ASF-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Patients with alcohol use disorder that starts during the year prior to the measurement period. Do not include laboratory claims (claims with POS code 81). • Patients with history of dementia any time during the Patient's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81).	Ages 18 and older	Per episode	The percentage of patients who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. • **Unhealthy alcohol use screening**: The percentage of patients who had a systematic screening for unhealthy alcohol use • **Follow-up care on positive screen:** The percentage of patients receiving brief counseling or other follow-up care within 60 days (two months) of screening positive for unhealthy alcohol use

Depression Remission or Response for Adolescents and Adults **(DRR-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
	• Patients who die any time during the measurement year
	• Patients with any of the following any time during the Patient's history through the end of the measurement period:
	  • Bipolar disorder
	  • Personality disorder
	  • Psychotic disorder
	  • Pervasive developmental disorder
		Ages 12 and older	Per episode	The percentage of patients with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120 to 240 days (four to eight months) of the elevated score:
				• **Follow-up PHQ-9:** The percentage of patients who have a follow-up PHQ-9 score documented within 120 to 240 days (four to eight months) after the initial elevated PHQ-9 score
				• **Depression remission:** The percentage of patients who achieved remission within 120 to 240 days (four to eight months) after the initial elevated PHQ-9 score
				• **Depression response**: The percentage of patients who showed response within 120 to 240 days (four to eight months) after the initial elevated PHQ-9 score

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Adult Immunization Status **(AIS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Ages 19 and older	Annual	• The percentage of patients who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.
Prenatal Immunization Status **(PRS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Deliveries that occurred at less than 37 weeks gestation	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
Prenatal Depression Screening and Follow-up **(PND-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year • Deliveries that occurred at less than 37 weeks gestation	Not applicable	Annual	The percentage of deliveries in which patients were screened for clinical depression while pregnant and, if screened positive, received follow-up care: • **Depression screening**: The percentage of deliveries in which Patients were screened for clinical depression during pregnancy using a standardized instrument • **Follow-up on positive screen:** The percentage of deliveries in which Patients received follow-up care within 30 days of a positive depression screen finding

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Postpartum Depression Screening and Follow-up **(PDS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Not applicable	Annual	The percentage of deliveries in which patients were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care: • **Depression screening:** The percentage of deliveries in which Patients were screened for clinical depression using a standardized instrument during the postpartum period • **Follow-up on positive screen:** The percentage of deliveries in which patients received follow-up care within 30 days of a positive depression screen finding

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Social Need Screening and Intervention **(SNS-E)**	• Patients who use hospice services or elect to use a hospice benefit any time during the measurement year • Patients who die any time during the measurement year	Any age	Annual	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. • **Food screening**: The percentage of patients who were screened for food insecurity. • **Food intervention:** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity. • **Housing screening:** The percentage of patients who were screened for housing instability, homelessness, or housing inadequacy. • **Housing intervention:** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy. • **Transportation screening:** The percentage of patients who were screened for transportation insecurity. • **Transportation intervention:** The percentage who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.
Medical Assistance with Smoking and Tobacco Use Cessation **(MSC)** CAHPS*	N/A	Ages 18 and older	Annual	The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation: • **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 • **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 • **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

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Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Health Plan Survey 5.1H, Adult Version **(CPA)** CAHPS*	N/A	Patients who have been with the plan through the year	Annual	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. Four global rating questions reflect overall satisfaction: 1. Rating of all healthcare. 2. Rating of health plan. 3. Rating of personal doctor. 4. Rating of specialist seen most often. Five composite scores summarize responses in key areas: 1. Claims processing (commercial only). 2. Customer service. 3. Getting care quickly. 4. Getting needed care. 5. How well doctors communicate. 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: 1. Coordination of Care.

Measure	Exclusions	Eligible population	Occurrence	Description of measurement, screening, test, or treatment needed
Health Plan Survey 5.1H, Child Version **(CPC)** CAHPS*	N/A	Patients who have been with the plan through the year	Annual	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. Four global rating questions reflect overall satisfaction: 1. Rating of all healthcare. 2. Rating of the health plan. 3. Rating of personal doctor. 4. Rating of specialist seen most often. Four composite scores summarize responses in key areas: 1. Customer service. 2. Getting care quickly. 3. Getting needed care. 4. How well doctors communicate. 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: 1. Coordination of Care.
Children With Chronic Conditions **(CCC)** CAHPS*	N/A	Patients who have been with the plan through the year	Annual	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: 1. Access to specialized services. 2. Family centered care: personal doctor who knows child. 3. Coordination of care for children with chronic conditions. 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: 1. Access to prescription medicines. 2. Family centered care: getting needed information.

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