

Healthcare Effectiveness Data and Information Set (HEDIS) – Medicaid

Developed by the National Committee for Quality Assurance (NCQA), the Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used set of performance measures in the managed care industry. It contains measures that show health plans areas in which a stronger focus could lead to improvements in patient health. HEDIS reporting is mandated by the National Committee for Quality Assurance (NCQA) for compliance and accreditation. The performance measures summarized in this guide are from the Measurement Year 2023 Volume 2 Technical Specifications for Health Plans. Current ICD-10, Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®) manuals should be used at all times.

Pediatric Wellness and Access to Care

Child and Adolescent Well-Care Visits (WCV).....	3
Childhood Immunization Status (CIS)	3
Immunizations for Adolescents (IMA)	4
Well-Child Visits in the First 30 Months of Life (W30).....	4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (WCC) 5	

Behavioral Health

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	6
Antidepressant Medication Management (AMM)	6
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)..	6
Initiation and Engagement of Substance Use Disorder Treatment (IET)	7
Follow-Up After Emergency Department Visit for Mental Illness – Seven Days (FUM)	7
Follow-Up After Emergency Department Visit for Substance Use – Seven Days (FUA)	7
Follow-Up After High-Intensity Care for Substance Use Disorder – Seven Days (FUI)	8
Follow-Up After Hospitalization for Mental Illness – Seven Days (FUH)	8
Follow-up Care for Children Prescribed ADHD Medication (ADD)	8
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).....	9
Pharmacotherapy for Opioid Use Disorder (POD)	9
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	9

Diabetes Care

Blood Pressure Control (<140/90) for Patients with Diabetes (BPD)	11
Eye Exam for Patients with Diabetes (EED)	11
Hemoglobin A1c Control for Patients with Diabetes (HBD).....	12
Kidney Health Evaluation for Patients with Diabetes (KED)	12
Statin Therapy for Patients with Diabetes (SPD)	13

Heart Disease

Controlling High Blood Pressure (CBP)	15
---	----



Other Preventive Services

Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers and Tobacco Users to Quit (MSC).....	16
Adult Immunization Status (AIS-E)	16

Overuse of Opioids

Use of Opioids at High Dosage (HDO).....	18
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies (UOP)	18
Risk of Continued Opioid Use (COU).....	19

Treatment

Asthma Medication Ratio (AMR)	20
Appropriate Testing for Pharyngitis (CWP).....	20
Appropriate Treatment for Upper Respiratory Infection (URI)	20
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB).....	21
Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE).....	21
Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid (PCE)	22
Use of Imaging Studies for Low Back Pain (LBP)	22

Utilization

Plan All-Cause Readmissions (PCR).....	23
--	----

Women’s Health

Breast Cancer Screening (BCS-E).....	23
Cervical Cancer Screening (CCS).....	23
Chlamydia Screening in Women (CHL).....	24
Postpartum Care (PPC).....	24
Timeliness of Prenatal Care (PPC).....	24
Prenatal Immunization Status (PRS-E)	25

Pediatric Wellness and Access to Care

Measure name	Measure description	Service needed for compliance	Exclusions
Child and Adolescent Well-Care Visits (WCV)	The percentage of patients 3–21 years old who had at least one comprehensive well-care visit with a primary care physician (PCP) or obstetrician-gynecologist (OB-GYN) during the measurement year	One or more well-care visits during the measurement year. The well-care visit must occur with a PCP or an OB-GYN practitioner, but the practitioner does not have to be assigned to the patient.	Patients in hospice Patients who died during the measurement year
Childhood Immunization Status (CIS)	<p>The percentage of children 2 years old who had four (4) diphtheria, tetanus and acellular pertussis (DTaP); three (3) polio (IPV); one (1) measles, mumps and rubella (MMR); three (3) haemophilus influenza type B (HiB); three (3) hepatitis B (HepB); one (1) chicken pox (VZV); four (4) pneumococcal conjugate (PCV); one (1) hepatitis A (HepA); two or three (2 or 3) rotavirus (RV); and two (2) influenza (flu) vaccines by their second birthday</p> <p>A rate for each vaccine and three combination rates are reported</p>	<p>Combo 3:</p> <ul style="list-style-type: none"> 4 doses – DTaP, PCV 3 doses – Hib, IPV, Hep B 1 dose – MMR, VZV (on or between child’s first and second birthday) <p>Combo 7: Combo 3 vaccines and:</p> <ul style="list-style-type: none"> 1 dose – Hep A (on or between child’s first and second birthday) 2 doses – Rotavirus Monovalent (Rotarix-RVI) or 3 doses-Rotavirus Pentavalent (RotaTeq-TIV) <p>Combo 10: Combo 7 vaccines and:</p> <ul style="list-style-type: none"> 2 doses – Influenza 	<p>Patients who died during the measurement year</p> <p>All – anaphylactic reaction to vaccine or its components</p> <p>DTaP – encephalopathy</p> <p>MMR, VZV and flu – immunodeficiency, human immunodeficiency viruses (HIV), lymphoreticular cancer, multiple myeloma, leukemia, anaphylactic reaction to neomycin</p> <p>Rotavirus – severe combined immunodeficiency, history of intussusception</p> <p>IPV – anaphylactic reaction to streptomycin, polymyxin B or neomycin</p> <p>Hepatitis B – anaphylactic reaction to common baker’s yeast</p> <p>Patients in hospice</p> <p>Patients who had any of the following before their second birthday: severe combined immunodeficiency,</p>

			immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma, leukemia or intussusception
Immunizations for Adolescents (IMA)	The percentage of adolescents 13 years old who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.	<p>Combination 1:</p> <ul style="list-style-type: none"> One dose of meningococcal vaccine between the patient's 11th and 13th birthdays, and One Tdap vaccine between the patient's 10th and 13th birthdays <p>Combination 2: Combination 1 vaccines and:</p> <ul style="list-style-type: none"> Completed HPV vaccine series between the patient's 9th and 13th birthdays (either two HPV vaccine doses on different dates of service at least 146 days apart or three HPV vaccine doses on different dates of service) 	<p>All – anaphylactic reaction to vaccine or its components</p> <p>Tdap – encephalopathy</p> <p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Well-Child Visits in the First 30 Months of Life (W30)	<p>The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months</p> <p>The following rates are reported:</p> <p>Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits</p> <p>Well-Child Visits for Age 15 Months–30 Months Children who turned 30 months old during the measurement year: Two or more well-child visits</p>	<p>Six or more well-child visits during the first 15 months of life</p> <p>Two or more well-child visits between 15 months old and 30 months old</p> <p>Note: Visits must occur with a PCP.</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>

<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (WCC)</p>	<p>The percentage of patients 3–17 years old who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> • Body mass index (BMI) percentile documentation • Counseling for nutrition • Counseling for physical activity <p>Includes all provider types, (including specialists and registered nurses [RNs]) and does not require a particular setting (may include inpatient/emergency department [ED]/urgent care [UC])</p>	<p>BMI percentile measured and documented during the measurement year (can be plotted on age-growth chart or documented as a value); services count regardless of the intent of visit</p> <p>Not acceptable for BMI:</p> <ol style="list-style-type: none"> 1. BMI percentile ranges 2. No BMI percentile documented in medical record or plotted on age-growth chart 3. Notification of BMI value only 4. Notification of height and weight only <p>Services may be rendered during a visit other than a well-child visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the Counseling for Nutrition and Physical Activity indicators</p>	<p>Patients in hospice</p> <p>Patients with a diagnosis of pregnancy during the measurement year</p> <p>Patients who died during the measurement year</p>
---	---	--	---

Behavioral Health

Measure name	Measure description	Service needed for compliance	Exclusions
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of patients 18 years old and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period	Remained on an antipsychotic medication for at least 80% of their treatment period	<p>Patients in hospice</p> <p>Patients with dementia</p> <p>Patients 66–80 years old with two indications of frailty on different dates of service and advanced illness</p> <p>Patients 81 years old and older with frailty during the measurement year</p> <p>Did not have at least two antipsychotic medication dispensing events</p> <p>Patients who died during the measurement year</p>
Antidepressant Medication Management (AMM)	<p>The percentage of patients 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication. Two rates are reported:</p> <ul style="list-style-type: none"> • Effective acute phase treatment • Effective continuous phase treatment 	<p>Acute phase: Stayed on antidepressant medication for at least 84 days (12 weeks) out of the first 115 days after the initial prescription</p> <p>Continuous phase: Stayed on antidepressant medication for at least 180 days (six months) out of the first 232 days after the initial prescription</p>	<p>Patients in hospice</p> <p>Patients who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD (initial prescription start date), through the IPSD and the 60 days after the IPSD</p> <p>Patients who died during the measurement year</p>
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	The percentage of patients 18–64 years old with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	A glucose test or an HbA1c test during the measurement year	<p>Patients in hospice</p> <p>Patients with diabetes</p> <p>Patients who were not dispensed an antipsychotic medication during the measurement year</p>

			Patients who died during the measurement year
Initiation and Engagement of Substance Use Disorder Treatment (IET)	<p>The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days • Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation 	<p>Initiation of SUD Treatment: Initiation of SUD treatment within 14 days of the SUD episode date</p> <p>Engagement of SUD Treatment: Engaged with SUD treatment within 34 days of their initiation of treatment</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Follow-Up After Emergency Department Visit for Mental Illness – Seven Days (FUM)	<p>The percentage of emergency department (ED) visits for patients six years old and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • Follow-up within seven days of the ED visit • Follow-up within 30 days of the ED visit 	<p>Seven-day follow-up – a follow-up visit within seven days after the ED visit</p> <p>30-day follow-up – a follow-up visit within 30 days after the ED visit</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Follow-Up After Emergency Department Visit for Substance Use – Seven Days (FUA)	<p>The percentage of ED visits for patients 13 years old and older with a principal diagnosis of SUD or any diagnosis of drug overdose, for which there was follow-up</p> <p>Two rates are reported:</p>	<p>Seven-day follow-up – a follow-up visit or a pharmacotherapy dispensing event within seven days after the ED visit</p> <p>30-day follow-up – a follow-up visit or a</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>

	<ul style="list-style-type: none"> Follow-up within seven days of the ED visit Follow-up within 30 days of the ED visit 	pharmacotherapy dispensing event within 30 days after the ED visit	
Follow-Up After High-Intensity Care for Substance Use Disorder – Seven Days (FUI)	<p>The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of SUD among patients 13 years old and older that result in a follow-up visit or service for substance use disorder</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> Follow-up within seven days of the visit or discharge Follow-up within 30 days visit or discharge 	<p>Seven-day follow-up – a follow-up visit within seven days after the visit or discharge</p> <p>30-day follow-up – a follow-up visit within 30 days after the visit or discharge</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Follow-Up After Hospitalization for Mental Illness – Seven Days (FUH)	<p>The percentage of discharges for patients 6 years old and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> Follow-up within seven days of the discharge Follow-up within 30 days of the discharge 	<p>Seven-day follow-up – a follow-up visit within seven days after the date of discharge</p> <p>30-day follow-up – a follow-up visit within 30 days after the date of discharge</p> <p>Visits that occur on the date of discharge may not be counted</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Follow-up Care for Children Prescribed ADHD Medication (ADD)	<p>The percentage of patients 6–12 years old who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and 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</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> Initiation phase Continuation and Maintenance (C & M) phase 	<p>Initiation phase – one follow-up visit with a practitioner with prescribing authority during the 30 days after the initial ADHD medication dispensing date</p> <p>Continuation and Maintenance (C & M) phase – at least two follow-up visits with a practitioner with prescribing authority within 270 days after the 30-day initiation phase has ended</p>	<p>Patients in hospice</p> <p>Patients with a diagnosis of narcolepsy any time in their history through Dec. 31 of the measurement year</p> <p>Patients who died during the measurement year</p>

<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p>	<p>The percentage of children and adolescents 1–17 years old who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:</p> <p>Rate 1: The percentage of children and adolescents on antipsychotics who received blood glucose testing</p> <p>Rate 2: The percentage of children and adolescents on antipsychotics who received cholesterol testing</p> <p>Rate 3: The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing</p>	<p>Patients who received both of the following during the measurement year on the same or different dates of service:</p> <ol style="list-style-type: none"> 1. At least one test for blood glucose or HbA1c and 2. At least one test for LDL-C or cholesterol 	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
<p>Pharmacotherapy for Opioid Use Disorder (POD)</p>	<p>The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among patients 16 years old and older with a diagnosis of OUD and a new OUD pharmacotherapy event</p>	<p>New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of eight or more consecutive days</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
<p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p>	<p>The percentage of patients 1–17 years old who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as a first-line treatment</p>	<p>Documentation of psychosocial care in the 121-day period from 90 days prior to the start date of the new antipsychotic prescription through 30 days after the start date of the new antipsychotic prescription</p>	<p>Patients in hospice</p> <p>Patients with at least one acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder during the measurement year</p> <p>Patients with at least two visits in an outpatient, intensive outpatient or partial hospitalization setting on different dates</p>

			<p>of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder during the measurement year</p> <p>Patients who died during the measurement year</p>
--	--	--	---

Diabetes Care

Measure name	Measure description	Service needed for compliance	Exclusions
Blood Pressure Control (<140/90) for Patients with Diabetes (BPD)	The percentage of patients 18–75 years old with diabetes (type 1 or 2) whose blood pressure (BP) was adequately controlled (<140/90 Hg) during the measurement year	<p>Most recent BP level taken during the measurement year (last BP of the year) is less than 140/90</p> <p>Readings from an acute inpatient visit and ED visit are excluded</p>	<p>Patients who do not have a diagnosis of diabetes during the measurement year or prior year and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes</p> <p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Patients who received palliative care during the measurement year</p> <p>Patients 66 years old and older with at least two indications of frailty with different dates of service during the measurement year</p>
Eye Exam for Patients with Diabetes (EED)	The percentage of patients 18–75 years old with diabetes (type 1 or 2) who had a retinal eye exam	<p>Screening or monitoring for diabetic retinal disease of a diabetic patient by doing one of the following:</p> <ol style="list-style-type: none"> 1. Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year 2. Negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in year prior to the measurement year 3. Bilateral eye enucleation any time during the patient's history through 	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Patients who do not have a diagnosis of diabetes during or prior to the measurement year and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes</p> <p>Patients who received palliative care during the measurement year</p> <p>Patients 66 years old and older with at least two indications of frailty with</p>

		Dec. 31 of the measurement year	different dates of service during the measurement year
Hemoglobin A1c Control for Patients with Diabetes (HBD)	<p>The percentage of patients 18–75 years old with diabetes (type 1 and 2) whose hemoglobin (HbA1c) was at the following level during the measurement year:</p> <ul style="list-style-type: none"> • HbA1c Control (<8.0%) • HbA1c Poor Control (>9.0%) <p>HbA1c Poor Control (>9.0%) is an inverse measure; the goal is for patients to have an A1C in the controlled range (<8%)</p>	<p>HbA1c Control (<8.0%) – Most recent HbA1c test during the measurement year has a result of less than 8.0%</p> <p>HbA1c Poor Control (>9.0%) – Most recent HbA1c test during the measurement year has a result of greater than 9.0%</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Patients without a diagnosis of diabetes during or prior to the measurement year and have had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes</p> <p>Patients receiving palliative care</p> <p>Patients 66 years old and older with at least two indications of frailty with different dates of service during the measurement year</p>
Kidney Health Evaluation for Patients with Diabetes (KED)	<p>The percentage of patients 18–85 years old 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</p>	<p>Both an eGFR and uACR during the measurement year on the same or different dates of service</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Patients with end-stage renal disease (ESRD) or dialysis any time in the patient’s history on or prior to Dec. 31 of the measurement year</p> <p>Patients who received palliative care during the measurement year</p> <p>Patients who do not have a diagnosis of diabetes and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-</p>

			<p>induced diabetes during the measurement year or the year prior</p> <p>Patients 66–80 years old with at least two indications of frailty on different dates of service and advanced illness</p> <p>Patients 81 years old and older with at least two indications of frailty with different dates of service</p>
<p>Statin Therapy for Patients with Diabetes (SPD)</p>	<p>The percentage of patients 40–75 years old during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <p>Two rates are reported: Rate 1: Received statin therapy Rate 2: Statin adherence 80%</p>	<p>Received statin therapy – patients who were dispensed at least one statin medication of any intensity during the measurement year</p> <p>Statin adherence 80% – patients who remained on a statin medication of any intensity for at least 80% of the treatment period</p>	<p>Patients who do not have a diagnosis of diabetes and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior</p> <p>Patients with an ischemic vascular disease (IVD) diagnosis both the measurement year and year prior</p> <p>Patients in hospice</p> <p>Patients with at least one of the following during the year prior to the measurement year: an inpatient discharge with a myocardial infarction or in any setting a coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI) or other revascularization</p> <p>Patients who are pregnant, underwent in vitro fertilization (IVF), who had at least one prescription dispensed for</p>

			<p>clomiphene, ESRD or dialysis or with cirrhosis during the measurement year or the year prior</p> <p>Patients with myalgia, myositis, myopathy or rhabdomyolysis during the measurement year</p> <p>Patients who died during the measurement year</p> <p>Patients in palliative care any time during the measurement year</p> <p>Patients 66 years old and older with at least two indications of frailty on different dates of service and advanced illness</p>
--	--	--	--

Heart Disease

<p>Controlling High Blood Pressure (CBP)</p>	<p>The percentage of patients 18–85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (less than 140/90)</p> <p>Note: Both a representative systolic BP <140 mmHg and a representative diastolic BP of <90 mmHg</p>	<p>Patients become eligible after the second diagnosis of hypertension</p> <p>Representative BP is the most recent reading in the measurement year and must be less than 140/90</p> <p>Note: If multiple BP readings are noted in the chart on the same date, the lowest systolic and lowest diastolic BP result will be used.</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Patients receiving palliative care any time during the measurement year</p> <p>Patients 66–80 years old with two indications of frailty on different service dates and advanced illness</p> <p>Patients 81 years old and older with two indications of frailty with different dates of service during the measurement year</p> <p>Patients with ESRD, dialysis, nephrectomy or kidney transplant on or prior to Dec. 31 of the measurement year</p> <p>Patients with a diagnosis of pregnancy during the measurement year</p> <p>Patients who had a nonacute inpatient admission</p>
--	--	--	---

Other Preventive Services

Measure name	Measure description	Service needed for compliance	Exclusions
<p>Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers and Tobacco Users to Quit (MSC)</p>	<p>Assesses different facets of providing medical assistance with smoking and tobacco use cessation using a rolling average that represents the percentage of patients 18 years old and older who were current smokers or tobacco users. There are three components:</p> <ul style="list-style-type: none"> • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies 	<p>Advising smokers and tobacco users to quit: The number of patients in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering “Sometimes” or “Usually” or “Always” to Q53 on the Adult CAHPS Health Plan Survey</p> <p>Discussing cessation medications: The number of patients in the denominator who indicated that their doctor or health provider recommended or discussed cessation medications by answering “Sometimes” or “Usually” or “Always” to Q36 on the Adult CAHPS Health Plan Survey</p> <p>Discussing cessation strategies : The number of patients in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies by answering “Sometimes” or “Usually” or “Always” to Q37 on the Adult CAHPS Health Plan Survey</p>	<p>Patients who indicate they are not current smokers on the Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey</p>
<p>Adult Immunization Status (AIS-E)</p>	<p>The percentage of members 19 years old and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal</p>	<p>AIS – Influenza: influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period</p>	<p>All – anaphylactic reaction to vaccine, patients in hospice, patients who died during the measurement year</p> <p>Tdap – encephalitis</p>

		<p>AIS – Td/Tdap: at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period</p> <p>AIS – Zoster: received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member’s 50th birthday and before or during the measurement period</p> <p>AIS – Pneumococcal: administered at least one dose of an adult pneumococcal vaccine on or after the member’s 19th birthday and before or during the measurement period</p>	
--	--	---	--

Overuse of Opioids

Measure name	Measure description	Service needed for compliance	Exclusions
Use of Opioids at High Dosage (HDO)	<p>The percentage of patients 18 years old and older who received prescription opioids at a high dosage for 15 or more days during the measurement year</p> <p>Patients are only included in the measure if they have two or more opioid dispensing events on different dates of service during the measurement year</p> <p>A lower rate is better for this measure</p>	<p>Received prescription opioids at high dosage for fewer than 15 days during the measurement year</p> <p>A high dosage is defined as average morphine milligram equivalent (MME) dose greater than or equal to 90; a lower rate on this measure indicates better performance</p> <p>The following opioid medications are not included in the measure: Injectables, opioid cough and cold products, lonsys[®] fentanyl transdermal patch and methadone for the treatment of opioid use disorder</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Patients with a diagnosis of cancer or sickle cell disease during the measurement year</p> <p>Patients receiving palliative care during the measurement year</p> <p>Note: Denied claims do not count toward this measure.</p>
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies (UOP)	<p>The percentage of patients 18 years old and older receiving prescription opioids for 15 days or more during the measurement year who received opioids from multiple providers</p> <p>Three rates are reported:</p> <ul style="list-style-type: none"> • Multiple prescribers • Multiple pharmacies • Multiple prescribers and multiple pharmacies <p>Note: A lower rate is better for all three rates.</p>	<p>Multiple prescribers – percentage of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year</p> <p>Multiple pharmacies – percentage of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year</p> <p>Multiple prescribers and multiple pharmacies – percentage of patients receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p> <p>Note: Denied claims do not count toward this measure.</p>

		Note: The following opioid medications are not included in the measure: Injectables, opioid cough and cold products, single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/ naloxone combination products), lonsys® fentanyl transdermal patch and methadone for the treatment of opioid use disorder	
Risk of Continued Opioid Use (COU)	<p>The percentage of patients 18 years old and older who have a new episode of opioid use that puts them at risk for continued opioid use</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • At least 15 days of prescription opioids in a 30-day period • At least 31 days of prescription opioids in a 62-day period <p>Note: A lower rate indicates better performance.</p>	<p>At least 15 days covered – patients who had 15 or more calendar days covered by an opioid medication during the 30-day period beginning on the index prescription start date (IPSD) through 29 days after the IPSD</p> <p>At least 31 days covered – patients who had 31 or more calendar days covered by an opioid medication during the 62-day period beginning on the IPSD through 61 days after the IPSD</p>	<p>Patients who met at least one of the following at any time during the 12 months (one year) prior to the IPSD through 61 days after the IPSD: cancer, sickle cell disease, palliative care</p> <p>Patients in hospice</p> <p>Patients who died during the measurement year</p>

Treatment

Measure name	Measure description	Service needed for compliance	Exclusions
Asthma Medication Ratio (AMR)	The percentage of patients 5–64 years old 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	Patients on asthma medications should have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This means that of all units of asthma medications dispensed to a patient during the measurement year, at least half of them should be units of controller medications. One medication unit equals one inhaler canister, one injection, one infusion or a 30-day or less supply of an oral medication.	<p>Patients in hospice</p> <p>Patients with emphysema, chronic obstructive pulmonary disease (COPD), obstructive chronic bronchitis, cystic fibrosis, acute respiratory failure or chronic respiratory conditions with fumes or vapors any time through Dec. 31 of the measurement year</p> <p>Patients who had no asthma controller or reliever medications dispensed during the measurement year</p> <p>Patients who died during the measurement year</p>
Appropriate Testing for Pharyngitis (CWP)	The percentage of episodes for patients three years old and older in which the patient was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode	A group A strep test after pharyngitis diagnosis, if an antibiotic is dispensed in the seven-day period from three days prior to the episode date through three days after the episode date	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Appropriate Treatment for Upper Respiratory Infection (URI)	<p>The percentage of episodes for patients three months and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event</p> <p>The measure is reported as an inverted rate (1–[numerator/eligible population]). A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).</p>	Patients were dispensed a prescription for an antibiotic medication on or three days after the episode date	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>

	This measure evaluates absence of antibiotic treatment for episodes of URI diagnoses that occur between July 1 of the year prior to the measurement year through June 30 of the measurement year		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	<p>The percentage of episodes for patients three months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event</p> <p>The measure is reported as an inverted rate (1-[numerator/eligible population])</p> <p>A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event)</p>	Patients dispensed a prescription for an antibiotic medication on or three days after the episode date	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE)	The percentage of COPD exacerbations for patients 40 years old and older who had an acute inpatient discharge or ED visit on or between Jan. 1 and Nov. 30 of the measurement year and who were dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event	<p>Patients were dispensed a bronchodilator within 30 days of inpatient discharge or ED visit for COPD exacerbation</p> <p>If a patient has an active prescription dispensed prior to the date of admission for an acute inpatient stay or date of service for an ED visit, this also counts as compliant as long as the days' supply indicated on the date the patient filled the prescription is the number of days or more between that date and the date of admission for an acute inpatient stay or date of service for an ED visit</p>	<p>Patients in hospice</p> <p>Patients who died during the measurement year</p>
Pharmacotherapy Management of COPD	The percentage of COPD exacerbations for patients 40	Patients were dispensed a systemic corticosteroid	Patients in hospice

Exacerbation – Systemic Corticosteroid (PCE)	years old and older who had an acute inpatient discharge or ED visit on or between Jan. 1 and Nov. 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event	within 14 days after discharge or ED visit for COPD exacerbation If a patient has an active prescription dispensed prior to the date of admission for an acute inpatient stay or date of service for an ED visit, this also counts as compliant as long as the days' supply indicated on the date the patient filled the prescription is the number of days or more between that date and the date of admission for an acute inpatient stay or date of service for an ED visit	Patients who died during the measurement year
Use of Imaging Studies for Low Back Pain (LBP)	The percentage of patients 18–75 years old with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, magnetic resonance imaging [MRI], computer tomography [CT] scan) within 28 days of the diagnosis The measure is reported as an inverted rate (1–[numerator/eligible population]) A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur)	An imaging study with a diagnosis of uncomplicated low back pain on the index episode start date (IESD) or in the 28 days following the IESD	Patients in hospice Patients who died during the measurement year Patients with cancer, recent trauma, intravenous drug use, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, osteoporosis, fragility fracture, lumbar surgery or spondylopathy Patients receiving palliative care Patients 66 years old and older with at least two indications of frailty with different dates of service during the measurement year and advanced illness

Utilization

Measure name	Measure description	Service needed for compliance	Exclusions
--------------	---------------------	-------------------------------	------------

Plan All-Cause Readmissions (PCR)	For patients 18–64 years old as of the index discharge date, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission	At least one acute readmission for any diagnosis within 30 days of the index discharge date on or between Jan. 1 and Dec. 1 of the measurement year	Patients in hospice
-----------------------------------	--	---	---------------------

Women’s Health

Measure name	Measure description	Service needed for compliance	Exclusions
Breast Cancer Screening (BCS-E)	The percentage of female patients 50–74 years old as of Dec. 31, 2023, who had a mammogram to screen for breast cancer	Mammogram for breast cancer screening between Oct. 1, 2021, and Dec. 31, 2023 Patients must turn 52 during the measurement year Note: 50 years old reflects a lookback of 50 and older on the test date.	Patients who have had a bilateral mastectomy or have had both a unilateral left and unilateral right mastectomy (a single unilateral mastectomy does not count as a full exclusion) Patients in hospice Patients who received palliative care Patients 66 years old and older with at least two indications of frailty with different dates of service during measurement year and advanced illness
Cervical Cancer Screening (CCS)	The percentage of female patients 21–64 years old, who were screened for cervical cancer using the criteria in the next column Note: Three-year lookback requires 21 years old and older on test date. Note: Five-year lookback requires 30 years old and older on test date.	24–64 years old (as of Dec. 31 of the measurement year): Cervical cytology performed within the last three years (Jan. 1, 2021, through Dec. 31, 2023) 30–64 years old: Cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years or 30–64 years old: Cervical cytology/hrHPV co-testing within the last five years (Jan.	Patients in hospice Patients who died during the measurement year Patients receiving palliative care Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the patient’s history through Dec. 31 of measurement year Note: Documentation of hysterectomy alone does

	Note: Documentation in the medical record must include date and result.	1, 2019, through Dec. 31, 2023)	not meet criteria because it is not sufficient evidence that the cervix was removed.
Chlamydia Screening in Women (CHL)	The percentage of female patients 16–24 years old who were identified as sexually active and who had at least one test for chlamydia during the measurement year	One chlamydia test during the measurement year	Patients in hospice Patients who died during the measurement year Patients who are identified based on a pregnancy test alone with either a prescription for isotretinoin or an X-ray on the date of the pregnancy test or the six days after the pregnancy test
Postpartum Care (PPC)	The percentage of patients who had deliveries of live births that received a postpartum visit on or between seven and 84 days after delivery	A postpartum visit on or between seven and 84 days after delivery Any of the following meet criteria: <ul style="list-style-type: none"> • A postpartum visit • Cervical cytology • A bundled service in which the date when postpartum care was rendered is identifiable from the claim form 	Patients in hospice Patients who died during the measurement year
Timeliness of Prenatal Care (PPC)	The percentage of deliveries of live births that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan	A prenatal care visit in the first trimester or on or before the enrollment start date or within 42 days of enrollment with the health plan Any of the following, in which the practitioner type is an OB-GYN or other prenatal care practitioner or PCP, meet criteria for a prenatal visit: <ul style="list-style-type: none"> • A bundled service in which the date when prenatal care was initiated is identifiable from the claim form • A visit for prenatal care • A prenatal visit with a pregnancy-related diagnosis code 	Patients in hospice Patients who died during the measurement year

<p>Prenatal Immunization Status (PRS-E)</p>	<p>The percentage of deliveries in the measurement period in which patients had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations</p>	<p>Immunization status: influenza</p> <ul style="list-style-type: none"> • Deliveries in which patients received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date, or • Deliveries in which patients had anaphylaxis due to the influenza vaccine on or before the delivery date <p>Immunization status: Tdap</p> <ul style="list-style-type: none"> • Deliveries in which patients received at least one Tdap vaccine during the pregnancy (including on the delivery date), or • Deliveries in which patients had any of the following on or before the delivery date: <ul style="list-style-type: none"> – Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine – Encephalitis due to the diphtheria, tetanus or pertussis vaccine <p>Immunization status: combination Deliveries that met criteria for influenza and Tdap immunization status</p>	<p>Deliveries that occurred at less than 37 weeks gestation</p> <p>Deliveries by patients in hospice</p>
---	--	--	--

NCQA copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by NCQA. The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2023 NCQA, all rights reserved.

The full text of this notice and disclaimer is available [here](#).