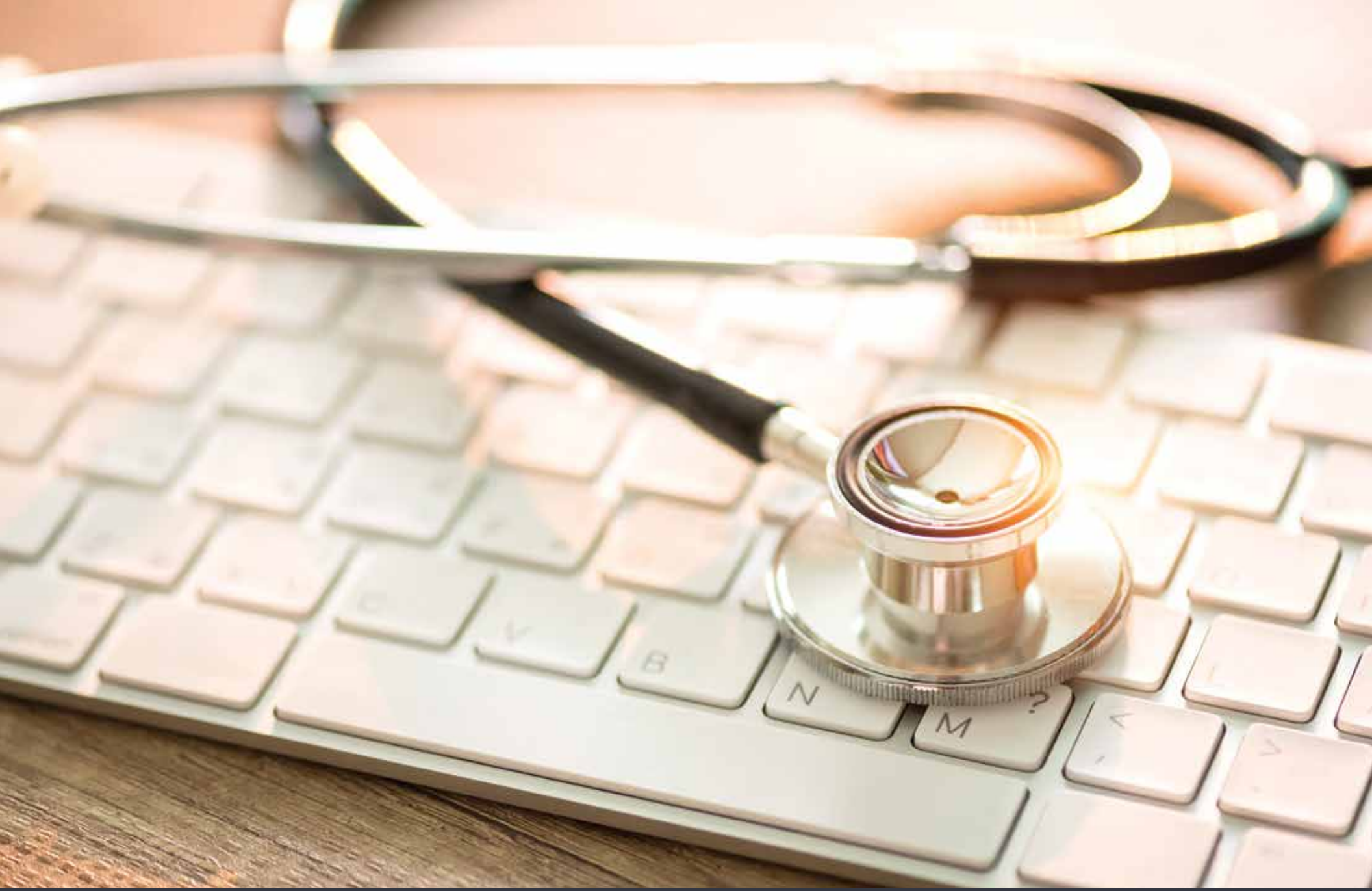

Quality Measure Resource Guide

EmblemHealth | ConnectiCare

EmblemHealth and Affiliates are committed to providing high-quality services for the membership we serve. This reference guide provides a brief overview of national and state quality measures* that evaluate various domains of preventive, acute, and chronic care. We hope that you find this guide useful for the care of our shared members.

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA	The percentage of Members 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who achieved a proportion of days covered of at least 80% for their antipsychotic medications during the measurement year. **Denominator:** Members diagnosed with schizophrenia or schizoaffective disorder during the measurement year.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. Exclude Members with dementia and those who did not have 2 antipsychotic medication events.	✓ Discuss expected results up front. ✓ Consider prescribing a 90-day supply. ✓ Schedule follow-up visits to check progress. ✓ Refer to a behavioral health provider if needed.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of antipsychotic medications qualify:** Antipsychotic agents, Phenothiazine antipsychotics, Psychotherapeutic combinations, Thioxanthenes, Miscellaneous antipsychotics agents, and Long-acting injections

*Measures included in this guide are sourced from National Committee for Quality Assurance (NCQA) **https://www.ncqa.org/**, Centers for Medicare & Medicaid Services (CMS) **https://www.cms.gov/**, and New York State Department of Health (NYSDOH) **https://www.health.ny.gov/**.
**Please confirm with your EmblemHealth Network Representative to ensure suggested codes are payable per your specific contract.
† NCQA HEDIS specifications and NYS Value Set Directory can be accessed at **https://www.ncqa.org/hedis/measures/**.

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Adults' Access to Preventive/ Ambulatory Health Services	AAP	The percentage of Members ages 20 and older who had an ambulatory or preventive care visit during required time frame (varies depending on population).	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who have had an ambulatory or preventive care visit in the required time frame. **Denominator:** Members ages 20 or older as of 12/31 of the measurement year.	**Telehealth:** Telehealth visits count for numerator compliance. **Additional Numerator Specifications:** Medicare and Medicaid: One or more ambulatory or preventive care visits during the measurement year. Commercial: One or more ambulatory care or preventive care visits during the measurement year or two years prior to the measurement year.	✓ Send reminders prior to the scheduled appointment date. ✓ Consider expanded early morning, evening, and weekend hours.	**Preventive/ Ambulatory Visit** **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **ICD 10:** Z00.00, Z00.01, Z00.121, Z00.129, Z100.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Annual Dental Visit	ADV	The percentage of Members ages 2-20 who have had at least one dental visit during the measurement year.	Exchange, Medicaid	**Numerator:** Members in the denominator with one or more visits with a dental provider during the measurement year. **Denominator:** Members ages 2-20 as of 12/31 of the measurement year.	N/A	✓ Inform family of link of oral health to overall health. ✓ Encourage early routine visits, beginning at age 1 or first tooth eruption.	**Any visit coded with a dental provider will meet criteria for compliance.**

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Annual Physical Exam/ Annual Preventive Physical Exam	N/A	The percentage of Members ages 18 and older who had an annual physical exam in the measurement year.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who had an annual physical exam in the measurement year. **Denominator:** Members 18 years of age and older.	**Visit includes:** • Physical assessment • Comprehensive physical exam • Laboratory tests • Immunizations • Preventive screening • Referrals • Counseling • ECG if necessary must be completed by MD, DO, APRN, or PA.	✓ Send reminders prior to the scheduled appointment date. ✓ Consider expanded early morning, evening, and weekend hours.	**New Patient — initial comprehensive preventive medicine** **CPT:** 99381-99387 **Established Patient — periodic comprehensive preventive medicine** **CPT:** 99391-99397 For Medicare Only: Annual Wellness Visit — initial visit **HCPCS:** G0438 Annual Wellness Visit — subsequent visit **HCPCS:** G0439 Initial Preventive Physical Examination **HCPCS:** G0402 For Medicare — when billing an Annual Wellness Visit and Annual Physical Exam on the same day, use a modifier code of 25 for the Annual Physical Exam.
Antidepressant Medication Management	AMM	The percentage of Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Effective Acute Phase Treatment: The percentage of Members who remained on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment: The percentage of Members who remained on an antidepressant medication for at least 180 days (6 months). **Denominator:** Members 18 years of age and older who were treated with antidepressant medication and had a diagnosis of major depression.	**Telehealth:** Use telehealth visits to review, document, and prescribe medication, when appropriate. The measure allows a fixed number of gap days. Acute Phase: 31 gap days are allowed. Continuation Phase: 52 gap days are allowed.	✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress. ✓ Discuss importance of staying on medication and what to expect when starting a new medication.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of antidepressant medications qualify:** Monoamine oxidase inhibitors, Phenylpiperazine antidepressants, Psychotherapeutic combinations, SNRI antidepressants, SSRI antidepressants, Tetracyclic antidepressants, Tricyclic antidepressants, Miscellaneous antidepressants

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Appropriate Testing for Pharyngitis	CWP	The percentage of episodes for Members 3 years of age and older where the Member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test for the episode.	Commercial, Exchange, Medicaid, Medicare	**Numerator:** Episodes for Members in the denominator who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test for the pharyngitis in a 7-day period from 3 days prior to the diagnosis to 3 days after. **Denominator:** Episodes for Members with a diagnosis of pharyngitis and dispensed an antibiotic for any of the episode dates.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. **Additional Denominator Specifications:** Diagnosis must occur during outpatient, telehealth, telephone, e-visit or virtual check-in, observation visit, or ED visit. Visits that resulted in an inpatient stay are excluded.	✓ Use rapid strep test in the office and prescribe an antibiotic if the test is positive. ✓ Educate caregivers about over-the-counter (OTC) symptom relief. ✓ Educate caregivers on which conditions antibiotics will work for, i.e., viral versus bacterial infections.	**Strep Test CPT:** 87070, 87071, 87081, 87430, 87650-87652, 87880 **The following types of antibiotic medications qualify:** Aminopenicillins, Beta-lactamase inhibitors, First-generation cephalosporins, Folate antagonists, Lincomycin derivatives, Macrolides, Natural penicillins, Penicillinase-resistant penicillins, Quinolones, Second-generation cephalosporins, Sulfonamides, Tetracyclines, Third-generation cephalosporins
Appropriate Treatment for Children with Upper Respiratory Infection	URI	The percentage of episodes for Members 3 months of age and older with a diagnosis of Upper Respiratory Infection (URI) that did not result in an antibiotic prescribing event.	Commercial, Exchange, Medicaid, Medicare	**Numerator:** Episodes for Members in the denominator who were not given an antibiotic on or within 3 days of URI diagnosis. **Denominator:** Episodes for Members with a diagnosis of URI.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. **Additional Denominator Specifications:** Diagnosis must occur during outpatient, online assessment, observation visit, or ED visit. Exclude visits that result in an inpatient stay.	✓ Do not prescribe antibiotics for URI, or the common cold. ✓ Encourage OTC symptom relief and encourage follow up if symptoms don't improve, or if they worsen. ✓ Educate caregivers on which conditions antibiotics will work for, i.e., viral versus bacterial infections.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of antibiotic medications qualify:** Aminopenicillins, Beta-lactamase inhibitors, First-generation cephalosporins, Folate antagonists, Lincomycin derivatives, Macrolides, Natural penicillins, Penicillinase-resistant penicillins, Quinolones, Second-generation cephalosporins, Sulfonamides, Tetracyclines, Third-generation cephalosporins

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Asthma Medication Ratio	AMR	The percentage of Members ages 5-64 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	Commercial, HARP, Medicaid	**Numerator:** Members in the denominator who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. **Denominator:** Members ages 5-64 who have persistent asthma during both the measurement year and the year prior.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Use telehealth visits to review, document, and prescribe medication, when appropriate. **Additional Denominator Specifications:** Persistent asthma defined by: • 1 or more ED visits or inpatient encounters with a principal diagnosis of asthma. • At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth. • At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. • 4 or more outpatient visits, observation visits, telehealth visits, telephone visits, e-visits, or virtual check-ins on different dates with any diagnosis of asthma and at least two asthma medication dispensing events. • 4 or more asthma medication dispensing events. Certain Members are excluded, e.g., if they have emphysema, COPD, or other respiratory conditions.	✓ Emphasize the important role of controller medications in managing symptoms. ✓ Demonstrate the correct way to use inhaled agents. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **Asthma Controllers:** Dyphylline-guaifenesin, Omalizumab, Dupilumab, Benralizumab, Mepolizumab, Reslizumab, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone, Montelukast, Zafirlukast, Zileuton, Theophylline **Asthma Relievers:** Albuterol, Levalbuterol

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis	AAB	The percentage of episodes for Members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription.	Commercial, Exchange, Medicaid, Medicare	**Numerator:** Members in the denominator who were dispensed an antibiotic on or 3 days after the episode. **Denominator:** Members who were diagnosed with acute bronchitis/ bronchiolitis.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. **Additional Denominator Specifications:** Diagnosis must occur during outpatient, online assessment, observation visit, or ED visit. Exclude visits that result in an inpatient stay.	✓ Encourage OTC symptom relief and encourage follow up if symptoms don't improve or worsen. ✓ Educate caregivers on which conditions antibiotics will work for, i.e., viral versus bacterial infections.	EmblemHealth and Affiliates use medication National Drug Codes (NDC) from pharmacy data to calculate the rates. **The following types of antibiotic medications qualify:** Aminoglycosides, Aminopenicillins, Beta-lactamase inhibitors, First-generation cephalosporins, Fourth-generation cephalosporins, Ketolides, Lincomycin derivatives, Macrolides, Miscellaneous antibiotics, Natural penicillins, Penicillinase-resistant penicillins, Quinolones, Rifamycin derivatives, Second-generation cephalosporin, Sulfonamides, Tetracyclines, Third-generation cephalosporins, Urinary anti-infectives.
Breast Cancer Screening	BCS	The percentage of women 50-74 years of age who have had a mammogram to screen for breast cancer.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who have had one or more mammograms between 10/1 two years prior to the measurement year and 12/31 of the measurement year. **Denominator:** Women 52-74 years of age.	**Telehealth:** Telehealth not sufficient to complete screening. Collect and document history of screenings. Members with bilateral mastectomy and those receiving palliative care are excluded from the measure.	✓ Highlight the importance of early detection. ✓ Review/confirm all preventive health screenings at each visit. ✓ Place a reminder in the patient's chart for when the next screening is due. ✓ Discuss common fears about testing. ✓ Share list of mammogram facilities. ✓ Provide Member with prescription.	**Mammography** **CPT:** 77055-77057, 77061-77063, 77065-77067 **HCPCS:** G0202, G0204, G0206

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Cardiac Rehabilitation	CRE	The percentage of Members 18 years of age and older who attended cardiac rehab following a qualifying cardiac event (myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplant, or heart valve repair/replacement).	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** 1. **Initiation:** Members attending 2 or more sessions of cardiac rehab within 30 days of event 2. **Engagement 1:** Members attending 12 or more sessions of cardiac rehab within 90 days of event 3. **Engagement 2:** Members attending 24 or more sessions within 180 days of event 4. **Achievement:** Members attending 36 or more sessions within 180 days of event **Denominator:** Members 18 years of age and older with a cardiac event in time frame from July 1 in year prior to measurement year to June 30 of measurement year.	Most recent cardiac event is selected for denominator event.	✓ Contact cardiologist or other specialists to help coordinate patient's care. ✓ Educate member on importance of regular cardiac rehab and discuss any barriers to continuing treatment. ✓ Schedule check-up visits with patient to monitor progress and discuss status of cardiac rehab.	**Cardiac Rehabilitation** **CPT:** 93797, 93798 **HCPCS:** G0422, G0423, S9472
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	SMC	The percentage of Members 18-64 years of age with schizophrenia and cardiovascular disease who have had an LDL-C test in the measurement year.	HARP, Medicaid	**Numerator:** Members in the denominator who had an LDL-C test during the measurement year. **Denominator:** Members 18-64 years of age with a diagnosis of schizophrenia or schizoaffective disorder AND cardiovascular disease.	**Telehealth:** Note: Members can get into denominator with telehealth visits.	✓ Involve family and other supports to help patient complete blood work. ✓ Schedule a follow-up visit to review lab results and coordinate care with other providers.	**LDL-C Lab Test** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C Test Results** **CPT II:** 3048F-3050F

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Care for Older Adults	COA	The percentage of Members 66 years of age and older who had each of the following completed during the measurement year: • Advanced Care Planning • Medication Review • Pain Assessment • Functional Status Assessment	Medicare (only SNP and MMP benefit packages)	**Numerator:** **Advance Care Planning:** Members in denominator with advanced care planning completed in the current year. **Medication Review:** Members in denominator with medication review completed in the current year. **Pain Assessment:** Members in denominator with pain assessment completed in the current year. **Functional Assessment:** Members in denominator with functional assessment completed in the current year. **Denominator:** Members 66 years of age and older.	**Telehealth:** Telephone visit, e-visit or virtual check-in meet criteria for the Advance Care Planning, Functional Status Assessment and Pain Assessment indicators. Advanced Care Planning: Examples include documentation and discussion of Healthcare Proxy, Living Will, etc. 1. Medication Review Evidence must include documentation of medication review and medication list completed during the same visit in the current year. A medication list, signed and dated by a prescribing provider or clinical pharmacist, meets the criteria. Note: Member does not need to be present. 2. Pain Assessment: Evidence that the patient was assessed for pain or results of assessment using a standardized pain assessment tool. 3. Functional Status Assessment: Documentation in the medical record must include evidence of a completed functional status, e.g., SF-36 assessment and the date it was performed.	✓ Document all discussions surrounding components of measure. ✓ Use every office visit as an opportunity to complete services. ✓ Use standardized checklists and tools indicating topics that were discussed.	**Advance Care Planning** **CPT:** 99483, 99497 **CPT II:** 1123F, 1124F, 1157F **HCPCS:** S0257, Z66 Medication Review **CPT:** 90863, 99483, 99605, 99606 **CPT II:** 1160F Medication List **CPT II:** 1159F **HCPCS:** G8427 Pain Assessment **CPT II:** 1125F, 1126F **Functional Assessment** **CPT:** 99483, 1170F **HCPCS:** G0438, G0439

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Cervical Cancer Screening	CCS	The percentage of women 21-64 years of age who had an appropriate screening for cervical cancer in the required time frame.	Commercial, Exchange, HARP, Medicaid	**Numerator:** Members in the denominator who have had one or more cervical cancer screenings in the time frame (depends on age). **Denominator:** Women 24-64 years of age.	**Telehealth:** Telehealth not sufficient to complete screening. Collect and document history of screenings. **Additional Numerator Specifications:** Women 21-64 years of age: Cervical cytology during the current year or two years prior to the current year (every three years). Women 30-64 years of age: Cervical cytology/HPV co-testing during the current year or four years prior to the current year (every five years). Members with hysterectomy with no residual cervix, cervical agenesis, or acquired absence of the cervix and Members receiving palliative care are not included in the measure. Documentation of "vaginal hysterectomy" meets criteria for documentation of hysterectomy with no residual cervix.	✓ Highlight the importance of early detection. ✓ Review/confirm all preventive health screenings at each visit. ✓ Place a reminder in the patient's chart for when the next screening is due. ✓ Conduct test at other visits, e.g., sick visits if opportunity presents. ✓ If patient has had hysterectomy, document and code for this condition.	**Cervical Cytology** **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0147, G0148, P3000, P3001, Q0091 **HPV Test** **CPT:** 87620, 87621, 87622, 87624, 87625 **HCPCS:** G0476
Child and Adolescent Well-Care Visits	WCV	The percentage of Members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN provider during the measurement year.	Commercial, Exchange, Medicaid	**Numerator:** Members in the denominator with one or more well-care visits during the measurement year. **Denominator:** Members 3-21 years of age as of 12/31 of the measurement year.	**Telehealth:** Telehealth can be used for numerator compliance. Replaces W34 measure.	✓ Conduct or schedule well-care visits when patients present for illnesses, or other events like sports physicals, accidental injuries, and colds – add modifier for separate and distinct services. ✓ Document all the required elements of a well-child visit. ✓ Pre-schedule the next well-visit before the patient leaves the office. ✓ Provide health education/ anticipatory guidance.	**Well-Care Visit** **CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302 **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Childhood Immunization Status	CIS	The percentage of children who have received all recommended vaccines by their 2nd birthday.	Commercial, Exchange, Medicaid	**Numerator:** Members in the denominator who have had the following vaccines by their 2nd birthday: • 4 diphtheria, tetanus and acellular pertussis (DTaP) • 3 polio (IPV) • 1 measles, mumps and rubella (MMR) • 3 haemophilus influenza type B (Hib) • 3 hepatitis B (HepB) • 1 chicken pox (VZV) • 4 pneumococcal conjugate (PCV) • 1 hepatitis A (HepA) • 2 or 3 rotavirus (RV) • 2 influenza (flu) **Denominator:** Children turning 2 years of age during the measurement year.	**Telehealth:** Telehealth not sufficient to complete immunizations. Collect and document history of immunizations. Documentation must include vaccine name and date administered. Children who had a contraindication for a specific vaccine (Ex.: Anaphylactic reaction, Immunodeficiency) are excluded. One of the two influenza vaccinations can be a live attenuated influenza vaccine (LAIV). This vaccine must be administered on the child's 2nd birthday.	✓ Begin vaccination conversations as early as prenatal appointments. ✓ Present vaccination as the default option, presuming parents will immunize. ✓ Provide parents with records of their children's immunizations and ask them to bring the record to each visit. ✓ Schedule the next appointment at time of checkout and use every office visit as an opportunity to vaccinate.	**DTaP** **CPT:** 90698, 90700, 90723 **IPV** **CPT:** 90698, 90713, 90723 **MMR** **CPT:** 90707, 90710 **HIB** **CPT:** 90644, 90647, 90648, 90698, 90748 **Hep B** **CPT:** 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010 **VZV** **CPT:** 90710, 90716 **Pneumococcal** **CPT:** 90670 **HCPCS:** G0009 **Hep A** **CPT:** 90633 Rotavirus **CPT:** 90681 (2 dose schedule), 90680 (3 dose schedule) **Influenza** **CPT:** 90655, 90657, 90661, 90673, 90685-90689 LAIV: 90660, 90672 **HCPCS:** G0008
Chlamydia Screening	CHL	The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the current year.	Commercial, Exchange, HARP, Medicaid	**Numerator:** Members in the denominator who have had a chlamydia screening in the current year. **Denominator:** Women 16-24 years of age identified as sexually active.	**Telehealth:** Telehealth not sufficient to complete screening. Collect and document history of screenings (must include screening result). Women are identified as sexually active through claims encounter and pharmacy data.	✓ Discuss safe sex practices and sexually transmitted diseases with patients. ✓ Highlight the importance of early detection. ✓ Review/confirm all preventive health screenings at each visit.	**Chlamydia Culture** **CPT:** 87110, 87270, 87320, 87490-87492, 87810, 87491

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Colorectal Cancer Screening	COL	The percentage of Members 50-75 years of age who have had an appropriate screening for colorectal cancer in required time frame (depends on screening type).	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator with colorectal cancer screening in required time frame (varies by type of screening). **Denominator:** Members between 50-75 years of age.	**Telehealth:** Telehealth not sufficient to complete screening. Collect and document history of screenings. **Additional Numerator Specifications:** **Fecal occult blood test (FOBT): current year.** **Flexible sigmoidoscopy:** current year or 4 years prior (5 years). **Colonoscopy:** current year or 9 years prior (10 years). **CT colonography:** current year or 4 years prior (5 years). **FIT-DNA:** current year or 2 years prior (3 years). Members with evidence of colorectal cancer or total colectomy and Members receiving palliative care are not included in the measure.	✓ Ensure that the Member's history is updated annually regarding prior colorectal cancer screening test(s). ✓ Discuss all options for screening including FOBT for Members who may not want colonoscopy. ✓ Provide order for testing. ✓ Highlight the importance of early detection. ✓ Review/confirm all preventive health screenings at each visit. ✓ Place a reminder in the patient's chart for when the next screening is due.	**Flexible Sigmoidoscopy** **CPT:** 45330-45335, 45337-45342, 45345-45347, 45349-45350 **HCPCS:** G0104, **ICD9:** 45.24 **Colonoscopy** **CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 **HCPCS:** G0105, G0121 ICD9: 45.22, 45.23, 45.25, 45.42, 45.43 **CT Colonography** **CPT:** 74261-74263 FIT DNA **FIT-DNA** **CPT:** 81528 **HCPCS:** G0464 **FOBT** **CPT:** 82270, 82274 **HCPCS:** G0328
Controlling Blood Pressure	CBP	The percentage of Members 18-85 years of age diagnosed with hypertension whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator with a blood pressure reading of <140/90 Hg during the measurement year. **Denominator:** Members 18-85 years of age diagnosed with hypertension at two or more visits between January 1 of the year prior to the measurement year and June 30 of the measurement year.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. Automatic BP readings taken during a telehealth visit, telephone visit, e-visit, or virtual check-in can be used for compliance. Utilize the most recent blood pressure (BP) reading during the measurement year, which must be taken on or after second diagnosis of hypertension. Members receiving palliative care are excluded from measure.	✓ If blood pressure reading is high when the patient arrives, recheck at the end of the visit. ✓ If patient is hypertensive during visit, review medication history and consider modifying treatment plan. ✓ Schedule a follow-up visit once treatment plan has been initiated.	**Diastolic Blood Pressure** **CPT II:** 3078F, 3079F, 3080F **Systolic Blood Pressure** **CPT II:** 3074F, 3075F, 3077F

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Diabetes Care HbA1c	CDC	The percentage of Members 18-75 years of age with diabetes who had an HbA1c test during the measurement year.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who had an HbA1c test during the measurement year. **Denominator:** Members between 18-75 years of age who have diabetes.	**Telehealth:** Note: Members can get into denominator with telehealth visits.	✓ Consider drawing blood in the office or writing a lab script at first visit of the year. ✓ Create a diabetes checklist in your EMR/ patient chart to monitor if patients are up to date with recommended screenings.	**HbA1c Lab Test CPT:** 83036, 83037 **HbA1c Test Results CPT II:** 3044F, 3046F, 3051F, 3052F
Diabetes Care Poor Control/ Control	CDC	The percentage of Members with: HbA1c poor control (>9.0%). HbA1c control (<8.0%).	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** HbA1c poor control (>9.0%): Members in the denominator who have an HbA1c level >9.0% in the measurement year (most recent HbA1c level is used). HbA1c control (<8.0%): Members in the denominator who have an HbA1c level <8.0% in the measurement year (most recent HbA1c is used). **Denominator:** Members between 18-75 years of age who have diabetes.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Telehealth not sufficient to complete screening. Collect and document history of diabetes care. Documentation must include screening results and date of service.	✓ Emphasize the importance of medication and insulin adherence in managing blood glucose. ✓ Adjust therapies to improve levels and recommend follow-up visits to monitor results. ✓ Create a diabetes checklist in your EMR/ patient chart to monitor if patients are up to date with recommended screenings.	**HbA1c Lab Test CPT:** 83036, 83037 **HbA1c Test Results CPT II:** 3044F, 3046F, 3051F, 3052F

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Diabetes Care Eye Exam	CDC	The percentage of Members 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement year or the year prior.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who had a retinal or dilated eye exam during the measurement year or a negative retinal eye exam in the measurement year or year prior. **Denominator:** Members between 18- 75 years of age who have diabetes.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Telehealth not sufficient to complete screening. Collect and document history of diabetes care. Note: Documentation must include screening results and date of service. Eye exams can be performed by an optometrist or ophthalmologist. A bilateral eye enucleation counts for numerator compliance. Eye exams read by artificial intelligence system count for compliance.	✓ Explain the risk of impaired vision caused by diabetes and the importance of retinal eye exams. ✓ Ensure results are read by optometrist or ophthalmologist. ✓ Create a diabetes checklist in your EMR/ patient chart to monitor if patients are up to date with recommended screenings.	**Diabetic Retinal Screening** **CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213, 99215, 99242-99245 **HCPCS:** S0620, S0621, S3000 **Eye Exam With Retinopathy** **CPT II:** 2022F, 2024F, 2026F **Eye Exam Without Retinopathy** **CPT II:** 2023F, 2025F, 2033F **Diabetic Retinal Screening Negative** **CPT II:** 3072F
Diabetes Care Kidney Disease Monitoring	CDC	The percentage of Members 18-75 years of age with diabetes who have had a nephropathy screening or have been monitored for kidney disease during the measurement year.	Medicare	**Numerator:** Members in the denominator who have had/ have a urine protein test, nephropathy treatment, end stage renal disease (ESRD), stage 4 chronic kidney disease, kidney transplant, prescriptions for ACE (angiotensin converting enzyme) inhibitor or ARB (angiotensin II receptor blockers), or an outpatient visit with a nephrologist. **Denominator:** Members between 18-75 years of age who have diabetes.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Telehealth not sufficient to complete screening. Collect and document historical information. Note: Documentation must include screening results and date of service.	✓ Explain the risk of kidney disease caused by diabetes and the importance of nephropathy screenings. ✓ Create a diabetes checklist in your EMR/ patient chart to monitor if patients are up to date with recommended screenings.	**Nephropathy Treatment** **CPT II:** 3066F, 4010F **Urine Protein Test** **CPT:** 81000-81003, 81005, 82042, 82043, 82044, 84156 **CPT II:** 3060F, 3061F, 3062F *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Diabetes Care Blood Pressure Control	CDC	The percentage of Members 18-75 years of age with diabetes who had their blood pressure (BP) controlled during the measurement year.	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator with the most recent blood pressure reading <140/90 during the measurement year. **Denominator:** Members between 18-75 years of age who have diabetes.	**Telehealth:** Telehealth visit, telephone visit, e-visit, and virtual check-ins allowed for BP readings. BPs taken by any digital monitoring device count for readings. Members can take/report BP readings. Additionally, Members can get into denominator with telehealth visits. • Utilize the most recent BP reading during the measurement year. • Do not use BP reading from following: – Inpatient stay – ED visit – Same day as a diagnostic test/ therapeutic procedure requiring change in diet/ medication.	✓ If blood pressure reading is high when the patient arrives, recheck at the end of the visit. ✓ Adjust therapies to improve levels and recommend follow-up visits to monitor results.	**Diastolic Blood Pressure** **CPT II:** 3078F, 3079F, 3080F **Systolic Blood Pressure** **CPT II:** 3074F, 3075F, 3077F
Diabetes Monitoring for People with Diabetes and Schizophrenia	SMD	The percentage of Members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	HARP, Medicaid	**Numerator:** Members in the denominator who had an HbA1c test and an LDL-C test performed during the measurement year. **Denominator:** Members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes.	**Telehealth:** Note: Members can get into denominator with telehealth visits. The Member must have both lab tests to be compliant in measure. Members who do not have diabetes or who were diagnosed with gestational diabetes only are not included in measure.	✓ Consider drawing blood in the office or writing a lab script at the time the first prescription is written. ✓ Involve family and other supports to help patient complete blood work.	**HbA1c Lab Test** **CPT:** 83036, 83037 **HbA1c Test Results** **CPT II:** 3044F, 3046F, 3051F, 3052F **LDL-C Lab Test** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C Test Results** **CPT II:** 3048F-3050F
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	The percentage of Members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	HARP, Medicaid	**Numerator:** Members in the denominator who had a glucose test or an HbA1c test performed during the measurement year. **Denominator:** Members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Telehealth not sufficient to complete screening. Collect and document history of diabetes screenings. Documentation must include screening date of service. Members with diabetes are not included in measure.	✓ Consider drawing blood in the office or writing a lab script at the time the first prescription is written. ✓ Involve family and other supports to help patient complete blood work.	**Glucose Lab Test** **CPT:** 80047,80048, 80050, 80053, 80069, 82947, 82950, 82951 **Glucose Test Results** See HEDIS specification book for available SNOMED codes. **HbA1c Lab Test** **CPT:** 83036, 83037 **HbA1c Test Results** **CPT II:** 3044F, 3046F, 3051F, 3052F

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA	The percentage of emergency department (ED) visits for Members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD.	Commercial, HARP, Medicaid, Medicare	**Numerator:** **1. 30-Day Follow Up:** Members in the denominator with a follow-up visit with any provider, with primary diagnosis of AOD within 30 days after ED visit. **2. 7-Day Follow Up:** Members in the denominator with a follow-up visit with any provider, with primary diagnosis of AOD within 7 days after ED visit. **Denominator:** Emergency room visit for Members 13 years of age and older with a principal diagnosis of AOD abuse or dependence.	**Telehealth:** Telehealth visit, telephone visit, e-visit, or virtual check-in with principal diagnosis of AOD abuse or dependence count for numerator compliance. Follow-up visit may occur on the date of the ED visit.	✓ Help Member schedule a follow-up visit with a health care professional within 7 days to help prevent emergency department readmission. ✓ Make sure the AOD diagnosis is the primary diagnosis in follow-up visit. ✓ Contact member to confirm they went to follow-up visit.	**Visit with Principal AOD Abuse or Dependence Diagnosis:** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983 **OUD Weekly Drug Treatment** **HCPCS:** G2067- G2070, G2072, G2073 **OUD Weekly Non Drug Treatment** **HCPCS:** G2074-G2077, G2080 **OUD Monthly Office-Based Treatment** **HCPCS:** G2086, G2087 **E-Visit or Virtual Check-In** **CPT:** 98969-98972, 99421-99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Follow-Up After Emergency Department Visit for Mental Illness	FUM	The percentage of emergency department (ED) visits for Members 6 years of age or older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness.	Commercial, HARP, Medicaid, Medicare	**Numerator:** 1. **30-Day Follow Up:** Members in the denominator with a follow-up visit with any provider, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit. 2. **7-Day Follow Up:** Members in the denominator with a follow-up visit with any provider, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 days after the ED visit. **Denominator:** Emergency room visit with a principal diagnosis of mental illness or intentional self-harm.	**Telehealth:** Telehealth visit, telephone visit, e-visit, or virtual check-in with principal diagnosis of mental health disorder count for numerator compliance. Follow-up visit may occur on the date of the ED visit.	✓ Help Member schedule a follow-up visit with a health care professional within 7 days to help prevent emergency department readmission. ✓ Make sure the mental health diagnosis is the primary focus of follow-up visit. ✓ Contact Member to confirm they went to follow-up visit.	**Visit with Principal Mental Health Diagnosis OR with Principal Intentional Self-Harm Diagnosis:** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 **E-Visit or Virtual Check-In** **CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063 **Telephone Visits** **CPT:** 98966-98968, 99441-99443 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	FMC	The percentage of emergency department (ED) visits for Members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	Medicare	**Numerator:** Members in the denominator with a follow-up service within 7 days after the ED visit (8 total days). **Denominator:** Emergency room visit with multiple high-risk chronic conditions.	**Telehealth:** Telephone visit, telehealth behavioral health visit, e-visit, or virtual check-in visit count for Numerator compliance. Additionally, Members can get into denominator with telehealth type visits. Follow-up visit may occur on the date of the ED visit. **High-Risk Conditions defined as:** COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, stroke, and transient ischemic attack. Members who had admission to acute or nonacute inpatient care setting on or within 7 days of the ED visit are excluded.	✓ Help Member schedule a follow-up visit with a health care professional within 7 days of discharge to help prevent ED readmission. ✓ Contact Member to make sure they went to follow-up visit.	**Outpatient Visit** **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T105 UBREV: 0510-0517, 0519-0523, 0526-0529, 0982, 0983 **Telephone Visit** **CPT:** 98966-98968, 99441-99443 **Transitional Care Management Services** **CPT:** 99495, 99496 **Case Management Visit** **CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Follow-Up After High-Intensity Care for Substance Use Disorder	FUI	The percentage of acute inpatient hospitalizations, residential treatments, or detoxification visits for a diagnosis of substance use disorder for Members 13 years of age and older with a follow-up visit or service for substance use disorder.	Commercial, Medicaid, Medicare	**Numerator:** **1. 30-Day Follow Up:** Members in the denominator with a follow-up visit or event with any provider for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. **2. 7-Day Follow Up:** Members in the denominator with a follow-up visit or event with any provider for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. **Denominator:** Acute inpatient hospitalization, residential treatment, or detoxification visit for a diagnosis of substance use disorder.	**Telehealth:** Telehealth visit, telephone visit, e-visit, or virtual check-in with principal diagnosis of substance use disorder count for numerator compliance. Follow-up visit cannot occur on the same day as discharge. Follow-up visit does not include detoxification.	✓ Help patient schedule a follow-up visit with a health care professional within 7 days of discharge to help prevent readmission. ✓ Make sure substance use is the primary focus of follow-up visit. ✓ Contact Member to make sure they went to follow-up visit.	**Visit with Principal AOD Abuse or Dependence Diagnosis** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983 **OUD Weekly Non Drug Treatment** **HCPCS:** G2071, G2074-G2077, G2080 **OUD Monthly Office-Based Treatment** **HCPCS:** G2086, G2087 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Follow-up After Hospitalization for Mental Illness	FUH	The percentage of inpatient discharges for Members 6 years of age and older who were hospitalized for treatment of mental illness or intentional self-harm who had a follow-up visit with a mental health provider.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** **1. 30-Day Follow Up:** Members in the denominator with a follow-up visit with a mental health provider within 30 days after discharge. **2. 7-Day Follow Up:** Members in the denominator with a follow-up visit with a mental health provider within 7 days after discharge. **Denominator:** Inpatient discharge with a principal diagnosis of mental illness or intentional self-harm.	**Telehealth:** Telehealth or telephone visit with a mental health provider count for numerator compliance. Visits that occur in a behavioral health care setting qualify for numerator compliance (i.e., community mental health center, partial hospitalization setting). Follow-up visit cannot occur on the same day as discharge. Exclude discharges followed by readmission or direct transfer to nonacute inpatient care setting within 30 days of follow-up period.	✓ Help Member schedule a follow-up visit with a mental health provider within 7 days of discharge to help prevent hospital readmission. ✓ Contact Member to make sure they went to follow-up visit. ✓ Ask Member to fill out an authorization for release of information to other health care professionals; share relevant information with other health care professionals.	**Follow-up Visit with a Mental Health Provider** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 **Telephone Visit** **CPT:** 98966-98968, 99441-99443 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Follow-Up Care for Children Prescribed ADHD Medication	ADD	The percentage of Members 6-12 years of age who are newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Commercial, Medicaid	**Numerator:** **1. Initiation Phase:** The percentage of Members with a prescription for ADHD medication who had a follow-up visit with a prescribing provider within 30 days. **2. Continuation and Maintenance Phase:** The percentage of Members 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 provider within 270 days. **Denominator:** Members 6-12 years of age who were dispensed a newly prescribed ADHD medication.	**Telehealth:** **1. Initiation Phase:** Follow up with a provider with prescribing authority via telehealth visit or telephone visit can be used for compliance **2. Continuation and Maintenance Phase:** Follow up with any provider via telehealth visit, telephone visit, e-visit, or virtual check-ins can be used for compliance. **Note:** Only one of the two visits can be e-visit or virtual check-ins. Members who have an acute encounter for a mental health, behavioral, or neurodevelopmental disorder or have a narcolepsy diagnosis are not included in measure.	✓ Consider limiting the first prescription to a 21- or 30-day supply. ✓ Schedule follow-up visit at the time the first prescription is written.	**Behavioral Health Outpatient Visit:** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 **Telephone Visit** **CPT:** 98966-98968, 99441-99443 **For One of Two Continuation Phase Visits Only:** **E-Visit or Virtual Check-In** **CPT:** 98969-98972, 99421-99444, 99458 **HCPCS:** G2010, G2012, G2061-G2063 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Immunizations for Adolescents	IMA	The percentage of Members 13 years of age who have had all required immunizations.	Commercial, Exchange, Medicaid	**Numerator:** Members in the denominator who had the following vaccines by their 13th birthday. • 1 Meningococcal conjugate vaccine • 1 Tdap vaccine • 2 or 3 HPV vaccines **Denominator:** All adolescents who turn 13 years of age during the measurement year.	**Telehealth:** Telehealth not sufficient to complete immunizations. Collect and document history of immunizations. Documentation must include vaccine name and date administered. The measure calculates a rate for each vaccine and two combination rates. Members who have a contraindication for a specific vaccine are excluded from the measure (Ex.: Anaphylactic reaction, encephalopathy).	✓ Present vaccination as the default option, presuming parents will immunize. ✓ Provide parents with records of their children's immunizations and ask them to bring the record to each visit. ✓ Schedule the next appointment at time of checkout and use every office visit as an opportunity to vaccinate.	**Meningococcal Vaccine** **CPT:** 90734 **Tdap Vaccine** **CPT:** 90715 **HPV Vaccine** **CPT:** 90649, 90650, 90651

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	IET	The percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) abuse or dependence who initiated treatment and who engaged in ongoing treatment.	Commercial, HARP, Exchange, Medicaid, Medicare	**Numerator:** 1. **Initiation of AOD Treatment:** Members in the denominator with a follow-up visit within 14 days of the diagnosis. 2. **Engagement of AOD Treatment:** Members in the denominator who initiated treatment and who were engaged in ongoing AOD treatment (2 visits) within 34 days of the initiation visit. **Denominator:** Members 13 years of age and older with a new episode of AOD abuse or dependence.	**Telehealth:** Telehealth visit, telephone visit, e-visit, or virtual check-in visit with diagnosis that matches denominator event diagnosis counts for numerator compliance. Additionally, telehealth-related visits can get members into denominator.	✓ Consider using a brief standardized screening tool to guide your diagnosis. ✓ Schedule follow-up visits upon new AOD diagnosis. ✓ Involve family and community resources in adherence strategies. ✓ Consider learning more about "Stages of Change" and "Motivational Interviewing" and ways to integrate these into your practice.	**The following codes count for compliance for a follow-up visit (for Initiation and Engagement):** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983 **E-Visit or Virtual Check-In** **CPT:** 98969-98972, 99421-99444, 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Telephone Visit** **CPT:** 98966-98968, 99441-99443 **OUD Weekly Non Drug Treatment** **HCPCS:** G2071, G2074-G2077, G2080

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Continued)							**For Initiation Phase Only:** **OUD Weekly Drug Treatment** **HCPCS:** G2067-G2070, G2072, G2073 **OUD Monthly Office-Based Treatment** **HCPCS:** G2086, G2087 *† Additional codes qualify. See NCQA HEDIS specifications for additional information.*
Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	POD-N	The percentage of individuals 18 years of age and over who initiate pharmacotherapy with at least 1 prescription or visit for opioid treatment medication within 30 days of initial diagnosis of opioid dependence disorder.	HARP, Medicaid * Note: This measure only applies to NYS.	**Numerator:** Members in the denominator who initiate pharmacotherapy treatment within 30 days of diagnosis. **Denominator:** Members 18 years of age and older who are diagnosed with opioid abuse or dependence.	**Telehealth:** Use telehealth visits to review, document, and prescribe medication, when appropriate. **Additional Numerator Specifications:** The following count for numerator compliance: • A Medication Assisted Therapy Dispensing Event (MAT). • Dispensed a prescription for opioid abuse or dependence.	✓ Consider using a brief standardized screening tool to guide your diagnosis. ✓ Ensure pharmacotherapy treatment is started within 30 days of diagnosis; consider writing prescription at time of diagnosis.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **Medication Assisted Therapy (MAT) for Opioid Abuse or Dependence Medications:** Buprenorphine HCL, Naloxone HCL, Naltrexone HCL, Naltrexone Microspheres
Kidney Health Evaluation for Patients with Diabetes	KED	The percentage of Members 18-85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	Commercial, Exchange, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who received both an eGFR and uACR test on the same or different dates during the measurement year. **Denominator:** Members 18-85 years of age with diabetes (type 1 or type 2).	**Telehealth:** Note: Members can get into denominator with telehealth visits. Members with end stage renal disease and receiving palliative care are excluded from measure. For the uACR requirement: At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.	✓ Create a diabetes checklist to EMR and use to monitor if patients are up to date with screenings. ✓ Collect blood and urine sample in office whenever possible. ✓ Explain the risk of kidney disease caused by diabetes and the importance of screenings.	**Estimated Glomerular Filtration Rate Lab Test** **CPT:** 80047, 80048, 80050, 80053, 80069, 82565 **Quantitative Urine Albumin Lab Test** **CPT:** 82043 **Urine Creatinine Lab Test** **CPT:** 82570

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Lead Screening in Children	LSC	The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.	Commercial, Medicaid	**Numerator:** Members in the denominator who had at least one lead capillary or venous blood test on or before the child's 2nd birthday. **Denominator:** Children who turn 2 years old during the measurement year.	N/A	✓ Educate caregivers about the risks of lead poisoning and the importance of screening. ✓ Identify children at higher risk and screen them earlier when appropriate.	**Lead Test** **CPT:** 83655
Medication Adherence for Cholesterol (Statins)	N/A	The percentage of Medicare members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Medicare	**Numerator:** Members in the denominator who fill their cholesterol medication at least 80% or more of the time they are supposed to be taking the medication in the year. **Denominator:** Medicare members with a prescription for a cholesterol medication.	N/A	✓ Stress the importance of remaining on statin medication to lower blood cholesterol and reduce the risk of cardiovascular disease. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **Only statin medications qualify.**
Medication Adherence for Diabetes Medications	N/A	The percentage of Medicare members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Medicare	**Numerator:** Members in the denominator who fill their diabetes medication at least 80% or more of the time they are supposed to be taking the medication in the year. **Denominator:** Medicare members with a prescription for a diabetes medication.	N/A	✓ Stress the importance of remaining on diabetes medication to control blood glucose and reduce the risk of diabetes-related illnesses. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of diabetes medications qualify:** Biguanides, Sulfonylureas, Thiazolidinediones, Dipeptidyl peptidase (DPP)-4 inhibitors, Incretin mimetics, Meglitinides, Sodium glucose cotransporter 2 (SGLT2) inhibitors
Medication Adherence for Hypertension (RAS antagonists)	N/A	The percentage of Medicare members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Medicare	**Numerator:** Members in the denominator who fill their hypertension medication at least 80% or more of the time they are supposed to be taking the medication in the year. **Denominator:** Medicare members with a prescription for a blood pressure medication.	N/A	✓ Stress the importance of remaining on RAS antagonists to treat hypertension and proteinuria and reduce the risk of renal and heart disease. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of RAS antagonists qualify:** ACEI/ARB/ direct renin inhibitor or ACEI/ARB/ direct renin inhibitor combination

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM	The percentage of Members 1-17 years of age who had two or more antipsychotic prescriptions and had glucose and cholesterol testing in the measurement year.	Commercial, Medicaid	**Numerator:** Members in the denominator who received both a blood glucose test/ HbA1c and an LDL-C/ cholesterol test during the measurement year. **Denominator:** Members 1-17 years of age who had two or more antipsychotic prescriptions.	N/A	✓ Consider drawing blood in the office or writing a lab script at the time the first prescription is written. ✓ Schedule a follow-up visit to review lab results and coordinate care with other providers.	**Glucose Lab Test** **CPT:** 80047, 80048, 80050,80053, 80069, 82947, 82950, 82951 **HbA1c Lab Test C** **PT:** 83036, 83037 **HbA1c Test Result of Finding** **CPT II:** 3044F-3046F **Cholesterol Lab Test** **CPT:** 81564, 83718, 84478 **LDL-C Lab Test** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C Test Result or Finding** **CPT II:** 3048F-3050F
Non-Recommended Cervical Cancer Screening in Adolescent Females	NCS	The percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.	Commercial, Medicaid	**Numerator:** Members in the denominator who had a cervical cytology or an HPV test performed during the measurement year. **Denominator:** Adolescent females 16-20 years of age in the measurement year.	Members with a history of cervical cancer, HIV, or immunodeficiency are not included in the measure.	✓ Ensure that screenings are performed only when medically necessary to avoid false-positives and unnecessary/ potentially detrimental follow-up and treatment.	**Cervical Cytology Lab Test** **CPT:** 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 **HCPCS:** G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091 **High Risk HPV Lab Test** **CPT:** 87620-87622, 87624, 87625 **HCPCS:** G0476

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Osteoporosis Management in Women Who Had a Fracture	OMW	The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis in the 6 months after the fracture.	Medicare	**Numerator:** Members in the denominator who had a BMD test or a prescription to treat osteoporosis in the 6 months after the fracture. **Denominator:** Women 67-85 years of age as of 12/31 of the measurement year with a fracture.	**Telehealth:** Use telehealth visits to review, document, and prescribe medication, when appropriate. Members who had a BMD test during the 24 months prior to fracture, had osteoporosis therapy during the 12 months prior to the fracture, or have an active prescription to treat osteoporosis during the 12 months prior to the fracture are not included in measure. Additionally, Members receiving palliative care are excluded. Visits are excluded that result in an inpatient stay.	✓ Ask all female patients 67-85 years of age if they've had a fracture since their last visit. ✓ Consider writing a prescription for osteoporosis medication at time of fracture. ✓ Place a reminder in the patient's chart for a BMD test. ✓ Educate patients on safety and fall prevention.	**Bone Mineral Density Tests** **CPT:** 76977, 77078, 77080-77081, 77085-77086 **Long-Acting Osteoporosis Medications** **HCPCS:** J0897, J1740, J3489 **Osteoporosis Medications** **HCPCS:** J0897, J1740, J3110, J3489
Osteoporosis Screening in Older Women	OSW	The percentage of women 65-75 years of age who receive screening for osteoporosis.	Medicare	**Numerator:** Members in the denominator who receive osteoporosis screening test on or between their 65th birthday and December 31 of the measurement year. **Denominator:** Women 65-75 years of age.	Members receiving osteoporosis therapy, dispensed a prescription for osteoporosis medication, and Members receiving palliative care are not included in measure.	✓ Schedule patients for regular bone mineral density (BMD) studies (every 24 months).	**Osteoporosis Screening Tests** **CPT:** 76977, 77078, 77080, 77081, 77085
Persistence of Beta-Blocker Treatment After a Heart Attack	PBH	The percentage of Members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI (acute myocardial infarction) and who received persistent beta-blocker treatment for 6 months after discharge.	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator with at least 135 days of treatment with beta-blockers during the 180-day measurement interval. **Denominator:** Members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI (acute myocardial infarction).	This measure allows gaps in medication treatment of up to a total of 45 days during the 180-day treatment period. Members with an intolerance or allergy to beta-blocker therapy are excluded.	✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress. ✓ Refer patient to specialist if appropriate.	**AMI (Acute Myocardial Infarction) Diagnosis:** **ICD:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4 EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **Beta-blocker medications include the following:** Noncardioselective beta-blockers, Cardioselective beta-blockers, Antihypertensive combinations

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Pharmacotherapy for Opioid Use Disorder	POD	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among Members 16 years of age and older with a diagnosis of OUD.	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator with new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days. **Denominator:** Member with new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among Members 16 years of age and older with a diagnosis of OUD.	N/A	✓ Consider using a brief standardized screening tool to guide your diagnosis. ✓ Ensure pharmacotherapy treatment is started upon diagnosis.	**Buprenorphine Oral Medications** **HCPCS:** J0571 **Buprenorphine Oral Weekly Medications** **HCPCS:** G2068, G2079 **Buprenorphine Injection Medications** **HCPCS:** G2069, Q9991, Q9992 **Buprenorphine Implant** **HCPCS:** G2070, G2072, J0570 **Buprenorphine Naloxone** **HCPCS:** J0572, J0573, J0574, J0575 **Methadone Oral Medications** **HCPCS:** H0020, H0033, S0109 **Methadone Oral Weekly Medications** **HCPCS:** G2067, G2078 **Naltrexone Injection Medication** **HCPCS:** J2315 EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates.

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Pharmacotherapy Management of COPD Exacerbation	PCE	The percentage of COPD exacerbations for Members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.	Commercial, HARP, Medicaid, Medicare	**Numerator:** 1. Members in the denominator dispensed prescription for systemic corticosteroid on or 14 days after the inpatient/ ED visit. 2. Members dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the inpatient/ ED visit. **Denominator:** A COPD exacerbation as indicated by an acute inpatient discharge or ED encounter with a principal diagnosis of COPD.	N/A	✓ Ensure pharmacotherapy treatment is started within 14 days of discharge. ✓ Schedule follow-up visits to manage symptoms. ✓ Refer patient to specialist if appropriate.	**COPD (Chronic Obstructive Pulmonary Disease):** I**CD9:** 493.20, 493.21, 493.22, 496 **ICD10:** J44.0, J44.1, J44.9, J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9 EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **Systemic Corticosteroid Medications Include:** Glucocorticoids **Bronchodilator Medications Include:** Anticholinergic agents, Beta 2-agonists, Bronchodilator combinations
Potentially Harmful Drug-Disease Interactions in Older Adults	DDE	The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition, or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.	Medicare	**Numerator:** 1. Members in the denominator with a history of falls and prescribed certain medications (e.g., Antiepileptic, antipsychotics, benzodiazepines) from episode to 12/31 of the measurement year. 2. Members in the denominator with a diagnosis of dementia and prescribed certain medications (e.g., antipsychotics, benzodiazepines) from episode to 12/31 of the measurement year. 3. Members in the denominator with a diagnosis of chronic kidney disease and prescribed COX-2 selective NSAIDs or nonaspirin NSAIDs from episode to 12/31 of the measurement year.	Members with a certain behavioral health diagnosis (i.e., psychosis, bipolar) and Members receiving palliative care are not included.	✓ Check if patients have a history of falls/hip fracture, dementia, or chronic kidney disease to inform prescriptions. ✓ Schedule follow-up visits to monitor medications.	**The following types of medications qualify:** Antiepileptics, Selective serotonin reuptake inhibitors (SSRIs), Serotonin and norepinephrine reuptake inhibitors (SNRIs), Antipsychotics, Benzodiazepines, Nonbenzodiazepine hypnotics, Tricyclic antidepressants, Anticholinergic agents, COX-2 selective nonsteroidal anti-inflammatory drugs (NSAIDs), Nonaspirin NSAIDs

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Potentially Harmful Drug-Disease Interactions in Older Adults (Continued)				**Denominator:** Members 65 years of age and older with at least one disease, condition, or procedure in the measurement year or the year prior to the measurement year.			
Prenatal and Postpartum Care	PPC	The percentage of women with a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year who received timely prenatal and postpartum care.	Commercial, Exchange, HARP, Medicaid	**Numerator:** Members in the denominator with live birth deliveries who had the following completed: 1. **Timeliness of Prenatal Care:** A prenatal care visit in the 1st trimester. 2. **Postpartum Care:** A postpartum visit on or between 7 and 84 days after delivery. **Denominator:** Members with a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.	**Telehealth:** Telehealth visit, telephone visit, e-visit, or virtual check-in with an OB/ GYN or other prenatal care provider and a pregnancy-related diagnosis code can be used for compliance. Visits that occur on or before enrollment start (during pregnancy) count for prenatal care.	✓ Encourage patients to contact the office as soon as they are aware of pregnancy. ✓ Ensure staff is aware that patients should be seen within the first trimester when scheduling appointments. ✓ Place a reminder in the patient's chart for when the postpartum visit is due. ✓ Encourage patients to also schedule a postpartum visit when scheduling the baby's first wellness visit.	**Prenatal Visit** **CPT:** 99201-99205, 99211-99215, 99241-99245, 99483 **HCPCS:** G0463, T1015 **Stand Alone Prenatal Visit CPT:** 99500 **HCPCS:** H1000, H1001, H1002, H1003, H1004 **Postpartum Visit** **CPT:** 57170, 58300, 59430, 99501 **HCPCS:** G0101 **ICD 10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **Telephone Visit** **CPT:** 98966-98968, 99441,99443 **E-Visit or Virtual Check-In** **CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 **HCPCS:** G2010, G2012, G2061, G2062, G2063
Non-Recommended PSA-Based Screening in Older Men	PSA	The percentage of men 70 years of age and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.	Medicare	**Numerator:** Members in the denominator with a PSA-based screening test performed during the measurement year. **Denominator:** Men 70 years of age and older during the measurement year.	Members who had a clinically appropriate PSA test are excluded: • Prostate cancer diagnosis. • Dysplasia of the prostate. • A PSA test during the prior year with an elevated test >4.0 ng/mL • An abnormal PSA test the prior year. • Dispensed prescription for a 5-alpha reductase inhibitor during the measurement year.	✓ Ensure that screenings are performed only when medically necessary to avoid unnecessary/ potentially detrimental procedures.	**PSA Lab Test** **CPT:** 84152-84154 **HCPCS:** G0103

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Risk of Continued Opioid Use	COU	The percentage of Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.	Commercial, HARP, Medicaid, Medicare	**Numerator:** 1. Members in the denominator with at least 15 days of prescription opioids in a 30-day period. 2. Members in the denominator with at least 31 days of prescription opioids in a 62-day period. **Denominator:** Members 18 years of age and older with a new episode of opioid use.	Members with certain diagnoses are excluded, e.g., cancer, sickle cell disease, along with Members receiving palliative care.	✓ Explain to patients the risks and benefits of opioids. ✓ Offer patients alternatives or lower doses when appropriate.	**Opioid Medications:** Benzhydrocodone, Buprenorphine, Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Statin Therapy for Persons with Cardiovascular Disease	SPC	The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received and stayed on statin therapy.	Commercial, HARP, Medicaid, Medicare	**Numerator:** 1. Members in the denominator dispensed at least one high-intensity or moderate statin medication during the measurement year. 2. Members in the denominator who remained on high-intensity or moderate statin medication for at least 80% of the treatment period. **Denominator:** Males 21-75 years of age and females 40-75 years of age during the measurement year, identified as having ASCVD.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Use telehealth visits to review, document, and prescribe medication, when appropriate. Pregnant Members or Members who had in vitro fertilization (IVF) are not included in measure. Additionally, Members with other diagnoses such as ESRD and cirrhosis and Members receiving palliative care are not included.	✓ Stress the importance of remaining on statin medication to lower blood cholesterol and manage cardiovascular disease. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress. ✓ Refer patient to specialist if appropriate.	**High-, Moderate- and Low-Intensity Statin Medications:** Atorvastin 40-80 mg, Amlodipine-atorvastin 40-80 mg, Rosuvastatin 20-40 mg, Simvastin 80 mg, Ezetimibe-simvastatin 80 mg, Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 1-4 mg

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Statin Therapy for Persons with Diabetes	SPD	The percentage of Members 40-75 years of age during the measurement year with diabetes who do not have clinical ASCVD and who received and stayed on statin therapy.	Commercial, HARP, Medicaid, Medicare	**Numerator:** 1. Members in the denominator who were dispensed at least one statin medication (any intensity) during the measurement year. 2. Members in the denominator who remained on statin medication (any intensity) for at least 80% of the treatment period. **Denominator:** Members 40-75 years of age as of December 31 of the measurement year with diabetes who do not have clinical ASCVD.	**Telehealth:** Note: Members can get into denominator with telehealth visits. Use telehealth visits to review, document, and prescribe medication, when appropriate. Pregnant Members or Members who had IVF are not included in measure. Additionally, Members with other diagnoses such as cardiovascular disease, ESRD, and cirrhosis are not included, along with Members receiving palliative care.	✓ Stress the importance of remaining on statin medication to lower blood cholesterol and reduce the risk of cardiovascular disease. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress. ✓ Refer patient to specialist if appropriate.	**High-, Moderate- and Low-Intensity Statin Medications:** Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg, Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 1-4 mg, Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pravastatin 10-20 mg, Simvastatin 5-10 mg
Statin Use in Persons with Diabetes	SUPD	The percentage of Members 40-75 years of age who were dispensed at least two diabetes medication fills who received a statin medication fill during the measurement period.	Medicare	**Numerator:** Members in the denominator who received a statin medication fill during the measurement period. **Denominator:** Members with diabetes are defined as those who have at least two fills of diabetes medications during the measurement year.	N/A	✓ Stress the importance of remaining on statin medication to lower blood cholesterol and reduce the risk of cardiovascular disease. ✓ Consider prescribing a 90-day supply when appropriate and educate patient on pharmacy auto-refill program. ✓ Schedule follow-up visits to check progress. ✓ Refer patient to specialist if appropriate.	**High-, Moderate- and Low-Intensity Statin Medications:** Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg, Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 2-4 mg, Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pitavastatin 1 mg, Pravastatin 10-20 mg, Simvastatin 5-10 mg

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Transitions of Care	TRC	The percentage of Inpatient Discharges for Members 18 years of age and older who had each of the following: 1. Notification of Inpatient Admission. 2. Receipt of Discharge Information. 3. Patient Engagement After Inpatient Discharge. 4. Medication Reconciliation Post-Discharge.	Medicare	**Numerator:** Members in the denominator who reported: 1. Notification of Inpatient Admission on day of admission through 2 days after admission (3 total days). 2. Receipt of Discharge Information on the day of discharge through 2 days after discharge (3 total days). 3. Patient Engagement After Inpatient Discharge within 30 days (office visit, telehealth, home visit). 4. Medication Reconciliation Post-Discharge on date of discharge through 30 days (31 total days). **Denominator:** Members 18 years of age and older who had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year.	**Telehealth:** Telehealth visit, telephone visit, e-visit, or virtual check-in count for compliance in patient engagement after inpatient discharge submeasure. Medication reconciliation must be conducted by a prescribing provider, clinical pharmacist, or registered nurse. It does not require the Member to be present.	✓ Document receipt of inpatient admission notification with a date stamp. ✓ Ensure patient's discharge information is comprehensive and complete. ✓ Ensure patient has a follow-up visit within 30 days of discharge. ✓ Review new medications against outpatient medications and inform patient which medications they should stop taking.	**For Patient Engagement After Inpatient Discharge:** **Outpatient Visit** **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 **Telephone Visit** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **E-Visit or Virtual Check-In** **CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 **HCPCS:** G2010, G2012, G2061, G2062, G2063 **Transitional Care Management Services** **CPT:** 99495, 99496 **For Medication Reconciliation Post Discharge:** **Medication Reconciliation Intervention** **CPT II:** 1111F **Medication Reconciliation Encounter** **CPT:** 99483, 99495, 99496
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP	The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Commercial, Medicaid	**Numerator:** Members in the denominator with documentation of psychosocial care in 90-day period prior to the prescription start date through 30 days after. **Denominator:** Members 1-17 years of age who had a new prescription for an antipsychotic medication.	There are certain cases where Members for whom first-line antipsychotic medications may be clinically appropriate are excluded. (i.e., telephone visits and e-visits or virtual check-ins)	✓ Refer patient for psychosocial care before prescribing an antipsychotic. ✓ If antipsychotic is needed, ensure patient receives psychosocial care within 30 days of initial antipsychotic prescription.	**Psychosocial Visit** **CPT:** 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409- G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Use of High-Risk Medications in Older Adults	DAE	The percentage of Medicare members 67 years of age and older who had at least two dispensing events for the same high-risk medication.	Medicare	**Numerator:** Members in the denominator who received at least two dispensing events for the same high-risk medication during the measurement year. 1. Members who had two dispensing events for high-risk medications to avoid from the same drug class. 2. Members who had two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses. 3. Total Rate (the sum of the two numerators divided by the denominator). **Denominator:** Medicare members 67 years of age and older as of December 31 of the measurement year.	For this measure, a lower rate represents better performance.	✓ Review new medications against previously prescribed medications to inform prescriptions. ✓ Offer patients alternative medications when appropriate.	**High-Risk medications include the following:** Various Anticholinergic, Anti-Infective, Antipsychotic, Antispasmodic, Antithrombotic, Benzodiazepine, Cardiovascular, Central Nervous System, Endocrine System, Non-benzodiazepine Hypnotic, and Pain medications. *† Additional medications qualify. See NCQA HEDIS specifications for additional information.*
Use of Imaging Studies for Low Back Pain	LBP	The percentage of Members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis.	Commercial, Exchange, HARP, Medicaid	**Numerator:** Members in the denominator with a primary diagnosis of low back pain who did not have an imaging study within 28 days of the diagnosis. **Denominator:** Members 18 years of age as of January 1 of the measurement year to 50 years of age as of December 31 of the measurement year with a primary diagnosis of low back pain.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. There are certain cases for which imaging is clinically appropriate and these Members are excluded from measure (e.g., cancer, recent trauma).	✓ When appropriate, wait to order imaging studies within the first few weeks of pain indication. ✓ Suggest alternatives to imaging such as exercise and medications.	**Imaging Study** **CPT:** 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Use of Opioids at High Dosage	HDO	The proportion of Members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. Note: A lower rate indicates better performance.	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator whose average MME was ≥90 for ≥15 days during the measurement year. **Denominator:** Members 18 years of age and older as of January 1 of the measurement year who received prescription opioids for ≥15 days during the measurement year.	Members with certain diagnoses are excluded, e.g., cancer, sickle cell disease, along with Members receiving palliative care. Note: A lower rate indicates better performance.	✓ Coordinate with other health care professionals to limit prescribers and pharmacies dispensing opioids to the patient. ✓ Utilize drug monitoring programs to determine if Member has multiple prescriptions. ✓ Start with minimum necessary dosage before increasing to a higher dosage. ✓ Refer patient to behavioral health or pain management specialist, if appropriate.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of medications qualify:** Acetaminophen, Aspirin, Benzhydrocodone Buprenorphine, Butorphanol, Codeine, Codeine Phosphate, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Use of Opioids from Multiple Providers	UOP	The proportion of Members 18 years of age and older receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers.	Commercial, HARP, Medicaid, Medicare	**Numerator:** 1. Multiple Prescribers: Opioids from 4 or more different prescribers during the measurement year. 2. Multiple Pharmacies: Opioids from 4 or more different pharmacies during the measurement year. 3. Multiple Prescribers and Multiple Pharmacies: Opioids from 4 or more different prescribers and 4 or more different pharmacies during the measurement year. **Denominator:** Members 18 years of age and older as of January 1 of the measurement year who received prescription opioids for ≥15 days during the measurement year.	Certain opioid medications are not included in this measure, e.g., injectables, opioid cough and cold products, methadone for the treatment of opioid use disorder.	✓ Coordinate with other health care professionals to limit prescribers and pharmacies dispensing opioids to the patient. ✓ Utilize drug monitoring programs to determine if Member has multiple prescriptions. ✓ Refer patient to behavioral health or pain management specialist, if appropriate.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **The following types of medications qualify:** Aspirin Codeine, Acetaminophen Benzhydrocodone, Buprenorphine, Butorphanol, Codeine, Codeine Phosphate, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Use of Pharmacotherapy for Alcohol Abuse or Dependence	N/A	The percentage of Members who have at least one alcohol use or dependence diagnosis with at least 1 prescription for appropriate pharmacotherapy at any time during the measurement year. * Note: This measure only applies to NYS.	HARP, Medicaid	**Numerator:** Members in the denominator with alcohol use or dependence diagnosis with at least 1 prescription for appropriate pharmacotherapy at any time during the measurement year. **Denominator:** Members 18 years of age and older as of December 31 of the measurement year with at least one alcohol use or dependence diagnosis.	N/A	✓ Consider using a brief standardized screening tool to guide your diagnosis. ✓ If considering pharmacotherapy treatment, start within 30 days of diagnosing patient with alcohol use or dependence use disorder.	EmblemHealth and Affiliates use medication National Drug Codes (NDCs) from pharmacy data to calculate the rates. **Medication-Assisted Treatment (MAT) Alcohol Abuse or Dependence Medications:** Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet)
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	SPR	The percentage of Members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	Commercial, HARP, Medicaid, Medicare	**Numerator:** Members in the denominator who have had a spirometry test within 2 years prior or 6 months after diagnosis. **Denominator:** Members 42 years of age or older as of December 31 of the measurement year with a new diagnosis of COPD or newly active COPD.	**Telehealth:** Note: Members can get into denominator with telehealth type visits. Visits that resulted in an inpatient stay are excluded. Telehealth not sufficient to complete screening. Collect and document history of COPD assessments.	✓ Communicate what the test involves and demonstrate the correct technique. ✓ Ensure staff is properly trained to administer spirometry tests; refer patient to specialist, if appropriate.	**Spirometry Test CPT:** 94010, 94014-94016, 94060, 94070, 94375, 94620
Viral Load Suppression	N/A	The percentage of Members confirmed HIV-positive who had a HIV viral load less than 200 copies/mL at the last HIV viral load test during the measurement year. * Note: This measure only applies to NYS.	HARP, Medicaid	**Numerator:** Members in the denominator (Medicaid enrollees) HIV-positive with a HIV viral load less than 200 copies/mL for the most recent HIV viral load test during the measurement year. **Denominator:** Members 2 years of age or older confirmed HIV positive through a match with the HIV Surveillance System.	N/A	✓ Explain the importance of consistent antiretroviral therapy, even if the patient feels well; schedule follow-up visits to check progress at least every 6 months. ✓ Provide Members with a viral load log and encourage them to bring it to each visit.	N/A

Measure	Acronym	Description	Population	Numerator/ Denominator	Additional Measure Information	Tips for Improving Care	Codes**
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	WCC	The percentage of Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had the following during the measurement year: 1. BMI Percentile Documentation 2. Counseling for Nutrition 3. Counseling for Physical Activity	Commercial, Exchange, Medicaid	**Numerator:** Members in the denominator who had an outpatient visit with the following: 1. BMI Percentile: Documented as a value or plotted on an age growth chart. 2. Counseling for Nutrition (e.g., current nutrition behaviors, checklist, weight or obesity counseling). 3. Counseling for Physical Activity (e.g., checklist of current physical activities). **Denominator:** Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN in the measurement year.	**Telehealth:** Member reported height and weight documented during a telehealth visit, telephone visit, e-visit, or virtual check-in can be used to determine BMI percentile. Counseling for Nutrition and Counseling for Physical Activity services rendered during a telehealth visit, telephone visit, e-visit, or virtual check-in can be used for compliance. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.	✓ Use every office visit as an opportunity to capture BMI and counsel on nutrition and physical activity. ✓ Show patient and family where child falls on the BMI chart to open the discussion.	**BMI Percentile** ICD10: Z68.51-Z68.54 **Counseling for Nutrition** **CPT:** 97802-97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **ICD10:** Z71.3 **Counseling for Physical Activity** **HCPCS:** G0447, S9451 **ICD10:** Z02.5, Z71.82
Well-Child Visits in the First 30 Months of Life	W30	The percentage of Members who had the following number of well-child visits during the last 15 months: Well-child visits in the first 15 months: 6 or more well-child visits. Well-child visits for age 15 months-30 months: 2 or more well-child visits.	Commercial, Exchange, Medicaid	**Numerator:** 1. Well-child visits in the first 15 months: Children who turned 15 months old during the measurement year with 6 or more well-child visits. 2. Well-child visits for age 15 months-30 months: Children who turned 30 months old during the measurement year with 2 or more well-child visits.	**Telehealth:** Telehealth can be used for compliance. This measure replaces W15 measure. Well-child visits must occur with PCP but does not have to be the PCP assigned.	✓ Conduct or schedule well-care visits when patients present for illnesses, or other events like sports physicals, accidental injuries, and colds — add modifier for separate and distinct services. ✓ Document all the required elements of a well-child visit. ✓ Pre-schedule the next well visit before the patient leaves the office. ✓ Provide health education/ anticipatory guidance.	**Well-Care Visit** **CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302 **ICD10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

HEDIS/STARS Health Outcomes Survey Measures:

The Medicare Health Outcomes Survey (HOS) is a survey that measures Medicare Members' physical and mental health status at the beginning and the end of a two-year period. It provides a general indication of how well Medicare Members' health is managed. The below table displays several measures that are included in this survey that you as a provider can impact for the Medicare population.

Measure	Description	Tips for Improving Care
Fall Risk Management (FRM)/Reducing the Risk of Falling	Assesses two components related to fall risk management: • Discussing Fall Risk: Members 65 years of age and older who were seen by a provider in the past 12 months and who discussed falls or problems with balance/walking with their provider. • Managing Fall Risk: Members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a provider in the past 12 months, and who received a recommendation for how to prevent falls or treat problems with balance/walking from their provider.	✓ Use every office visit as an opportunity to discuss falls and balance/walking issues. ✓ Discuss risk factors and consequences of falls. ✓ Encourage exercise, refer for eye exams, and review medications regularly.
Improving or Maintaining Physical Health/ Improving or Maintaining Mental Health	Members are asked to categorize their physical and mental health as better, the same, or worse than expected.	✓ Consider implementing systems that allow for immediate access to information and/or care for non-urgent problems, e.g., nurse hotline, telehealth. ✓ Consider implementing a patient portal that contains information about health conditions, the provider practice, and interactive tools. ✓ Involve patients in decisions and encourage them to take an active role in their health care. Work together to make decisions and select care paths that balance both preferences and long-term outcomes. ✓ Refer patient to specialist, if appropriate.
Management of Urinary Incontinence in Older Adults (MUI)/Improving Bladder Control	Assesses three components related to the management of urinary incontinence in older adults: • Discussing Urinary Incontinence: Members 65 years of age and older who reported having urine leakage in the past 6 months and who discussed their urinary leakage problem with a health care provider. • Discussing Treatment of Urinary Incontinence: Members 65 years of age and older who reported having urine leakage in the past 6 months and who discussed treatment options for their current urine leakage problem. • Impact of Urinary Incontinence: Members 65 years of age and older who reported having urine leakage in the past 6 months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.	✓ Use every office visit as an opportunity to discuss urinary incontinence. ✓ Provide patients with strategies or medications to address incontinence, working together to create a care plan.
Physical Activity in Older Adults (PAO)	Assesses two facets of promoting physical activity in older adults: • Discussing Physical Activity: Members 65 years of age and older who had a doctor's visit in the past 12 months and who spoke with a doctor or other health care provider about their level of exercise or physical activity. • Advising Physical Activity: Members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity.	✓ Use every office visit as an opportunity to discuss the importance of physical activity. ✓ Emphasize that exercise improves muscle strength, balance, and physical functioning, and reduces the risk of falls/fall-related injuries, depressive symptoms, and anxiety.

CAHPS HEDIS/STARS Measures:

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a national survey that is conducted by a Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA)-approved vendor. The overall objective of the CAHPS study is to capture accurate and complete information regarding Members' reported experiences and satisfaction across all populations. The below table displays several measures that are included in this survey that you as a provider can impact.

Measure	Description	Tips for Improving Care
Flu Vaccinations for Adults Ages 18-64 (FVA)	Members 18-64 years of age who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS survey was completed.	✓ Create a checklist in your EMR/patient chart to monitor if patients are up to date on recommended immunizations. ✓ Use every office visit as an opportunity to vaccinate.
Flu Vaccinations for Adults Ages 65 and Older (FVO)	Members 65 years of age and older who received a flu vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.	
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	Assesses three components of providing medical assistance with smoking and tobacco use cessation: • Advising Smokers and Tobacco Users to Quit: Members 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year. • Discussing Cessation Medication: Members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. • Discussing Cessation Strategies: Members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.	✓ Use every office visit as an opportunity to discuss the importance of quitting. ✓ Encourage patients to take an active role in their health care. Work together to make decisions and select care paths that balance both preferences and long-term outcomes.
Member Experience	Members are asked to assess their experience over the last 6 months in several different categories: • Getting Needed Care – How often did you get an appointment to see a specialist as soon as you needed? – How often was it easy to get the care, tests, or treatment you needed? • Getting Appointments and Care Quickly – When you needed care right away, how often did you get care as soon as you needed? – How often did you get an appointment for a check-up or routine care as soon as you needed? – How often did you see the person you came to see within 15 minutes of your appointment time? • Rating of Health Care Quality – Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care? • Care Coordination – When you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? – When your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results? – When your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them? – How often did you and your personal doctor talk about all the prescription medicines you were taking? – Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? – How often did your personal doctor seem informed and up to date about the care you got from specialists?	✓ Consider implementing systems that allow for immediate access to information and/or care for non-urgent problems, e.g., nurse hotline, telehealth. ✓ Consider implementing a patient portal that contains information about appointment availability, health conditions, the provider practice, and interactive tools. ✓ Consider expanded early morning, evening, and weekend hours; offer open access scheduling when possible. ✓ Involve patients in decisions and encourage them to take an active role in their health care. Work together to make decisions and select care paths that balance both preferences and long-term outcomes. ✓ Keep lines of communication open between all members of a patient's care team.
Pneumococcal Vaccination Status for Older Adults (PNU)	Members 65 years of age and older who have ever received one or more pneumococcal vaccinations.	✓ Create a checklist in your EMR/patient chart to monitor if patients are up to date on recommended immunizations. ✓ Use every office visit as an opportunity to vaccinate.

Electronic Clinical Data Systems:

Electronic Clinical Data Systems (ECDS) are structured, electronic versions of a patient's comprehensive medical experiences, maintained over time, that may include key administrative clinical data relevant to care. The ECDS provides automated access to comprehensive information and can create data files for quality reporting. The ECDS may also support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcome reporting. To qualify for these measures, ECDS data must be automated data that is accessible by the health care team at the point of care (e.g., electronic health records, to which any provider interacting with the Member has access to the clinical interface).

Measure	Population	Tips for Improving Care
Adult Immunization Status (AIS-E)	Commercial, Medicaid, Medicare	• Ensure Members are up to date on the following age-appropriate recommended routine vaccines: influenza (ages 19+), tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap) (ages 19+), zoster (ages 50+), and pneumococcal (ages 66+). Document any prior adverse reactions or contraindications.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Commercial, Medicaid, Medicare	• For Members 12 years of age and older with a diagnosis of major depression or dysthymia, ensure that Members are seen for an interactive outpatient visit at a minimum of every 4 months. • Screen Members using the PHQ-9 at each of these visits and document the results.
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Commercial, Medicaid, Medicare	• Screen Members 12 years of age and older for depression using a standardized instrument and document the result. • Ensure that Members who screen positive receive follow-up care within 30 days of the positive screen (see HEDIS specifications for eligible screening instruments with thresholds for positive findings).
Depression Remission or Response for Adolescents and Adults (DRR-E)	Commercial, Medicaid, Medicare	• For Members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score (>9), Members will ideally demonstrate remission or response. • Remission is defined as a PHQ-9 score of <5. Response is defined as a PHQ-9 score that is 50% lower than the initial score. • Screen Members with a subsequent PHQ-9 screening and document the result within 120-240 days after the initial elevated score.
Prenatal Depression Screening and Follow-Up (PND-E)	Commercial, Medicaid	• Screen Members who are pregnant for depression using a standardized instrument and document the result. • Ensure that Members who screen positive receive follow-up care within 30 days of the positive screen (see HEDIS specifications for eligible screening instruments with thresholds for positive findings).
Prenatal Immunization Status (PRS-E)	Commercial, Medicaid	• Ensure Members who are pregnant receive the influenza, and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines. Document any prior adverse reactions or contraindications.
Postpartum Depression Screening and Follow-Up (PDS-E)	Commercial, Medicaid	• Screen Members who delivered a baby for depression using a standardized instrument within 7-84 days following the date of delivery and document the result. • Ensure that Members who screen positive receive follow-up care within 30 days of the positive screen (see HEDIS specifications for eligible screening instruments with thresholds for positive findings).
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	Commercial, Medicaid, Medicare	• Screen all Members 18 years of age and older for unhealthy alcohol use with a standardized instrument and document the result. • Ensure that Members who screen positive receive alcohol counseling or other follow-up care within 60 days of the positive screen (see HEDIS specifications for eligible screening instruments with thresholds for positive findings).

Note: Three additional measures accept ECDS format data: Follow-Up Care for Children Prescribed ADHD Medication, Breast Cancer Screening, and Colorectal Cancer Screening. For many of these measures, telehealth-related visits count for compliance.

Social Determinants of Health Codes

CMS recommends using DOH-related Z codes ranging from Z55-Z65, which are the ICD-10-CM encounter reason codes used to document Social Determinants of Health (SDOH) data (e.g., housing, food insecurity, transportation, etc.). Assigning all relevant SDOH Z codes continues to support quality improvement initiatives and the data journey for better outcomes.

Z55 – Problems related to education and literacy • Illiteracy/low-level, schooling availability, failing school, underachievement, discord with teachers
Z56 – Problems related to employment and unemployment • Changing of job, losing job, no job, stressful work schedule, discord w boss/co-workers, bad working conditions
Z57 – Occupational exposure to risk factors • Noise, radiation, dust, other air contaminants, tobacco, toxic agents in farming, extreme temperatures, vibration, others
Z59 – Problems related to housing and economic circumstances • Homeless, inadequate housing, discord with neighbors/landlord, problems w/ residential living, lack of adequate food/safe drinking water, poverty, low income, insufficient social insurance/welfare support
Z60 – Problems related to social environment • Adjustment to life-cycle transitions, living alone, cultural differences, social exclusion and rejection, discrimination/persecution
Z62 – Problems related to upbringing • Inadequate parental supervision/control, parental overprotection, upbringing away from parents, child in custody, institutional upbringing (orphan or group home), hostility towards child, inappropriate/excessive parental pressure, child abuse including history of (physical and/or sexual), neglect, forced labor, child-parent conflict
Z63 – Other problems related to primary support group, include family circumstances • Spousal conflict, in-law conflict, absence of family member (death, divorce, deployment), dependent relative needing care, family alcoholism/drug addiction, isolated family
Z64 – Problems related to certain psychosocial circumstances • Unwanted pregnancy, multiparity, discord with counselors
Z65 – Problems related to other psychosocial circumstances • Civil/criminal convictions, incarceration, problems after release from prison, victim of crime, exposure to disaster/war, religious persecution

	Telehealth Visits by Type
Type of Visit	**Description**
Telehealth	Real-time, uses audio and video
Telephone Visit	Real-time, uses audio only
Online Assessments (e-Visit, Virtual Check-In)	Not in real-time; requires two-way interaction between Member and provider using electronic communications such as a patient portal, secure text messaging, or email