AETNA

# Quality Reference Guide (QRG) 2025

**Our QRG has been developed to help our network providers navigate & understand HEDIS, reference commonly used codes, and maintain patient safety & preventative care through simplified measures.**

The QRG serves educational purposes and may not encompass all details about HEDIS Measures. The content within this document is sourced from the National Committee for Quality Assurance (NCQA) Technical Specifications for HEDIS Measures. Its primary aim is to equip providers and their affiliates with a comprehensive grasp of HEDIS measures and associated information.

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# Quality HEDIS®

### What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) comprises standardized performance metrics established by the National Committee for Quality Assurance (NCQA) to assess, report, and benchmark quality within healthcare plans. NCQA formulates HEDIS® measures through a committee composed of purchasers, consumers, health plans, healthcare providers, and policymakers.

### HEDIS Scores:

The significance of scores lies in their role within the evolving landscape of healthcare quality standards. With state and federal healthcare systems shifting towards quality-driven practices, HEDIS rates hold increasing importance for both healthcare plans and individual practitioners. State healthcare purchasers utilize compiled HEDIS rates to assess the effectiveness of health insurance providers in enhancing preventive health initiatives for their members. Additionally, these scores are employed to gauge the efficacy of preventive care efforts at the physician level. HEDIS scores play a pivotal role in determining the rates for incentive programs that reward providers and practices with enhanced premiums.

### Strategies to Enhance HEDIS Performance:

- Ensure the prompt and accurate submission of claim/encounter data for all services provided.
- Document services in the relevant section of the medical or electronic health record, ensuring alignment with the date of service and any pertinent results.
- Utilize CPT II billing codes to optimize scores for laboratory work, screenings, and tests.
- Deliver timely and suitable healthcare services, including scheduling annual wellness appointments and providing necessary preventative screenings based on gender, age, and medical condition.
- Proactively reach out to members overdue for care, arrange necessary services, and offer telehealth consultations when face-to-face appointments are not viable.
- Participate in existing initiatives and health plan programs to leverage available resources.
- Maintain up-to-date provider information to facilitate efficient communication exchanges.


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**Aetna Data Integration:** Healthcare providers produce structured data files from electronic medical record (EMR) extracts to send "standard" supplemental data to Aetna via File Transfer Protocol (FTP). These files are subject to Primary Source Verification (PSV) audits. Files generally contain codes such as CPT, LOINC, or SNOMED, although DI can program coding based off lab test or procedure names in most instances.

**Electronic Clinical Data Systems (ECDS):** Healthcare organizations utilize Electronic Clinical Data Systems (ECDS) to consolidate diverse data sources, offering comprehensive insights into the healthcare services rendered to their clientele. Eligible data sources for ECDS reporting encompass Electronic Health Records, Health Information Exchange, and Registries, among others. ***The Future of HEDIS***

**Medical Record Data:** The information taken directly from a member's medical record to validate services rendered that weren't captured through medical or pharmacy claims/encounters, or supplemental data.

**Required Exclusion:** Members are excluded from the denominator of a measure based on specific diagnoses and/or procedures documented in their claims, encounters, or pharmacy data. This exclusion is implemented during the creation of the measure denominator within certified HEDIS software after processing the claims data.

**Proportion of Days Covered (PDC):** According to the Pharmacy Quality Alliance (PQA), the PDC is the preferred method to measure medication adherence. The PDC is the percent of days in the measurement period covered by prescription claims for the same medication or another in its therapeutic category. The Medication Possession Ratio (MPR) is based on the sum of dispensed 'days supplied' over a period, whereas PDC is based on evaluation of available supply for each individual day in the period.

**Continuity of Care Documents (CCD):** Are used for the electronic exchange of clinical data without loss of meaning. The files provide a summary of a member's care as a snapshot in time, but they are not a replacement for an electronic health record (EHR). These files are typically Extensible Markup Language (XML)-based and are considered nonstandard supplemental data for at least the first year of use. The organization must demonstrate the accuracy of these (through primary source verification [PSV]) to ensure that the data in the file match the EHR.
CCD documents are programmatically created (and thus subject to human error) and are not considered the legal health record. As a result, it is not allowable to use CCD documents for data abstraction or as proof of service.

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your Aetna representative.

# Line of Business/Product line

**Line of Business (LOB):** Identifies the reporting population

- **Commercial:** Health insurance coverage by employer sponsored insurance, private company, or entity, not by the government.
- **Federal Employees Health Benefits (FEHB):** A group health insurance program that provides medical, dental, and vision coverage to eligible federal employees, retirees, and their families. FEHB is included and sponsored by the government office of personnel management (OPM), but it's not fully funded by OPM (there is eligible employee (EE) premium cost share like a traditional employer group).
- **Medicaid:** A joint federal, state program designed to offer healthcare coverage to eligible individuals. While each state administers its own Medicaid program, they must adhere to federal regulations set by the government. Moreover, the federal government contributes a minimum of fifty percent of the funding required for Medicaid programs across states.
- **Dual Special Needs Plans (D–SNP):** Type of Medicare Advantage plan that covers hospitalization, outpatient medical care, and prescriptions; the costs of the plan are covered by federal and state funds. D-SNPs are for members who are eligible for both Medicare and Medicaid.
- **Individual & Family Plans (IFP):** Is a policy that individuals can purchase independently to cover their medical expenses, including doctor visits, hospitalization, and prescription drugs.
- **Medicare:** A federal system of health insurance for people over 65 years of age and for people with disabilities.
- **Medicare Star:** The Star Ratings system, established by the Centers for Medicare & Medicaid Services (CMS), evaluates Medicare Advantage (Part C) and prescription drug (Part D) plans on a five-star scale, where 1 indicates the lowest score and 5 signifies the highest rating. These assessments primarily assess the quality of health plans in terms of customer satisfaction and healthcare delivery. The overarching objective of the Star Ratings system is to enhance care quality and promote better health outcomes among Medicare beneficiaries. Furthermore, this rating system aligns with CMS's mission to enhance accountability in healthcare delivery by healthcare professionals, hospitals, and other providers.

The content in the QRG is subject to modifications in line with directives from the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), as well as state regulations and suggestions. It is advisable to consult the relevant agency for further billing guidance to ascertain the eligibility of codes before submission. The provided list of codes is not exhaustive and remains susceptible to alterations, deletions, or removals. This document does not serve as a substitute for professional coding standards, and additional codes that fulfill exclusion criteria or ensure numerator compliance may be necessary.

## Quality HEDIS® Measures A-Z

*The table below facilitates navigation to the relevant HEDIS measure page, offering a breakdown of the lines of businesses associated with each measure.*

| Acronym | Quality Measure | Medicare | Medicaid | FEHB | Commercial | Dual-SNP | IFP | Medicare Star | Page |
|---|---|---|---|---|---|---|---|---|---|
| AAB | Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | | 7 |
| AAP | Adults' Access to Preventive/ Ambulatory Health Services | ♥ | ♥ | | ♥ | ♥ | | | 8 |
| ACP | Advanced Care Planning | ♥ | | | | ♥ | | | 9 |
| ADD-E | Follow-up Care for Children Prescribed ADHD Medication | | ♥ | | ♥ | | | | 10 |
| ADH-DIAB | Medication Adherence for Diabetes Medications | ♥ | ♥ | | ♥ | ♥ | ♥ | ♥ | 11 |
| ADH- RASA | Medication Adherence for Hypertension | ♥ | ♥ | | ♥ | ♥ | ♥ | ♥ | 11 |
| ADH- STATIN | Medication Adherence for Cholesterol | ♥ | ♥ | | ♥ | ♥ | ♥ | ♥ | 12 |
| AMM | Antidepressant Medication Management | | | | | | ♥ | | 13 |
| AMO | Annual Monitoring for Persons on Long-Term Opioid Therapy | | | | | | ♥ | | 14 |
| AMR | Asthma Medication Ratio | | ♥ | ♥ | ♥ | | ♥ | | 15 |

| Acronym | Quality Measure | Medicare | Medicaid | FEHB | Commercial | Dual-SNP | IFP | Medicare Star | Page |
|---|---|---|---|---|---|---|---|---|---|
| APM-E | Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication | | ♥ | | ♥ | | | | 15 |
| BCS-E | Breast Cancer Screening | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | 16-17 |
| BPD | Blood Pressure Control for Patients with Diabetes | ♥ | ♥ | | ♥ | ♥ | | | 17-18 |
| CBP | Controlling High Blood Pressure | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | 18-19 |
| CCS-E | Cervical Cancer Screening | | ♥ | ♥ | ♥ | | ♥ | | 20 |
| CHL | Chlamydia Screening | | ♥ | | ♥ | | ♥ | | 21 |
| CIS-E | Childhood Immunization Status | | ♥ | ♥ | ♥ | | ♥ | | 21 |
| COA | Care for Older Adults | ♥ | | | | ♥ | | ♥ | 22 |
| COB | Concurrent Use of Opioids and Benzodiazepines | ♥ | ♥ | | ♥ | ♥ | | ♥ | 23 |
| COL-E | Colorectal Cancer Screening | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | 23-24 |
| COU | Risk of Continued Opioid Use | ♥ | ♥ | ♥ | ♥ | ♥ | | | 25 |
| CWP | Appropriate Testing for Pharyngitis | ♥ | ♥ | | ♥ | ♥ | | | 26 |
| DSF-E | Depression Screening and Follow-Up for Adolescents and Adults | ♥ | ♥ | | ♥ | ♥ | ♥ | | 26 |
| EDU | Emergency Department Utilization | ♥ | | ♥ | ♥ | ♥ | | | 27 |
| EED | Eye Exam for Patients with Diabetes | ♥ | ♥ | | ♥ | ♥ | ♥ | ♥ | 27-28 |
| FMC | Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions | ♥ | | | | ♥ | | ♥ | 29 |
| FUA | Follow-Up After Emergency Department Visit for Substance Use | ♥ | ♥ | ♥ | ♥ | | | | 30 |
| FUH | Follow-up After Hospitalization for Mental Illness | ♥ | ♥ | | ♥ | ♥ | ♥ | | 30 |
| FUI | Follow-up after high-intensity care for substance use disorder | ♥ | ♥ | | ♥ | ♥ | | | 31 |
| FUM | Follow-Up After Emergency Department Visit for Mental Illness | ♥ | ♥ | ♥ | ♥ | ♥ | | | 31 |
| GSD | Glycemic Status Assessment for Patients with Diabetes | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | 32 |
| HDO | Use of Opioids at High Dosage | ♥ | ♥ | | ♥ | ♥ | | | 33 |
| IMA-E | Immunizations for Adolescents | | ♥ | | ♥ | | ♥ | | 34 |
| INR | International Normalized Ratio Monitoring for Individuals on Warfarin | | | | | | ♥ | | 35 |
| KED | Kidney Health Evaluation for Patients with Diabetes | ♥ | ♥ | | ♥ | ♥ | ♥ | ♥ | 35-36 |

| Acronym | Quality Measure | Medicare | Medicaid | FEHB | Commercial | Dual-SNP | IFP | Medicare Star | Page |
|---|---|---|---|---|---|---|---|---|---|
| LBP | Use of Imaging Studies for Low Back Pain | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | | 37-38 |
| LSC | Lead Screening in Children | | ♥ | | | | | | 39 |
| OMW | Osteoporosis Management in Women Who Had a Fracture | ♥ | | | | ♥ | | ♥ | 39-40 |
| PBH | Persistence of Beta-Blocker Treatment After a Heart Attack | ♥ | ♥ | | ♥ | ♥ | | | 41-42 |
| PCE | Pharmacotherapy Management of COPD Exacerbation | ♥ | ♥ | | ♥ | ♥ | | | 42 |
| PCR | Plan All Cause Readmission | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | ♥ | 43 |
| POD | Pharmacotherapy for opioid use disorder | ♥ | ♥ | | ♥ | ♥ | | | 43 |
| POLY-ACH | Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults | ♥ | ♥ | | ♥ | ♥ | | ♥ | 44 |
| PPC | Prenatal and Postpartum Care | | ♥ | ♥ | ♥ | | ♥ | | 45 |
| SAA | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | ♥ | ♥ | | ♥ | ♥ | | | 46-47 |
| SMD | Diabetes Monitoring for People with Diabetes and Schizophrenia | | ♥ | | | | | | 47 |
| SNS-E | Social Need Screening and Intervention | ♥ | ♥ | | ♥ | ♥ | ♥ | | 48 |
| SPC | Statin Therapy for Patients with Cardiovascular Disease | ♥ | ♥ | ♥ | ♥ | ♥ | | ♥ | 49-50 |
| SPD | Statin Therapy for Patients with Diabetes | ♥ | ♥ | | ♥ | ♥ | | | 50-51 |
| SSD | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | ♥ | | | | | | 52 |
| SUPD | Statin Use in Persons with Diabetes | ♥ | ♥ | | ♥ | ♥ | | ♥ | 53 |
| TRC | Transition of Care | ♥ | | | | ♥ | | ♥ | 54 |
| UOP | Use of Opioids from Multiple Providers | ♥ | ♥ | ♥ | ♥ | ♥ | | | 55 |
| URI | Appropriate treatment for Upper Respiratory Infection | ♥ | ♥ | | ♥ | ♥ | ♥ | | 56 |
| W30 | Well-Child Visits in the First 30 Months of Life | | ♥ | ♥ | ♥ | | ♥ | | 56 |
| WCC | Weight Assessment and Counseling for Nutrition/Physical Activity for Children/Adolescents | | ♥ | | ♥ | | ♥ | | 57 |
| WCV | Child and Adolescent Well-Care Visits | | ♥ | | ♥ | | | | 58 |

# Aetna Quality Reference Guide

| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| **AAB** – Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis<br><br>• 3 months of age and older | Member diagnosed with acute bronchitis/bronchiolitis and **not** prescribed antibiotics<br><br>**Supplemental data may not be used for this measure, except for required exclusions* | **Requirements:** No unique requirements<br><br>**Service date range:** Begins on July 1 of the year prior to the measurement year and ends June 30 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who died any time during the measurement year | Claims data only:<br>Dispensing of antibiotics<br><br>Acute bronchitis, unspecified: **J20.9**<br><br>Exclusions:<br>Comorbid conditions<br><br>Human immunodeficiency virus (HIV): **B20**<br><br>Inpatient stay: **0100** |

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*FOR CLAIMS DATA ONLY: For measures that require claims data only we cannot accept supplemental data sources such as data feeds and medical record collection methods.

| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| **AAP** – Adults' Access to Preventive/ Ambulatory Health Services<br><br>• 20 years of age and older | Members who had an ambulatory or preventive care visit<br><br>The organization reports three separate percentages for each product line<br><br>• **Medicare and Medicaid:** Members who had an ambulatory or preventive care visit during the measurement year<br>• **Commercial:** Members who had an ambulatory or preventive care visit during the measurement year or two years prior to the measurement year | **Requirements:** Date of service required and appropriate code<br><br>**Service date range:**<br>• Medicaid and Medicare: Measurement year<br>• Commercial: Measurement year and the two years prior to the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br><br>Ambulatory visits: **99401, 99402** |

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|---|---|---|---|
| **ACP** – Advanced Care Planning<br><br>• Adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care<br>• Adults 81 years of age and older who had advance care planning | Documentation or discussion about preferences for resuscitation, life-sustaining treatment and end of life care<br><br>• Include members 66–80 years of age as of December 31 of the measurement year who meet any of the following criteria:<br>– Advanced illness on at least two different dates of service<br>– Dispensed dementia medication<br>– Frailty during the measurement year<br>– Received palliative care or had an encounter for palliative care anytime during the measurement year<br>(Do not include laboratory claims)<br>• Include members 81 years of age and older who had advance care planning during the measurement year | **Requirements:** Evidence of advance care planning, date of service and appropriate code. Do not include laboratory claims<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Advance care planning:<br>CPT: **99483, 99497**<br>CPT-CAT-II: **1123F, 1124F, 1157F, 1158F** |

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|---|---|---|---|
| **ADD-E** – Follow-up Care for Children Prescribed ADHD Medication<br><br>• 6–12 years of age | Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed<br><br>**Two phases reported:**<br>1. **Initiation phase:** The percentage of members 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<br>2. **Continuation and maintenance phase:** The percentage of members 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 after the initiation phase ended | **Requirements:** Visit service dates, place of service code and provider type or exclusion code<br><br>**Service date range:** January 1–December 31<br><br>**Intake period:** March 1 of the year prior to the measurement period through the last calendar day of February of the measurement period<br><br>**Required exclusions:**<br>• Members who use hospice services or elect to use a hospice benefit any time during the measurement period<br>• Members with a diagnosis of narcolepsy any time during the member's history through the end of the measurement period. Do not include laboratory claims<br>• Members who have died any time during the measurement period | Electronic Clinical Data Systems (ECDS)<br><br>BH outpatient: **98960**<br><br>Health and behavior assessment or intervention: **96156, 96158, 96159, 96164, 96165**<br><br>Telephone visit: **99442**<br><br>Exclusions:<br>Narcolepsy: **G47.411**<br>Hospice encounter: **G9473** |

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|---|---|---|---|
| **ADH- DIAB** – Medication Adherence for Diabetes Medications<br><br>• 18 years of age and older | The percent of individuals who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the diabetes medication<br><br>Members with at least 2 prescription claims for a non-insulin diabetes medication on different dates of service and meet the Proportion of Days Covered (PDC) threshold of 80% for the measurement year<br><br>**May not use supplemental data for this measure* | **Requirements**: Prescription claims only<br><br>**Service date range**: Measurement year; ≥18 years of age as of the first day of the measurement year<br><br>**Required exclusions**:<br>• Members with ESRD diagnosis or dialysis treatment<br>• One or more prescriptions for insulin<br>• Members in hospice or using hospice services during the measurement year | Claims data only<br><br>Paid, non-reversed claims for diabetes medication |
| **ADH- RASA** – Medication Adherence for Hypertension (RAS antagonists)<br><br>• 18 years of age and older | The percent of individuals who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the RAS antagonist medication<br><br>Members with at least 2 prescription claims for a RAS antagonist medication on different dates of service and meet the PDC threshold of 80% for the measurement year<br><br>**May not use supplemental data for this measure* | **Requirements**: Prescription claims only<br><br>**Service date range**: Measurement year; ≥18 years of age as of the first day of the measurement year<br><br>**Required exclusions**:<br>• Members with ESRD diagnosis or dialysis treatment<br>• One or more prescriptions for sacubitril/valsartan<br>• Members in hospice or using hospice services during the measurement year | Claims data only<br><br>Paid, non-reversed claims for RAS antagonist medication |

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|---|---|---|---|
| **ADH- STATIN** – Medication Adherence for Cholesterol (Statins)<br><br>• 18 years of age and older | The percent of individuals who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the statin medication<br><br>Members with at least 2 prescription claims for a statin medication on different dates of service and meet the PDC threshold of 80% for the measurement year<br><br>**May not use supplemental data for this measure* | **Requirements**: Prescription claims only<br><br>**Service date range**: Measurement year; ≥18 years of age as of the first day of the measurement year<br><br>**Required exclusions**:<br>• Members with ESRD diagnosis or dialysis treatment<br>• Members in hospice or using hospice services during the measurement year | Claims data only<br><br>Paid, non-reversed claims for statin medication |

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|---|---|---|---|
| **AMM** – Antidepressant Medication Management<br><br>• 18 years of age and older | Members treated with antidepressant medication, diagnosed with major depression, and remained on antidepressant medication treatment<br><br>**Two rates reported:**<br>1. **Effective acute phase treatment:** Members that stayed on an antidepressant medication for at least 84 days (12 weeks)<br>2. **Effective continuation phase treatment:** Members that stayed on an antidepressant medication for at least 180 days (6 months) | **Requirements:** No special requirements<br><br>**Service date range:** May 1 of the year prior to the measurement year to April 30 of the measurement year<br><br>**Required exclusions:**<br>• Members who did not have an encounter with the diagnosis of major depression during the 121-day period from 60 days prior to the Index prescription start date (IPSD) through IPSD, and 60 days after IPSD<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br>Dispensing of antidepressant medication |

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|---|---|---|---|
| **AMO** – Annual Monitoring for Persons on Long-Term Opioid Therapy<br><br>• 18 years of age and older | Members who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year | **Requirements:** At least one drug test performed during the measurement year<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members with a diagnosis of cancer during the measurement year | Drug test definitive, qualitative or quantitative, not otherwise specified:<br>– (1-3): **80375**<br>– (4-6): **80376**<br>– (7 or more): **80377**<br><br>Exclusions:<br>Hospice care, in the home, per diem: **S9126**<br>Hospice encounter: **0115, 0125, 0135, 0145, 0155** |

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|---|---|---|---|
| **AMR** – Asthma Medication Ratio<br><br>• 5–64 years of age | Members identified as having persistent asthma and had 0.50 or greater ratio of controller medications to total asthma medications | **Requirements:** No special requirements<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members who had a diagnosis that requires a different treatment approach than members with asthma any time during the member's history through December 31 of the measurement year. Do not include laboratory claims<br>• Members who had no asthma controller medication dispensed during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br><br>Dispensing of asthma controller medication<br><br>Asthma, other asthma: **J45.998**<br><br>Exclusions:<br><br>COPD: **J44.9**<br><br>Emphysema: **J43.9**<br><br>Cystic fibrosis: **E84.9**<br><br>Acute respiratory failure: **J96.00** |
| **APM-E** – Metabolic Monitoring for Children and Adolescents on Antipsychotics<br><br>• 1–17 years of age | Children and adolescents who had two or more antipsychotic prescriptions and received metabolic testing<br><br>**Three rates reported:**<br>1. Blood glucose testing<br>2. Cholesterol testing<br>3. Blood glucose testing and cholesterol testing | **Requirements**: Received at least one test for blood glucose or HbA1c **or** at least one test for LDL-C or cholesterol **or** compliant for both the blood glucose and cholesterol indicators<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services two or more antipsychotic prescriptions during the measurement year<br>• Members who have died during the measurement year | Electronic Clinical Data Systems (ECDS)<br><br>Glucose test: **82947**<br><br>HbA1C **lab test**: **83036, 83037**<br>CPTII: **3044F, 3046F, 3051F, 3052F**<br><br>LDL **lab test**: **80061, 83721**<br>CPTII: **3048F, 3049F, 3050F** |

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|---|---|---|---|
| **BCS-E** – Breast Cancer Screening<br><br>• 40–74 years of age | Members recommended for routine breast cancer screening and had a mammogram to screen for breast cancer | **Requirements:** Mammogram(s) or exclusion code and service date<br><br>**Service date range:** Measurement year plus prior 15 months<br>• October 1 two years prior to the measurement period through the end of the measurement period<br><br>**Required exclusions:**<br>• Members who use hospice services or elect to use a hospice benefit any time during the measurement period<br>• Members who have died any time during the measurement period<br>• Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period<br>• Members receiving palliative care anytime during the measurement period<br>• Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) any time during the measurement period.<br>– Living long-term in an institution any time during the measurement period, as identified by the LTI flag in the Monthly Membership | Electronic Clinical Data Systems (ECDS)<br><br>Mammography: **77061, 77062, 77065, 77066, 77067**<br><br>Mammography LOINC:<br>Bilateral: **26175-0**<br>Left: **26176-8**<br>Right: **26177-6**<br><br>Exclusions:<br>History of bilateral mastectomy: **Z90.13**<br><br>Gender dysphoria, unspecified: **F64.9**<br><br>Gender-affirming chest surgery: **19318** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| ***BCS-E** continued* | | Detail Data File<br>• Members 66 years of age and older with BOTH frailty and advanced illness criteria. Members must meet both frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement period<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | |
| **BPD** – Blood Pressure Control for Patients with Diabetes<br><br>• 18–75 years of age | Members with a diagnosis of type 1 or type 2 diabetes whose blood pressure is adequately controlled (<140/90 mm Hg) | **Requirements:** Most recent systolic and diastolic blood pressure reading and service date<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members who have died during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members receiving palliative care any time during the measurement year<br>• Members who had an encounter for palliative care any time during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following: | Claims data:<br>Systolic B/P:<br>**3075F:** 130-139 mm Hg<br>**3074F:** < 130 mm Hg<br>**3077F:** ≥ 140 mm Hg<br><br>Diastolic B/P:<br>**3079F:** < than 90 (80-89 mm Hg)<br>**3078F:** < than 80 mm Hg<br>**3080F:** ≥ 90 mm Hg<br><br>LOINC:<br>**8480-6:** Systolic BP<br>**8462-4:** Diastolic BP |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
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| ***BPD** continued* | | – Enrolled in an institutional SNP (I-SNP) any time during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement year:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | Exclusions:<br>Acute inpatient: **99221, 99222, 99223, 99231, 99232**<br><br>Frailty encounter: **99504, 99509**<br><br>ED: **99281, 99282, 99283** |
| **CBP** – Controlling High Blood Pressure<br><br>• 18–85 years of age | Members with a diagnosis of hypertension (HTN) and adequately controlled blood pressure (<140/90 mm HG) | **Requirements:** *Most recent* systolic and diastolic blood pressure reading and service date or exclusion code<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members with a diagnosis, history or evidence of a procedure that indicates ESRD, dialysis, Nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year<br>• Members with a diagnosis of pregnancy anytime during the measurement year | Claims data:<br>Systolic B/P:<br>**3075F:** 130-139 mm Hg<br>**3074F:** < 130 mm Hg<br>**3077F**: ≥ 140 mm Hg<br><br>Diastolic B/P:<br>**3079F:** < than 90 (80-89 mm Hg)<br>**3078F:** < than 80 mm Hg<br>**3080F:** ≥ 90 mm Hg |

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| **CBP** *continued* | | • Members who have died during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members receiving palliative care anytime during the measurement year<br>• Members who had an encounter for palliative care anytime during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) any time during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66–80 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement period<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:<br>▪ Advanced illness on at least two different dates of service<br>▪ Dispensed dementia medication<br>• Members 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 | LOINC:<br>**8480-6:** Systolic BP<br>**8462-4:** Diastolic BP<br><br>Exclusions:<br>End stage renal disease: **N18.6**<br>Kidney transplant: **50360**<br>Dialysis procedure: **90935**<br>Dependence on renal dialysis: **Z99.2** |

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|---|---|---|---|
| **CCS-E** – Cervical Cancer Screening<br><br>• Members 21–64 years of age | Members screened for cervical cancer using any of the following criteria:<br><br>• 21–64 years of age who had cervical cytology performed within the last three years<br>*OR*<br>• 30–64 years of age who had within the past five years either cervical high-risk human papillomavirus testing<br>*OR*<br>• 30–64 years of age recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years | **Requirements:** Pap and/or HPV test or exclusion code and service date<br><br>**Service date range:** Measurement year plus prior four years contingent upon screening<br><br>**Required exclusions:**<br>• Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through the end of measurement period<br>• Members who have died during the measurement period<br>• Members in hospice or using hospice services during the measurement period<br>• Members receiving palliative care anytime during the measurement period<br>• Members who had an encounter for palliative care anytime during the measurement period<br>• Members with sex assigned at birth of a male at any time in member's history | Electronic Clinical Data Systems (ECDS)<br><br>Cervical cytology: **88175**<br>-or-<br>High risk HPV test: **87624**<br><br>Cervical cytology test (procedure): **SNOMED 416107004**<br>Smear: no abnormality detected - no endocervical cells (finding): **SNOMED 281101005**<br><br>Exclusions:<br>Hysterectomy with no residual cervix: **58291, 57530**<br><br>Total abdominal hysterectomy (procedure): **SNOMED 116143008** |

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| **CHL**– Chlamydia Screening<br><br>• Members 16–24 years of age | Sexually active members who had at least one chlamydia test during the measurement year | **Requirements:** Test code and service date<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year<br>• Members assigned male at birth | Chlamydia lab test: **87110**<br><br>Exclusion:<br>Pregnancy tests: **81025**<br>(If paired with a retinoid medication list code or diagnostic radiology code) |
| **CIS-E** – Childhood Immunization Status<br><br>• Children 2 years of age | Members who had the following vaccines by their second birthday:<br>• Four diphtheria, tetanus, and acellular pertussis (DTaP)<br>• Three polio (IPV)<br>• Three hepatitis B (Hep B)<br>• One measles, mumps, and rubella (MMR)<br>• Three haemophilus influenza type B (HIB)<br>• One chicken pox (VZV)<br>• Four pneumococcal conjugates (PCV)<br>• One hepatitis A (Hep A)<br>• Two or three rotaviruses (RV)<br>• Two influenza vaccines (Flu)<br><br>For documented history of illness or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member's second birthday | **Requirements:** Vaccine code or exclusion code and service date<br><br>**Service date range:** Child's birth up to two years of age<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement period<br>• Members who have died during the measurement period<br>• Members who had a contraindication to a childhood vaccine (Do not include laboratory claims) or organ and bone marrow transplants on or before their second birthday | Electronic Clinical Data Systems (ECDS)<br><br>Human immunodeficiency virus [HIV]: **B20**<br><br>Post tetanus vaccination encephalitis: **SNOMED 192710009**<br><br>Anaphylaxis due to diphtheria, tetanus or pertussis vaccine: **SNOMED 428281000124107** |

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| **COA** – Care for Older Adults – Functional Stats Assessment<br>Special needs plans only<br>• 66 years of age and older and part of the Dual-Eligible Special Needs Population | Members who had a functional status assessment (FSA) documented within the measurement year | **Requirements:** Codes and service dates<br>• Do not include services provided in an acute inpatient setting<br>**Service date range:** Measurement year<br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Functional status assessment: **99483, 1170F**<br>Exclusions:<br>Acute inpatient: **99221, 99222, 99223, 99233** |
| **COA** – Care for Older Adults – Medication review<br>Special needs plans only<br>• 66 years of age and older and part of the Dual-Eligible Special Needs Population | Members who had a medication review (MR) documented within the measurement year | **Requirements:** Codes, service dates, provider type (prescribing practitioner or clinical pharmacist) **and** the presence of a medication list in the medical record. Transitional care management services during the measurement year meets criteria<br>• Do not include services provided in an acute inpatient setting<br>**Service date range:** Measurement year<br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Medication review: **90863, 99483, 99605**<br>Medication review of all medications by a prescribing practitioner or clinical pharmacist: **1160F**<br>Medication list documented in medical record: **1159F**<br>Transitional care management services: **99495, 99496**<br>Exclusions:<br>Acute inpatient: **99221, 99222, 99223, 99233** |

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|---|---|---|---|
| **COB** – Concurrent Use of Opioids and Benzodiazepines<br>• 18 years of age and older | The percent of individuals with concurrent use of prescription opioids and benzodiazepines<br>Medicare Part D members with overlapping days' supply for an opioid and a benzodiazepine for 30 or more cumulative days and 2 or more prescription claims for both opioid (minimum cumulative 15 days' supply) and benzodiazepine on different dates of service during measurement year<br>**May not use supplemental data for this measure* | **Requirements**: Prescription claims only<br>**Service date range**: Measurement year; ≥18 years of age as of the first day of the measurement year<br>**Required exclusions**:<br>• Members with diagnosis of cancer and/or sickle cell disease<br>• Members in hospice or palliative care or using hospice/palliative care services during the measurement year<br>• Members with cancer-related pain treatment | Claims data only |
| **COL-E** – Colorectal Cancer Screening<br>• 45–75 years of age | Members who had appropriate screening for colorectal cancer as defined by one of the following:<br>• Fecal occult blood test during the measurement period<br>• Stool DNA (sDNA) with FIT test/ Cologuard® during the measurement period or 2 years prior to the measurement period<br>• Flexible sigmoidoscopy during the measurement period or 4 years prior to the measurement period<br>• CT colonography during the measurement period or 4 years prior to the measurement period<br>• Colonoscopy during the measurement period or 9 years prior to the measurement period | **Requirements:** Test/screening or exclusion code and service date<br>**Service date range:** Measurement year plus prior nine years contingent upon screening<br>**Required exclusions:**<br>• Members who had colorectal cancer any time during the member's history through December 31 of the measurement period<br>• Members who had a total colectomy any time during the member's history through December 31 of the measurement period<br>• Members in hospice or using hospice services during the measurement period<br>• Members who have died during the measurement period<br>• Members receiving palliative care anytime during the measurement period | Electronic Clinical Data Systems (ECDS)<br>*Any one of the following:*<br>FOBT: **82270, 82274**<br>sDNA FIT lab test/ Cologuard®: **81528**<br>**LOINC: 77353-1**<br>Flexible sigmoidoscopy: **45330, 45331, 45332, 45350**<br>Colonoscopy: **45378, 44404**<br>CT colonography: **74262**<br>Exclusion:<br>Colorectal cancer: **C18.0**<br>Total colectomy: **44150, 44151** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
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| ***COL** continued* | | • Members who had an encounter for palliative care anytime during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement period who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) anytime during the measurement period<br>– Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66 years of age and older by the end of the measurement period, with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement period<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:<br>◦ Advanced illness on at least two different dates of service<br>◦ Dispensed dementia medication | |

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|---|---|---|---|
| **COU** – Risk of continued opioid use<br><br>• 18 years of age and older | The percentage of members who have a new episode of opioid use that puts them at risk for continued opioid use<br><br>**Two rates reported:**<br>**1.** Within a 30-day period at least 15 days of prescribed opioids<br>**2.** Within a 62-day period at least 31 days of prescribed opioids<br><br>**Supplemental data can be used for only required exclusions for this measure* | **Requirements:** Prescription claims only<br><br>**Service date range:** 12-month period starting November 1 of the year prior to the measurement year and ending on October 31 of the measurement year<br><br>**Required exclusions:**<br>• Members who had cancer, received or had an encounter for palliative care or sickle cell disease any time during the 365 days prior to the index prescription start date (IPSD) through 61 days after the IPSD<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br><br>Pharmacy claims only<br><br>Exclusion:<br>Sickle cell anemia: **D57.00** |

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| **CWP** – Appropriate Testing for Pharyngitis<br><br>• 3 years of age and older | The percentage of episodes where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode | **Requirements:** Test code and service date<br><br>**Service date range:** July 1 of the year prior to the measurement year to June 30 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br><br>Group A strep tests: **87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880**<br>Streptococcus (presence) by rapid immunoassay: **78012-2**<br>Streptococcus pyogenes antigen assay: **122121004** |
| **DSF-E** – Depression Screening and Follow-Up for Adolescents and Adults<br><br>• 12 years of age and older | Members who were screened for clinical depression using a standardized instrument **and,** if screened positive, received follow-up care<br><br>• **Depression screening:** The percentage of members who were screened for clinical depression using a standardized instrument<br><br>• **Follow-up on positive screen:** The percentage of members who received follow-up care within 30 days of a positive depression screen finding | **Requirements:** Documented result for depression screening, using an age-appropriate standardized instrument performed **and** received follow-up care on or up to 30 days after the date of the first positive screen<br><br>**Service date range:** January 1 and December 1 of the measurement period<br><br>**Required exclusions:**<br>• Members with a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period<br>• Members with depression that starts during the year prior to the measurement period<br>• Members who use hospice services or elect to use a hospice benefit any time during the measurement period<br>• Members who die any time during the measurement period | Electronic Clinical Data Systems (ECDS)<br><br>Behavioral health encounter: **90833, 90834, 90836**<br><br>Follow Up Visit: **98960, 98961, 98962, 99442, 99443**<br><br>Exclusions:<br>Bipolar disorder, unspecified: **F31.9**<br>Bipolar disorder, other manic episodes: **F30.8**<br>Depression, other specified depressive episodes: **F32.89**<br>Depression, unspecified: **F32.A** |

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| **EDU** – Emergency Department Utilization<br><br>• 18 years of age and older | The risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year<br><br>**Supplemental data may not be used for this measure, except for required exclusions* | **Requirements:** No special requirements<br><br>**Service date range:** The year prior to the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year | Claims data:<br>ED visit: **99281**<br>ED procedure: **10004** |
| **EED** – Eye Exam for Patients with Diabetes<br><br>• 18–75 years of age | Members with diabetes (type 1 or type 2) who had a retinal eye exam performed during the measurement year or a negative retinal eye exam year prior<br><br>**Removed from the hybrid data collection method* | **Requirements:** Diabetic Eye Exam or exclusion code, provider specialty in optometry or ophthalmology, retinopathy status and service date<br><br>**Service date range:** Measurement year plus prior year<br><br>**Required exclusions:**<br>• Bilateral eye enucleation **or** bilateral absence of eyes any time during the member's history through December 31 of the measurement year<br>• Members who have died during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members receiving palliative care anytime during the measurement year<br>• Members who had an encounter for palliative care anytime during the measurement year | Claims data:<br>Any of the following:<br><br>Diabetes mellitus w/o complications: **E10.9**<br>Eye exam w/retinopathy: **2022F, 2024F, 2026F**<br>Eye exam w/o retinopathy: **2023F, 2025F, 2033F**<br>Retinal imaging: **92227, 92228**<br>Autonomous eye exam: **92229** **or** LOINC code **105914-6** ***with*** a result<br>Exclusions:<br>Unilateral eye enucleation: **65091, 65093, 65101, 65110** (Two DOS or bilateral modifier included) |

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|---|---|---|---|
| ***EED continued*** | | • *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) any time during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | |

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| **FMC** – Follow-Up After Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions<br><br>• 18 years of age and older<br><br>Denominator is based on ED visits, not on members<br><br>Members may have more than one ED visit and can be in measure for multiple dates of service (DOS) | Members with multiple high-risk chronic conditions who visited the ED and who had a follow-up visit on the day of discharge or seven days after discharge (total of eight days)<br><br>**Two or more eligible high-risk chronic conditions:**<br>• COPD/asthma/unspecified bronchitis<br>• Alzheimer's disease and related disorders<br>• Kidney disease<br>• Major depression/dysthymic disorder<br>• Heart failure and cardiomyopathy<br>• Myocardial infarction<br>• Atrial fibrillation<br>• Stroke/transient ischemic attack | **Requirements:** *Two or more* eligible high-risk chronic conditions diagnosed **prior to the ED visit** during the measurement year or year prior to the measurement year **and** a documented/claims coded follow-up visit within seven days post discharge or on discharge date<br><br>**Service date range:** Members need to have reached 18 years or older on the date of an ED visit which occurs on or between January 1 and December 24 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year<br>**Claims only:**<br>• Exclude ED visits that result in an inpatient stay<br>• Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission<br>• Remove any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter | Claims data:<br><br>Outpatient, ED, telehealth and nonacute inpatient: **98966**<br><br>BH outpatient: **99078**<br><br>Transitional care: **99496**<br><br>Care management: **99489**<br><br>Case management: **99366**<br><br>Exclusions:<br>Inpatient stay: **0100, 0101**<br><br>Acute inpatient: **99221, 99222, 99234, 99235, 99255** |

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| **FUA** – Follow-Up After Emergency Department Visit for Substance Use<br>• 13 years of age and older | Members who visited the emergency department (ED) with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was follow-up<br><br>**Two rates reported:**<br>1. Follow-up visit within 30 days of the ED visit (31 total days)<br>2. Follow-up within seven days of the ED visit (8 total days) | **Requirements:** Diagnosis of SUD or any diagnosis of drug overdose and ED visit code and date of service<br>– **30-day follow-up:** A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days)<br>– **7-day follow-up:** A follow-up visit or a pharmacotherapy dispensing event within 7 days after the ED visit (8 total days)<br>**Both:** Include visits and pharmacotherapy events that occur on the date of the ED visit<br><br>**Service date range:** January 1 through December 1 of the measurement year; the member being 13 years or older on the date of the visit<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br>Alcohol use, unspecified, uncomplicated: **F10.90**<br>Opioid use, unspecified, uncomplicated: **F11.90**<br>Cannabis use, unspecified, uncomplicated: **F12.90**<br>Substance use disorder services: **99408, 00409**<br>Telephone visits: **98967, 98968, 99441** |
| **FUH** – Follow-up After Hospitalization for Mental Illness<br>• 6 years of age and older | Members 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<br><br>**Two rates reported:**<br>1. Follow-up within 30 days after discharge<br>2. Follow-up within 7 days after discharge<br>Do not include services that occur on the date of discharge | **Requirements:** Acute inpatient discharge with a diagnosis of mental illness or intentional self-harm and a follow-up service for mental health<br><br>**Service date range:** January 1 through December 1 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br>Electroconvulsive therapy: **90870**<br>Visit setting unspecified: **99222**<br>BH outpatient: **99483,98961**<br>Telephone visit: **99442**<br>Peer support services, mental health services, not otherwise specified: **H0046** |

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| **FUI** – Follow-up after high-intensity care for substance use disorder<br><br>• 13 years of age and older | Members who have had acute inpatient hospitalizations, residential treatments or withdrawal management visits for a diagnosis of substance use disorder that result in a follow-up visit or service for substance use disorder<br><br>**Two rates reported:**<br>1. Within 30 days after visit or discharge member received a follow-up for substance use disorder<br>2. Within 7 days after visit or discharge member received follow-up for substance use disorder<br><br>Do not include visits that occur on the date of the denominator episode | **Requirements:** After an episode of substance use disorder, a visit or event within 7 days and 30 days with any practitioner with diagnosis of substance use disorder<br><br>**Service date range:** January 1 through December 1 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br><br>Substance use disorder services: **99408, 00409**<br><br>Visit setting unspecified: **90847, 90853, 99238**<br><br>BH outpatient: **99483, 98961**<br><br>Telephone visit: **99442**<br><br>Online assessment: **99422** |
| **FUM** – Follow-Up After Emergency Department Visit for Mental Illness<br><br>• 6 years of age and older | Emergency department visits with a principal diagnosis of mental illness or any diagnosis of intentional self-harm and had a mental health follow-up service.<br><br>**Two rates reported:**<br>1. Follow-up visits within 30 days (31 total days)<br>2. Follow-up visits within seven days (8 total days)<br><br>Include services that occur on the date of the ED visit | **Requirements:** Date of service and diagnosis of mental health disorder required for all submitted data. Outpatient, partial hospitalization, community health, telehealth or ECT (POS required for ECT)<br><br>**Service date range:** January 1 through December 1 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br><br>Visit setting unspecified: **90847, 90853, 99222**<br><br>Electroconvulsive therapy: **90870**<br><br>BH outpatient: **99483, 99344**<br><br>Telephone visit: **99442**<br><br>Online assessment: **99421, 99422, 99423** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| **GSD** – Glycemic Status Assessment for Patients with Diabetes<br><br>• 18–75 years of age | Members with a diagnosis of diabetes type 1 or type 2 whose **most recent** glycemic status hemoglobin A1c (HbA1c) **or** glucose management indicator (GMI) was at the following levels during the measurement year:<br><br>**HEDIS:**<br>• Glycemic status <8.0% (passing rate)<br>• HbA1c control <8.0% (passing rate)<br><br>**Medicare STARS:**<br>• Glycemic status ≤9.0% (passing rate)<br>• HbA1c poor control ≤9.0% (passing rate) | **Requirements:** Most recent HbA1c test **or** GMI results and result date<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who died during measurement year<br>• Members who had an encounter or receiving palliative care anytime during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | Claims data:<br><br>Diabetes: **E10.10 , E10.11**<br><br>HbA1c:<br>**83036:** HbA1c **lab test** *with CPT value*<br>**3044F:** HbA1c < 7.0%<br>**3046F:** HbA1c > 9.0%<br>**3051F:** HbA1c ≥ 7.0% and < 8.0%<br>**3052F:** HbA1c ≥ to 8.0% and ≤ 9.0%<br><br>Exclusion:<br>Hospice encounter: **0115** |

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|---|---|---|---|
| **HDO** – Use of opioids at high dosage<br><br>• 18 years of age and older | Members who for 15 or more days received prescription opioids at a high dosage during the measurement year<br><br>**Supplemental data can be used for only required exclusions for this measure* | **Requirements:** Two or more events with opioid dispensed on two different dates of service and were given for fifteen or more total days<br>Dosing stats (average morphine milligram equivalent dose [MME] ≥90)<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members who had at least one of the following any time within the measurement year: cancer, sickle cell disease, received or had an encountered for palliative care<br>• Members in hospice or using hospice services during the measurement year<br>• Members who died any time during the measurement year | Claims data:<br><br>Pharmacy claims only<br><br>Exclusions:<br>Hb-sickle cell disease with crisis, unspecified: **D57.00**<br><br>Hospice care management: **385765002**<br>Hospice encounter: **0650** |

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|---|---|---|---|
| **IMA-E**–Immunizations for Adolescents<br><br>• Adolescents turning 13 years of age | Percentage of adolescents who had the following vaccinations by their 13th birthday:<br><br>1. One dose of meningococcal vaccine between 10th and 13th birthdays<br>2. One tetanus, diphtheria, toxoids and acellular pertussis (Tdap) vaccine between 10th and 13th birthdays<br>– Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday<br>– Encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday<br>3. Completed the human papillomavirus (HPV) vaccine series between 9th and 13th birthdays<br>– If two doses, there must be 146 days between the first and second dose of the HPV vaccine<br>– Anaphylaxis due to the HPV vaccine any time on or before the member's 13th birthday | **Requirements:** Vaccine code and service date or anaphylaxis due to vaccine for specific indicators<br><br>**Service date range:** January 1–December 31<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement period<br>• Members who die any time during the measurement period | Electronic Clinical Data Systems (ECDS)<br><br>Tdap vaccine procedure: **90715**<br>Meningococcal vaccine procedure: **90734, 90733**<br>HPV vaccine procedure: **90649, 90650, 90651**<br><br>Anaphylaxis caused by diphtheria and tetanus vaccine: **SNOMED 428281000124107, 428291000124105** |

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|---|---|---|---|
| **INR -** International Normalized Ratio Monitoring for Individuals on Warfarin<br><br>• 18 years of age and older | Members who had at least one 56-day interval of warfarin therapy **and** who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy | **Requirements:** Active warfarin therapy and at least one INR test in a 56-day interval<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members with INR home monitoring during the measurement year | Exclusion:<br>INR home monitoring: **93792, 93793** |
| **KED –** Kidney Health Evaluation for Patients with Diabetes<br><br>• 18–85 years of age | Members with diabetes (type 1 or type 2) who received both of the following during the measure year:<br><br>Estimated glomerular filtration rate (eGFR)<br>-and-<br>Urine albumin-creatinine ratio (uACR)<br><br>– Both a quantitative urine albumin test **and** a urine creatinine test with service dates **four days or less apart** | **Requirements:** eGFR and uACR test code and result date<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members with evidence of ESRD<br>• Members who had dialysis<br>• Members who have died during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members receiving palliative care anytime during the measurement year<br>• Members who had an encounter for palliative care anytime during the measurement year<br>• *Medicare* Members 66 years of age and older as of December 31 of the measurement year who meet either of the following<br>– Enrolled in an institutional SNP (I-SNP) any time during the measurement year<br>– Living long-term in an institution anytime during the measurement year | Claims data:<br><br>eGFR: **80047, 80048, 80050**<br>-and-<br>Quantitative urine albumin test: **82043**<br>Urine creatinine lab test: **82570**<br>Urine albumin creatinine ratio lab test: **9318-7**<br><br>Exclusions:<br>ESRD: **N18.6**<br>Chronic kidney disease, stage 5: **N18.5**<br>Dependence on renal dialysis: **Z99.2**<br>Dialysis procedure: **90999** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| ***KED** continued* | | • Members 66-80 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication<br>• Members 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 | |

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|---|---|---|---|
| **LBP** – Use of Imaging Studies for Low Back Pain<br>• 18–75 years of age | Members with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis<br><br>**Supplemental data can be used for only required exclusions for this measure* | **Requirements:** An imaging study with a diagnosis of uncomplicated low back pain on the Index episode start date (IESD) or in the 28 days following the IESD<br><br>**Service date range:** January 1 through December 3 of the measurement year<br><br>**Required exclusions:**<br>• Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy any time during the member's history through 28 days after the IESD. Do not include laboratory claims<br>• Organ transplant, lumbar surgery or medication treatment for osteoporosis any time during the member's history through 28 days after the IESD<br>• IV drug abuse, neurologic impairment or spinal infection any time during the 365 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims<br>• Trauma or a fragility fracture any time during the 90 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims<br>• Prolonged use of corticosteroids. 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD<br>• A dispensed prescription to treat osteoporosis any time during the member's history through 28 days after the IESD | Claims data:<br>Low back pain: **M54.5**<br>Low back pain, unspecified: **M54.50**<br>Sciatica, unspecified side: **M54.30**<br>Unspecified injury of lower back, initial encounter: **S39.92XA**<br>Unspecified injury of lower back, sequela: **S39.92XS**<br>Dorsalgia, unspecified: **M54.9**<br>Vertebrogenic low back pain: **M54.51**<br>Spinal stenosis, lumbosacral region: **M48.07**<br>Imaging study: **72020, 72040, 72050, 72070**<br>Magnetic resonance imaging of lumbar spine (procedure): **241648005**<br>X-ray of lumbar spine and pelvis (procedure): **431892005**<br>X-ray tomography of lumbar spine (procedure): **718542005** |

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|---|---|---|---|
| ***LBP continued*** | | • Members who died any time during the measurement year<br>• Members receiving palliative care or who had an encounter for palliative care any time during the measurement year<br>• Members who use hospice services or elect to use a hospice benefit any time during the measurement year<br>• Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | Exclusions:<br>Postmenopausal osteoporosis (disorder): **102447009**<br>Age-related osteoporosis without current pathological fracture: **M81.0**<br>Kaposi's sarcoma, unspecified: **C46.9**<br>Asymptomatic human immunodeficiency virus [HIV] infection status: **Z21**<br>Kidney transplant status: **Z94.0**<br>Liver transplant status: **Z94.4** |

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|---|---|---|---|
| **LSC** – Lead Screening in Children<br><br>• Before second birthday | Children who had one or more lead blood test for lead poisoning by their second birthday | **Requirements:** One capillary or venous blood lead screening test and the date the test was performed. A lead risk questionnaire does not count<br><br>**Service date range:** Birth to second birthday<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br>Lead screening: **83655** |
| **OMW** – Osteoporosis Management in Women Who Had a Fracture<br><br>• Women 67–85 years of age | Women who had a fracture and either a bone mineral density (BMD) test or received a prescription to treat osteoporosis after six months of the fracture<br>*Fractures of finger, toe, face and skull are not included in this measure*<br><br>**Intake period:** July 1 of the year prior to the measurement year to June 30 of the measurement year. The intake period is used to capture the first fracture<br><br>**Remove episode dates where any of the following are met:**<br>• Members who had a BMD test during the 730 days prior to the episode date<br>• Members who had a claim/encounter for osteoporosis therapy during the 365 days prior | **Requirements:** Test, prescription and service date<br><br>**Service date range:** Six months after fracture<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year<br>• Members who had a palliative care encounter or who received palliative care any time during the intake period though the end of the measurement year<br>• Members 67 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an Institutional SNP (I-SNP) any time during the intake period through the end of the measurement year<br>– Living long-term in an institution any time during the intake period through the end of measurement year identified by the LTI flag | Claims data:<br>BMD test: **77080, 77081, 77085**<br><br>Osteoporosis medication therapy:<br>– Injection, denosumab, 1 mg: **J0897**<br>– Injection, ibandronate sodium, 1 mg: **J1740**<br>– Injection, teriparatide, 10 mcg: **J3110**<br>– Injection, romosozumab-aqqg, 1 mg: **J3111**<br>– Injection, zoledronic acid, 1 mg: **J3489** |

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| ***OMW Continued*** | to the episode date<br>• Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days prior to the episode date | in the Monthly Membership Detail Data File<br>• Members 67–80 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the intake period through the end of the measurement year. Do not include laboratory claims<br>– Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:<br>▪ Advanced illness on at least two different dates of service. Do not include laboratory claims<br>▪ Dispensed dementia medication<br>• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty during the intake period through the end of the measurement year. Do not include laboratory claims | |

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| **PBH** – Persistence of Beta-Blocker Treatment After a Heart Attack<br>• 18 years of age and older | The percentage of members 18 years of age and older during the measurement year who:<br>• 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 acute myocardial infarction (AMI)<br>- and-<br>• Received persistent beta- blocker treatment for six months after discharge | **Requirements:** No special requirements<br>**Service date range:** Begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year<br>**Required exclusions:**<br>• Members with a medication dispensing even or with a diagnosis that indicates a contraindication to beta-blocker therapy any time during the member's history through the end of the continuous enrollment period<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year<br>– Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66–80 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded: | Claims data:<br>Dispensing of a beta blocker medication<br><br>Exclusions:<br>Adverse beta antagonist: **T44.7X5A**<br>Asthma: **493.90**<br>Other asthma: **J45.998**<br>Chronic obstructive pulmonary disease, unspecified: **J44.9** |

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|---|---|---|---|
| ***PBH** Continued* | | – Frailty. At least two indications of frailty with different dates of service any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. Do not include laboratory claims<br>– Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication<br>• Members 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 any time on or between July 1 of the year prior to the measurement year and the end of the measurement year | |
| **PCE**–<br>Pharmacotherapy Management of COPD Exacerbation<br>• 40 years or older as of January 1 of the measurement year | Members with a COPD exacerbation who had an acute inpatient discharge or ED visit were dispensed the appropriate medications<br>**Two rates reported:**<br>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event<br>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event | **Requirements:** No special requirements<br>**Service date range:** Begins on January 1 of the measurement year through November 30 of the measurement year<br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br>Dispensing of a systemic corticosteroid and bronchodilator<br>Other specified chronic obstructive pulmonary disease: **J44.89**<br>Nonacute inpatient stay: **0022, 0024, 0118, 0180**<br>Inpatient stay: **0100, 0101, 0110, 0111, 0112, 0113**<br>ED: **99281, 99282, 99283** |

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| **PCR** – Plan All Cause Readmission<br><br>• 18 years of age and older | The number of acute inpatient and observation stays followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission<br><br>**Supplemental data may not be used for this measure, except for required exclusions* | **Requirements:** No special requirements<br><br>**Service date range:** January 1 through December 1 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year | Claims data only:<br><br>Observation Stay:<br>– UBREV: **0760**<br>– UBREV: **0762**<br>– UBREV: **0769**<br><br>Exclusion:<br>Outpatient, ED, acute inpatient and nonacute inpatient: **99304** |
| **POD** – Pharmacotherapy for opioid use disorder (OUD)<br><br>• 16 years of age and older | Pharmacotherapy events that lasted at least 180 days with a diagnosis of OUD and a new OUD pharmacotherapy event | **Requirements:** Pharmacy claims only<br><br>**Service date range:** July 1 of the year prior to the measurement year to June 30 of the measurement year<br><br>**Required exclusions:**<br>• Members who use hospice services or elect to use a hospice benefit any time during the measurement year<br>• Members who die any time during the measurement year | Pharmacy claims |

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| **POLY-ACH –** Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults<br><br>• 65 years of age and older | The percent of individuals with concurrent use of at least 2 unique anticholinergic medications<br><br>Members with at least two prescription claims for the same anticholinergic medication on different dates of service with overlap for 30 or more cumulative days of 2 or more unique anticholinergic medications, each with 2 or more claims on different dates of service during the measurement year<br><br>**May not use supplemental data for this measure* | **Requirements**: Prescription claims only<br><br>**Service date range**: Measurement year; ≥65 years of age as of the first day of the measurement year<br><br>**Required exclusions**:<br>• Members in hospice or using hospice services during the measurement year | Claims data only |

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| **PPC** – Prenatal and Postpartum Care<br><br>• The percentage of deliveries of live births | Delivery of a live birth on or between October 8 of the year prior and October 7 of the measurement year. The measure assesses the following facets of prenatal and postpartum care:<br>• **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. First trimester is defined as 280–176 days prior to delivery<br>• **Postpartum care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery<br><br>Women are counted twice if they had two separate deliveries (different dates of service) between October 8 of the year prior and October 7 of the measurement year | **Requirements:** No special requirements<br><br>**Anchor date:** Date of delivery<br><br>**Service date range:** October 8 of the year prior to the measurement year and October 7 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Deliveries: **59400, 59410**<br>*Pregnant - blood test confirms:* ***169561007***<br>*Pregnant - urine test confirms:* ***169560008***<br>Prenatal bundled services: **59400, 59410, 59510, 59515**<br>Stand-alone prenatal visits: **0500F, 0501F, 0502F, CPT 99500**<br>Prenatal visits: **98966, 98967, 98970, 98980,99211**<br>Postpartum care: **57170, 58300, 59430, 99501, 0503F**<br>Routine postpartum follow-up: **717810008**<br><br>Cervical cytology lab test: **88141, 88142, 88143**<br><br>Prenatal & Postpartum bundled services: **59400**<br>Postpartum care assessment (procedure): **409018009**<br><br>Cervical or vaginal cancer screening; pelvic and clinical breast examination: **G0101**<br><br>Exclusion:<br>Single stillbirth: **Z37.1** |

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| **SAA** – Adherence to Antipsychotic Medications for Individuals with Schizophrenia<br><br>• 18 years of age and older | Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period | **Requirements:** Prescription claims only<br><br>**Service date range:** Measurement year<br><br>**Index prescription start date (IPSD):** The earliest prescription dispensing date for any antipsychotic medication during the measurement year<br><br>**Required exclusions:**<br>• Members with a diagnosis of dementia<br>• Members who did not have at least two antipsychotic medication dispensing events<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) anytime during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66-80 years of age as of December 31 of the measurement year with BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:<br>• Advanced illness on at least two | Claims data:<br><br>Paranoid schizophrenia: **F20.0, 64905009**<br><br>Schizophrenia (disorder): **F20.81, 58214004**<br>Other schizophrenia: **F20.89**<br><br>Exclusions:<br>Dementia: **52448006**<br>Vascular dementia, unspecified severity, without behavioral, psychotic, mood disturbances or anxiety: **F01.50**<br>Alzheimer's disease, unspecified: **G30.9** |

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|---|---|---|---|
| ***SAA** Continued* | | different dates of service<br>• Dispensed dementia medication<br>• Members 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 | |
| **SMD** – Diabetes Monitoring for People with Diabetes and Schizophrenia<br><br>• 18–64 years of age | Members with schizophrenia or schizoaffective disorder and diabetes who had **both** an LDL-C test and an HbA1c test | **Requirements:** HbA1c **and** LDL-C test and results on the same or different dates of service<br>• The member must have both tests to be included in the numerator<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data:<br>Type 1 diabetes mellitus with ketoacidosis without coma: **E10.10**<br>Diabetes mellitus without complication: **111552007**<br>Telephone visits: **99441**<br>Schizophrenia, unspecified: **F20.9**<br>Schizophreniform disorder: **F20.81**<br>HbA1c:<br>**83036:** HbA1c **lab test** *with CPT value*<br>**3044F:** HbA1c < 7.0%<br>**3046F:** HbA1c > 9.0%<br>**3051F:** HbA1c ≥ to 7.0% and < 8.0%<br>**3052F:** HbA1c ≥ to 8.0% and ≤ 9.0%<br>LDL-C:<br>**80061, 83700, 83721**: LDL-C **lab test** *with CPT value*<br>**3048F:** LDL-C < 100 mg/dL<br>**3049F:** LDL-C 100-129 mg/dL<br>**3050F:** LDL-C ≥ to 130 mg/dL |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| **SNS-E** – Social Need Screening and Intervention<br><br>Age Stratification:<br>• ≤17<br>• 18-64<br>• 65+ | Members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, **and** received a corresponding intervention if they screened **positive**<br><br>**Food screening/intervention:**<br>– Positive for food insecurity and food. Intervention received within 30 days of positive screen (31 days total)<br><br>**House screening/intervention:**<br>– Positive for housing instability, homelessness, or housing inadequacy and housing. Intervention received within 30 days of positive screen (31 days total)<br><br>**Transportation screening/intervention:**<br>– Positive for transportation insecurities and transportation. Intervention received within 30 days of positive screen (31 days total) | **Requirements:** A positive screen with a prespecified instrument and a corresponding intervention<br><br>**Service date range:** Measurement year<br>• Insecurity screen findings between January 1 and December 1 of the measurement period<br>• Interventions must be received within 30 days post positive screen (31 days total)<br><br>**Required exclusions:**<br>• Members who use hospice services or elect to use a hospice benefit any time during the measurement period.<br>• Members who died any time during the measurement period<br>• *Medicare* members 66 years of age and older by the end of the measurement period who meet either of the following:<br>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement period<br>– Living long-term in an institution any time during the measurement period | Electronic Clinical Data Systems<br><br>Food insecurity procedures: **96156, 96160**<br><br>Housing instability procedures: **96156, 96160**<br><br>Transportation insecurity procedures: **96156, 96160** |

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|---|---|---|---|
| **SPC** – Statin Therapy for Patients with Cardiovascular Disease<br><br>• Males 21–75 years of age and females 40–75 years of age | Percentage of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:<br><br>1. **Received statin therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication in the measurement year<br><br>2. **Statin adherence 80 percent:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period | **Requirements:** No special requirements<br><br>**Service date range:** Measurement year<br>• The period of time beginning on the Index prescription start date (IPSD) through the last day of the measurement year<br><br>**Required exclusions:**<br>• Members with a diagnosis of pregnancy, IVF, dispensed prescription for clomiphene, ESRD, Dialysis, cirrhosis in the measurement year or year prior to the measurement year<br>• Members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year<br>• Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year<br>• Members who died during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members receiving palliative care anytime during the measurement year<br>• Members who had an encounter for palliative care anytime during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) anytime during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File | Claims data:<br><br>Dispensing of one high or moderate intensity statin medication<br><br>Non-ST elevation (NSTEMI) myocardial infarction: **I21.4**<br><br>Acute myocardial infarction, unspecified: **I21.9**<br><br>Silent myocardial ischemia: **I25.6**<br><br>CABG: **33510. 33511, 33530**<br><br>PCI: **92920, 92941**<br><br>Exclusions:<br><br>ESRD: **N18.6**<br><br>Abdominal pregnancy without intrauterine pregnancy: **O00.0**<br><br>Unspecified cirrhosis of liver: **K74.60**<br><br>Cirrhosis of liver due to hepatitis B (disorder): **103611000119102**<br><br>Myalgia, unspecified site: **M79.10**<br><br>Myalgia of mastication muscle: **M79.11**<br><br>Rhabdomyolysis due to statin: **787206005** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| ***SPC** Continued* | | • Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | IVF In-vitro fertilization pregnancy: **10231000132102**<br>Dialysis procedure: **90935, 90937, 90945, 90947, 90997, 90999, 99512** |
| **SPD** – Statin Therapy for Patients with Diabetes<br>• 40–75 years of age | Percentage of members with diabetes who do **not** have clinical atherosclerotic cardiovascular disease (ASCVD) and meet these criteria:<br>**Two rates are reported:**<br>1. **Received statin therapy:** Members who were dispensed at least one statin of any intensity during the measurement year<br>2. **Statin adherence 80 percent:** Members who remained on a statin of any intensity for at least 80% of the treatment period | **Requirements:** No special requirements<br>**Service date range:** Measurement year<br>• The period of time beginning on the Index prescription start date (IPSD) through the last day of the measurement year<br>**Required exclusions:**<br>• Members with one of the following during the year prior to the measurement year: MI, CABG, PCI or another revascularization<br>• Members who had at least one encounter **with** a diagnosis of IVD during both the measurement year and the year prior to the measurement year: outpatient visit, telephone visit, e-visit or virtual visit, acute inpatient encounter, or inpatient discharge<br>• Members with a diagnosis of pregnancy, IVF, dispensed prescription for clomiphene, ESRD, Dialysis or cirrhosis in the measurement year or year prior to the measurement year | Claims data:<br>Dispensing of one high, moderate, or low intensity statin medication<br>Exclusions:<br>Non-ST elevation (NSTEMI) myocardial infarction: **I21.4**<br>CABG: **33510, 33511, 33522**<br>PCI: **92920, 92924**<br>Abdominal pregnancy without intrauterine pregnancy: **O00.0**<br>ESRD: **N18.6**<br>Cirrhosis of liver (disorder): **19943007** |

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|---|---|---|---|
| ***SPD*** ***Continued*** | | • Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year<br>• Members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year<br>• Members who have died during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members receiving palliative care anytime during the measurement year<br>• Members who had an encounter for palliative care anytime during the measurement year<br>• *Medicare* members 66 years of age and older as of December 31 of the measurement year who meet either of the following:<br>– Enrolled in an institutional SNP (I-SNP) anytime during the measurement year<br>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File<br>• Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded:<br>– Frailty. At least two indications of frailty with different dates of service during the measurement year<br>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:<br>• Advanced illness on at least two different dates of service<br>• Dispensed dementia medication | Unspecified cirrhosis of liver: **K74.60**<br>Myalgia, unspecified site: **M79.10**<br>Myalgia of mastication muscle: **M79.11**<br>Rhabdomyolysis due to statin: **787206005**<br>Dialysis procedure: **90935, 90937, 90945, 90947, 90997, 90999, 99512**<br>IVF In-vitro fertilization pregnancy: **10231000132102** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| **SSD** – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications<br><br>• 18–64 years of age | Members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication **and** had a diabetes screening test during the measurement year | **Requirements:** A glucose test or an HbA1c test or one diabetic screening code and service date for members diagnosed with schizophrenia or bipolar disorder that are taking antipsychotic medications<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members who had no antipsychotic medication dispensed during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year<br>• Members with a diagnosis of diabetes in the measurement year or year prior. There are two ways to identify members with diabetes:<br>– **Claim/encounter data:** Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year<br>– **Pharmacy data:** Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year | Type 1 diabetes mellitus with ketoacidosis without coma: **E10.10**<br>Type 2 diabetes mellitus without complications: **E11.9**<br>Diabetes mellitus without complication: **111552007**<br><br>Schizophrenia, unspecified: **F20.9**<br>Paranoid schizophrenia: **F20.0**<br>Schizoaffective disorder, bipolar type: **F25.0**<br>Telephone visits: **99441, 99442, 99443, 98966**<br>Visit setting unspecified: **90791, 90792**<br><br>Glucose test: **80047, 80048,80050, 80053, 80069, 82947, 82950, 82951**<br>HbA1c:<br>**83036**: HbA1c **lab test** w/CPT value<br>**3044F:** HbA1c < 7.0%<br>**3046F:** HbA1c > 9.0%<br>**3051F:** HbA1c ≥ to 7.0% and < 8.0%<br>**3052F:** HbA1c ≥ to 8.0% and ≤ 9.0% |

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|---|---|---|---|
| **SUPD** – Statin Use in Persons with Diabetes<br><br>• 40–75 years old | Percentage of patients who were dispensed a diabetes medication and are receiving statin therapy<br><br>Members with at least 2 prescription claims on different dates of service for any diabetes medication and at least one statin medication claim during the measurement year<br><br>**May not use supplemental data for this measure* | **Requirements**: Prescription claims only<br><br>**Service date range**: Measurement year; 40-75 years of age as of the first day of the measurement year<br><br>**Required exclusions**:<br>Members with any of the following:<br>• Myositis, myopathy or rhabdomyolysis during the measurement year<br>• Prediabetes<br>• End stage renal disease (ESRD)<br>• Cirrhosis<br>• Pregnant, lactating or undergoing fertility treatment<br>• Polycystic ovarian syndrome (PCOS)<br>• Received hospice services anytime during the measurement year | Claims data only<br><br>Paid, non-reversed claim for statin medication |

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|---|---|---|---|
| **TRC** – Transition of Care<br><br>• 18 years of age and older | Members who had a discharge and require the following:<br>• **Notification of inpatient admission:** Documentation of receipt of notification of inpatient admission **or** evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of admission through 2 days after admission (3 total days)<br>• **Receipt of discharge information:** Documentation of discharge information **or** evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after discharge (3 total days)<br>• **Patient engagement after inpatient discharge:** Documentation of patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge<br>• **Medication reconciliation post-discharge:** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days)<br>*Documentation must be in the outpatient medical record and evident accessible to the PCP or ongoing care provider* | **Requirements:** Code, provider type, inpatient admission date, discharge date/information and service date<br><br>Members who have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year<br><br>**Service date range:** January 1 and December 1 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | *Any one of the following:*<br><br>Outpatient and telehealth: **98970, 99202, 99401, 99442**<br><br>Transitional care: **99496**<br><br>Medication reconciliation encounter or intervention: **99483, 1111F**<br><br>Medication reconciliation by pharmacist (procedure): **428701000124107**<br><br>Medication reconciliation (procedure): **430193006** |

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|---|---|---|---|
| **UOP** – Use of opioids from multiple providers<br><br>• 18 years of age and older | The percentage of members receiving prescription opioids for greater than 15 days from multiple providers during the measurement year<br><br>**Three rates reported:**<br>**1.** Prescriptions for opioids from four or more different prescribers during the measurement year<br>**2.** Prescriptions for opioids from four or more different pharmacies during the measurement year<br>**3.** Prescription for opioids from four or more different prescribers ***and*** four or more different pharmacies during the measurement year<br><br>**May not use supplemental data for this measure, except required exclusions* | **Requirements:** Pharmacy claims only<br><br>**Service date range:** The measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data only:<br>Pharmacy claims only<br><br>Exclusion:<br>Hospice intervention: **99377** |

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| Quality Measure | Measure Definition | Measure Requirements | Commonly Used Codes* |
|---|---|---|---|
| **URI** – Appropriate treatment for Upper Respiratory Infection<br>• 3 months of age and older | Members with a diagnosis of upper respiratory infection who were not dispensed an antibiotic<br><br>**May not use supplemental data for this measure, except required exclusions* | **Requirements:** Submit all diagnoses on claims if more than one diagnosis is present when prescribing antibiotics<br><br>**Service date range:** July 1 of the year prior to the measurement year and ends on June 30 of the measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Claims data only:<br>Inpatient stay: **UBREV 0100, 0101, 0111, 1000, 1001, 1002**<br>Acute laryngopharyngitis: **J06.0**<br>Acute upper respiratory infection, unspecified: **J06.9**<br>Acute nasopharyngitis: **J00**<br>Human immunodeficiency virus: **B20**<br>Emphysema, unspecified: **J43.9** |
| **W30** – Well-Child Visits in the First 30 Months of Life<br>• Children who turned 15–30 months of age | Children in the measurement year who had the following number of well-child visits with a primary care physician<br>• Children who turned 15 months old during the measurement year:<br>– 6 or more well-child visits<br>• Children who turned 30 months old during the measurement year:<br>– 2 or more well-child visits | **Requirements:** Visit code, provider type and service date<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Well child checks: **99381, 99382, 99383, 99384, 99385, 99461** |

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|---|---|---|---|
| **WCC** – Weight Assessment and Counseling for Nutrition/Physical Activity for Children/Adolescents<br><br>• 3–17 years of age | Members who had an outpatient visit with a PCP **or** ob/gyn and who had evidence of the following:<br><br>• Body mass index (BMI) percentile<br>• Counseling for nutrition<br>• Counseling for physical activity | **Requirements:** Visit code, provider type and service date<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members diagnosed with pregnancy during the measurement year<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | BMI percentile: **59574-4**<br><br>Nutrition counseling: **97802, 97803, 97804**<br><br>Nutritional counseling, dietitian visit: **S9470**<br><br>Face-to-face behavioral counseling for obesity, 15 minutes: **G0447**<br><br>Exclusion:<br>Abdominal pregnancy without intrauterine pregnancy: **O00.00** |

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|---|---|---|---|
| **WCV** – Child and Adolescent Well-Care Visits<br><br>• 3–21 years of age | Members with a visit to a primary care physician (PCP) or an ob/gyn practitioner for at least one comprehensive well-care visit during the measurement year | **Requirements:** Well-care visit with a PCP (does not have to be with assigned PCP) or ob/gyn including the following: A health history, physical development history, mental development history, physical exam, and health education/anticipatory guidance<br><br>**Service date range:** Measurement year<br><br>**Required exclusions:**<br>• Members in hospice or using hospice services during the measurement year<br>• Members who have died during the measurement year | Well child checks: **99381, 99382, 99383, 99384, 99385, 99461** |

**Learn more about this chart**

• Electronic supplemental data via data integration team: The comments in the "measure requirements" column identify what is needed to submit supplemental data files electronically. Refer to guidelines and data specs: Aetna Standard HEDIS MY2025 Supplemental Data Reference Guide.xlsx. Contact your engagement manager or HEDIS representative for more details.

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The above information is not a complete list of services for this measure. For a complete list please refer to the NCQA website at **NCQA.org**. HEDIS 2025 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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# Appendix

## HEDIS® Terms

- **Measurement year:** The measurement year is the calendar year (in many cases January 1 – December 31) where data is collected and reported during the reporting year.
- **Reporting year:** The reporting year is the year after the measurement year. The service dates are from the measurement year, which is usually, the year prior. In some cases, the service dates may go back more than one year.
- **Denominator:** The number of members who qualify for the measure criteria based on NCQA technical specifications.
- **Numerator:** The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care treatment, or service.

### Collection Methods

- **Administrative:** Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.
- **Hybrid:** Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters, and medical record data. In some cases, health plans use auditor approved supplemental data for the numerator.