

### Quality measures desktop reference for medicare and medicaid providers

Please note: The information provided is based on HEDIS® 2015 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services and state recommendations. Please refer to the appropriate agency for additional guidance.

Clinical population	Measure	Source	Market		Inclusion criteria	Occurrence	Description of measurement, screening, test or treatment needed
			Medicare	Medicaid			
ADULTS	Access to preventive/ambulatory health services (AAP)	HEDIS	√	√	Age 20 and older	Annual	Members who had an ambulatory or preventive care visit during the year
	Adult body mass index (BMI) assessment (ABA)	HEDIS	√	√	Ages 18-74	Biannual	Members who had an outpatient visit with documentation of weight <b>and</b> BMI value during the year or year prior. Members under age 19 may have a weight and a BMI percentile documented and/or plotted on a BMI chart.
	Annual monitoring of persistent medications (MPM)	HEDIS	√	√	Age 18 and older	Annual	Members who received annual therapeutic testing when prescribed ACEI, ARB, digoxin, or a diuretic
	Care for older adults (COA)	HEDIS	√		Ages 66 and older in a Medicare SNP plan	Annual	Members who had dated evidence of the following during the year: <ul style="list-style-type: none"> <li>• Advance care discussion and planning</li> <li>• Medication review by a prescribing practitioner or clinical pharmacist to include prescription, over-the-counter, and herbals or supplements</li> <li>• A medication list in their medical record</li> <li>• Complete functional status assessment</li> <li>• Pain assessment or pain management plan</li> </ul>
	Colorectal cancer screening (COL)	HEDIS	√		Ages 50-75	Varies by test	Members who had one or more of the following colorectal cancer screenings within the appropriate time period: <ul style="list-style-type: none"> <li>• Fecal occult blood test during the year</li> <li>• Flexible sigmoidoscopy during the last five years</li> <li>• Colonoscopy during the last 10 years</li> </ul>
	Disease-modifying anti-rheumatic drug (DMARD) Therapy for rheumatoid arthritis (RA) (ART)	HEDIS	√	√	Age 18 and older with a diagnosis of RA	Annual	Members who were dispensed at least one prescription for a DMARD during the year
	Flu vaccinations for adults (FVO & FVA)	CAHPS	√	√	Age 18 and older	Annual	Members vaccinated for influenza after July 1
	Pneumococcal vaccination for older adults (PNU)	CAHPS	√		Age 65 and older	Once after age 65	Members who have ever received a pneumococcal vaccination
	Management of urinary incontinence in older adults (MUI)	HOS	√		Age 65 and older who reported having urine leakage in the past six months	Annual	<ul style="list-style-type: none"> <li>• Discussing Urinary Incontinence: Members who discussed their urinary leakage problem with a health care provider.</li> <li>• Discussing Treatment of Urinary Incontinence: Members who discussed treatment options for their current urine leakage problem</li> <li>• Impact of Urinary Incontinence: Members who reported that urine leakage made them change their daily activities or interfered with their sleep a lot</li> </ul>
ADULTS	Physical activity in older adults (PAO)	HOS	√		Age 65 and older who had a doctor visit in the past 12 months	Annual	<ul style="list-style-type: none"> <li>• Discussing Physical Activity: Members who spoke with a doctor or other health provider about their level of exercise or physical activity</li> <li>• Advising Physical Activity: Members who received advice to start, increase or maintain their level of exercise or physical activity</li> </ul>

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	Medical assistance with smoking and tobacco use cessation (MSC)	CAHPS	√	√	Age 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"> <li>Cessation advice</li> <li>Recommendation for or discussion of cessation medications</li> <li>Recommendation for or discussion of cessation methods or strategies</li> </ul>
	Reducing the risk of falling (FRM)	HOS	√		Age 65 and older who were seen by a practitioner in the past 12 months	Annual	<ul style="list-style-type: none"> <li>Discussing Fall Risk: Members 75 years of age and older <b>or</b> 65–74 years of age with balance or walking problems or a fall in the past 12 months who discussed falls or problems with balance or walking with their current practitioner</li> <li>Managing Fall Risk: Members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months who received fall risk intervention from their current practitioner</li> </ul>
	Use of high-risk medications in the elderly (DAE)	HEDIS	√		Age 66 and older	Annual	Members who had an evaluation of the use of one or more high-risk medications
	Potentially harmful drug-disease interactions in the elderly (DDE)	HEDIS	√		Age 67 and older who have evidence of underlying disease, condition or health concern	Annual	Members who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis of: <ul style="list-style-type: none"> <li>History of fall/hip fracture and prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines, or tricyclic antidepressants</li> <li>Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 Receptor Antagonists, nonbenzodiazepine hypnotics, or anticholinergic agents</li> <li>Chronic kidney disease and prescription for Cox-2 Selective NSAIDs or nonaspirin NSAIDs</li> </ul>
	Use of imaging studies for lower back pain (LBP)	HEDIS		√	Ages 18-50	Not applicable	Members who had a primary diagnosis of lower back pain and <b>did not</b> have an imaging study (e.g., plain X-ray, MRI or CT scan) within 28 days of the diagnosis
	Plan all – cause readmission (PCR)	HEDIS	√		Age 18 and older	Annual	Members who had an acute inpatient stay that was followed by an unplanned acute readmission for any diagnosis within 30 days
	Initiation and engagement of alcohol and other drug dependence treatment (IET)	HEDIS	√	√	Age 13 and older with a new episode of alcohol or other drug dependence (AOD)	Annual	Members who received: <ul style="list-style-type: none"> <li>Initiation of AOD Treatment within 14 days of diagnosis</li> <li>Engagement of AOD treatment: members who initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit</li> </ul>
<b>MALES</b>	Non-recommended PSA-based screening in older men (PSA)	HEDIS	√		Ages 70 and older	Not applicable	Men who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening
<b>FEMALES</b>	Prenatal and postpartum care (PPC)	HEDIS		√	Live birth	First trimester and 21–56 days postpartum	<ul style="list-style-type: none"> <li>Members who had a prenatal visit within the first trimester <b>or</b> within 42 days of enrollment in the plan</li> <li>Members who had a postpartum visit on or between 21 and 56 days after delivery</li> </ul>
<b>FEMALES</b>	Frequency of ongoing prenatal care (FPC)	HEDIS		√	Live birth	At least 14 visits for a 40-week pregnancy	Members who had appropriate prenatal visits throughout the pregnancy: <ul style="list-style-type: none"> <li>Every 4 weeks for the first 28 weeks of pregnancy</li> <li>Every 2-3 weeks for 29-36 weeks of pregnancy</li> <li>Weekly for 37 weeks of pregnancy through delivery</li> </ul>
	Breast cancer screening (BCS)	HEDIS	√	√	Ages 50-74	Every two years	Members who had one or more screening mammograms during the year or year prior

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	Cervical cancer screening (CCS)	HEDIS		√	Ages 21-64	Varies by age	Women who were screened for cervical cancer using the following criteria: <ul style="list-style-type: none"> <li>• Ages 21-64: At least one cervical cytology (PAP) test every three years</li> <li>• Ages 30-64: Cervical cytology (PAP) test/human papillomavirus (HPV) co-testing every five years</li> </ul>
	Non-recommended cervical cancer screening in adolescent females (NCS)	HEDIS		√	Ages 16-20	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 16-24 and sexually active	Annual	Members who had at least one screening test for chlamydia during the year
	Osteoporosis testing (OTO)	HOS	√		Ages 65-85	Annual	Members who have ever had a bone density test to check for osteoporosis
	Osteoporosis management with a fracture (OMW)	HOS	√		Ages 67-85 who had a fracture	As diagnosed	Members who had either a bone mineral density test <b>or</b> a prescription for drugs to treat osteoporosis within 6 months
	Human papillomavirus (HPV) vaccine for female adolescents	HEDIS		√	Ages 9-13	Multiple doses	Members who had three doses of the HPV vaccine on or between their 9th and 13th birthdays
<b>CARDIOVASCULAR CONDITIONS</b>	Controlling high blood pressure (CBP)	HEDIS	√	√	Ages 18-85 with a diagnosis of hypertension	Annual	Members whose blood pressure (BP) was adequately controlled: <ul style="list-style-type: none"> <li>• Ages 18-59: &lt;140/90 mm Hg</li> <li>• Ages 60-85 with Diabetes: BP &lt;140/90 mm Hg</li> <li>• Ages 60-85 Non-diabetics: BP &lt;150/90 mm Hg</li> </ul> Note: <b>BOTH</b> systolic and diastolic values must be below stated value. Only the most recent measurement during the year counts towards compliance.
	Persistence of beta-blocker treatment after a heart attack (PBH)	HEDIS	√	√	Ages 18 and older with an inpatient discharge for AMI	After discharge	Members who received beta-blocker treatment for six months after a hospital discharge for AMI
	Aspirin use and discussion (ASP)	CAHPS	√	√	Men ages 46-79 Women ages 56-79	Annual	<ul style="list-style-type: none"> <li>• Aspirin Use: Members at risk for cardiovascular disease who are currently taking aspirin</li> <li>• Discussing Aspirin Risks and Benefits: Members who discussed the risks and benefits of using aspirin with a doctor or other health care provider</li> </ul>
<b>DIABETES</b>	Comprehensive diabetes care (CDC)	HEDIS	√	√	Ages 18-75 with diagnosis of type I <b>OR</b> type II diabetes	Annual	Each year, members with type I or type II diabetes should have: <ul style="list-style-type: none"> <li>• HbA1c testing</li> <li>• Blood pressure monitoring</li> <li>• Nephropathy screening and treatment, if indicated</li> <li>• Dilated eye exam in current year or negative exam in previous year</li> </ul> Diabetes control is determined by: <ul style="list-style-type: none"> <li>• HbA1c below 9 percent (actual goal depends on age and comorbidities)</li> <li>• Blood pressure &lt;140/90</li> </ul> Only the most recent screening result during the year counts towards compliance

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<b>RESPIRATORY CONDITIONS</b>	Use of appropriate medications for people with asthma (ASM)	HEDIS		√	Ages 5-64 who have persistent asthma	Annual	Members who were dispensed at least one prescription for an asthma controller. Note: Persistent asthma is defined as having one or more of the following both this year <b>and</b> last year: <ul style="list-style-type: none"> <li>• One ED visit for asthma</li> <li>• One inpatient visit for asthma</li> <li>• Four outpatient or observation visits on different dates with asthma as part of diagnosis, along with at least two asthma medication dispensing events</li> <li>• Four asthma medication dispensing events</li> </ul>
	Medication management for people with asthma (MMA)	HEDIS		√	Ages 5-64 who have persistent asthma	Annual	Members who remained on an asthma controller medication: <ul style="list-style-type: none"> <li>• 50 percent of time from the prescription start to end of the year</li> <li>• 75 percent of time from the prescription start to end of the year</li> </ul>
	Asthma medication ratio (AMR)	HEDIS		√	Ages 5-64 who have persistent asthma	Annual	Members who had a ratio of controller medications to total asthma medications of 0.50 or greater
	Avoidance of antibiotic treatment in adults with acute bronchitis (AAB)	HEDIS		√	Ages 18-64	Annual	Members who <b>did not</b> receive an antibiotic prescription after a diagnosis of acute bronchitis
	Pharmacotherapy management of chronic obstructive pulmonary disease (COPD) exacerbation (PCE)	HEDIS	√	√	Age 40 and older who had an acute inpatient discharge or ED visit for COPD	Inpatient discharge or Emergency Department (ED) event	Members who were dispensed appropriate medications: <ul style="list-style-type: none"> <li>• Systemic corticosteroid within 14 days of the event</li> <li>• Bronchodilator within 30 days of the event</li> </ul>
	Spirometry testing in assessment/diagnosis of COPD (SPR)	HEDIS	√	√	Age 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
<b>BEHAVIORAL HEALTH</b>	Antidepressant medication management (AMM)	HEDIS	√	√	Age 18 and older who had a diagnosis of a new episode of major depression	Annual	Members who were treated with antidepressant medications and remained on for: <ul style="list-style-type: none"> <li>• At least 84 days</li> <li>• At least 180 days</li> </ul>
	Follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medications (ADD)	HEDIS		√	Ages 6-12	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"> <li>• Initiation phase: follow-up visit with prescriber within 30 days of prescription</li> <li>• Continuation and maintenance phase: remained on medication and had two more visits within nine months</li> </ul>
<b>BEHAVIORAL HEALTH</b>	Follow-up after hospitalization for mental illness (FUH)	HEDIS	√	√	Age 6 and older who were discharged from an inpatient mental health hospitalization	Within 7 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.

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	Diabetes screening for people with schizophrenia or bipolar disorder and use antipsychotic medications (SSD)	HEDIS		√	Ages 18-64 with schizophrenia or bipolar disorder and who <b>are not</b> diabetic	Annual	Members who had a glucose test <b>or</b> HbA1c during the year Note: Measure applies to members who are using antipsychotic medications and 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 18-64 with schizophrenia <b>and</b> diabetes	Annual	Members who had <b>both</b> an LDL-C and an HbA1c test during the year
	Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)	HEDIS		√	Ages 18-64 with schizophrenia <b>and</b> cardiovascular disease	Annual	Members who had an LDL test during the year Note: Indicators of cardiovascular disease include: <ul style="list-style-type: none"> <li>• Inpatient discharge for AMI or CABG during the year</li> <li>• Diagnosis of PCI in any setting during the year</li> <li>• Diagnosis of IVD during an inpatient or outpatient visit in both the current year and the year prior</li> </ul>
	Adherence to antipsychotic medications for individuals with schizophrenia (SAA)	HEDIS		√	Ages 19-64 with schizophrenia who were dispensed an antipsychotic medication	Annual	Members who remained on the antipsychotic medication for at least 80 percent of time between the prescription date and December 31
	Use of multiple concurrent antipsychotics in children and adolescents (APC)	HEDIS		√	Ages 1-17 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 1-17 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 1-17 who had a new prescription for an antipsychotic medication	Annual	Members who had documentation of psychosocial care as first-line treatment
<b>PATIENT EXPERIENCE</b>	Ease of getting needed care and seeing specialists	CAHPS	√	√	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> <li>• In the last six months, how often was it easy to get appointments with specialists?</li> <li>• In the last six months, how often was it easy to get the care, tests or treatment you needed through your health plan?</li> </ul>
	Rating of specialist	CAHPS	√	√		Annual	In the last six months, rate the specialist you saw most often using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible?
	Rating of personal doctor	CAHPS	√	√		Annual	Using a number from 0 to 10, where 0 is the worst personal doctor and 10 is the best personal doctor, what number would you use to rate your personal doctor?

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	Getting appointments and care quickly	CAHPS	√	√		Annual	<ul style="list-style-type: none"> <li>In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed it?</li> <li>In the last six months, not counting the times when you needed health care right away, how often did you get an appointment for yourself at a doctor's office or clinic as soon as you thought you needed it?</li> </ul>
	Overall rating of health care quality	CAHPS	√	√		Annual	Using a 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?
	Overall rating of health plan	CAHPS	√	√		Annual	Using a 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?

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HEDIS – Healthcare Effectiveness Data and Information Set

HOS – Medicare Health Outcomes Survey

CAHPS – Consumer Assessment of Healthcare Providers and Systems survey

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