

Quality Measures Desktop Reference for Medicaid Providers

Please note: The information provided is based on HEDIS® measurement year 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), CMS, and state recommendations. Please refer to the appropriate agency for additional guidance.

Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Prevention and screening	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*	HEDIS	Ages 3 to 17	Annual	Members who had an outpatient visit with a PCP or OB/GYN during the measurement year and for whom the following were documented: <ul style="list-style-type: none"> • Height, weight, and BMI percentile • Counseling for nutrition • Counseling for physical activity <p>Note: All three sub measures can be completed by any provider.</p>
Prevention and screening	Childhood Immunization Status (CIS)	HEDIS	Ages 0 to 2	Multiple doses	Members who had appropriate doses of the following vaccines on or before their 2nd birthday: <ul style="list-style-type: none"> • Four diphtheria, tetanus, and acellular pertussis (DTaP) • Three IPV • One MMR (can only be given on or between 1st and 2nd birthday to close the gap) • Three HiB • Three Hepatitis B (One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth.) • One VZV (can only be given on or between 1st and 2nd birthday to close the gap) • Four PCV • One Hepatitis A (can only be given on or between 1st and 2nd birthday to close the gap)

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					<ul style="list-style-type: none"> • Two two-dose RV or three three-doses RV • Two Flu (Influenza cannot be given until infant is 6 months of age. One of the two vaccinations for influenza can be an LAIV administered on the child's second birthday)
Prevention and Screening	Immunizations for Adolescents (IMA)	HEDIS	Ages 13	Multiple doses	<ul style="list-style-type: none"> • Members who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and Tdap vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday • Meningococcal vaccine: between 11th and 13th birthday • Tdap vaccine-between 10th and 13th birthday • HPV vaccine-between 9th and 13th birthday
Prevention and Screening	Lead Screening in Children (LSC)	HEDIS	Ages 0 to 2	Once before age 2	Members who had one or more capillary or venous lead blood test on or before their 2nd birthday
Prevention and Screening	Prenatal Immunization Status (PRS-E)	HEDIS	Deliveries during the measurement period	28 days prior to the delivery through the delivery date	The percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids, and Tdap vaccinations
Prevention and Screening	Breast Cancer Screening (BCS)*	HEDIS	Ages 50 to 74	Every 2 years	Members who had one or more mammogram screenings during the year or prior year
Prevention and Screening	Cervical Cancer Screening (CCS)	HEDIS	Ages 21 to 64	Varies by age	<p>The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women 21 to 64 years of age who had cervical cytology performed within the last three years • Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years • Women 30 to 64 years of age who had cervical cytology/hrHPV co-testing within the last five years
Prevention and Screening	Adult Immunization Status (AIS-E)	HEDIS	Ages 19 and older	Annually	<ul style="list-style-type: none"> • The percentage of members 19 years of age 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 • Higher rate indicates better performance
Prevention and Screening	Chlamydia Screening in Women (CHL)	HEDIS	Ages 16 to 24	Annual	Members who are sexually active and who had at least one screening test for chlamydia during the measurement year
Respiratory Conditions	Appropriate Testing for Pharyngitis (CWP)	HEDIS	Ages 3 years and older	Each occurrence	Members who have been diagnosed with pharyngitis, dispensed an antibiotic, and received group A streptococcus (strep) test for the episode

Respiratory Conditions	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)*	HEDIS	Ages 40 and older	As newly diagnosed/newly active	Members who had a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the COPD diagnosis
Respiratory Conditions	Pharmacotherapy Management of COPD Exacerbation (PCE)	HEDIS	Ages 40 and older	Acute inpatient discharge or ED event	<ul style="list-style-type: none"> • 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 to November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: <ul style="list-style-type: none"> ○ Systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event ○ Bronchodilator (or there was evidence of an active prescription) within 30 days of the event
Respiratory Conditions	Asthma Medication Ratio (AMR)*	HEDIS	Ages 5 to 64	Annual	Members who have been identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year; the ratio as of December 31 is captured
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)*	HEDIS	Ages 18 to 85	Annual	<ul style="list-style-type: none"> • Members 18 to 85 years of age who had a diagnosis of HTN and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year • If no BP is recorded during the measurement year, assume that the member is not controlled. The final BP of the measurement year is captured.
Cardiovascular Conditions	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)*	HEDIS	Ages 18 and older	After discharge	Members with an inpatient discharge for acute myocardial infarction (AMI) who received beta-blocker treatment for six months after a hospital discharge for AMI
Cardiovascular Conditions	Statin Therapy for Patients With Cardiovascular Disease (SPC)*	HEDIS	Men ages 21 to 75 Women ages 40 to 75	Annual	Members with a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: <ul style="list-style-type: none"> • Members who were dispensed at least one high- or moderate-intensity statin medication • Members who remained on a high- or moderate-intensity statin medication for at least 80% of the time from prescription start to end of the year
Cardiovascular Conditions	Cardiac Rehabilitation (CRE)*	HEDIS	Ages 18 and older	Annual	Members who have attended cardiac rehabilitation following a qualified cardiac event including, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported: <ul style="list-style-type: none"> • Initiation: the percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event

					<ul style="list-style-type: none"> • Engagement 1: The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event • Engagement 2: The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event • Achievement: The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event
Diabetes	Hemoglobin A1c Control for Patients With Diabetes (HBD)	HEDIS	Ages 18 to 75	Annual	Members with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: <ul style="list-style-type: none"> • HbA1c control (< 8.0%) • HbA1c poor control (> 9.0%). • The final A1c of the measurement year is captured.
Diabetes	Blood Pressure Control Patients With Diabetes (BPD)	HEDIS	Ages 18 to 75	Annual	Members with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year; the final BP of the year is captured
Diabetes	Eye Exam for Patients With Diabetes (EED)	HEDIS	Ages 18 to 75	Annual	Members with diabetes (types 1 and 2) who had a retinal eye exam; negative eye exam in the year prior of the measurement year meets this measure
Diabetes	Kidney Health Evaluation for Patients With Diabetes (KED)*	HEDIS	Ages 18 to 85	Annual	Members with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year
Diabetes	Statin Therapy for Patients With Diabetes (SPD)*	HEDIS	Ages 40 to 75	Annual	<ul style="list-style-type: none"> • Members with diagnosis of diabetes who do not have atherosclerotic cardiovascular disease • Members who were dispensed at least one statin medication of any intensity during the measurement year • Members who remained on a statin medication of any intensity for at least 80% of the treatment period
Behavioral Health	Diagnosed Mental Health Disorders (DMH)	HEDIS	Ages 1 year or older	Annual	<ul style="list-style-type: none"> • Members who were diagnosed with a mental health disorder during the measurement year • The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance.
Behavioral Health	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	HEDIS	Ages 12 years or older	Annual	<ul style="list-style-type: none"> • The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. • A higher rate indicates better performance.

Behavioral Health	Depression Remission or Response for Adolescents and Adults (DRR-E)	HEDIS	Ages 12 years or older	Annual	<p>The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4 to 8 months of the elevated score.</p> <ul style="list-style-type: none"> • Follow-Up PHQ-9: The percentage of members who have a follow-up PHQ-9 score documented within 4 to 8 months after the initial elevated PHQ-9 score. • Depression Remission: The percentage of members who achieved remission within 4 to 8 months after the initial elevated PHQ-9 score. • Depression Response: The percentage of members who showed response within 4 to 8 months after the initial elevated PHQ-9 score. • A higher rate indicates better performance.
Behavioral Health	Antidepressant Medication Management (AMM)*	HEDIS	Ages 18 and older	Per episode	<p>Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for:</p> <ul style="list-style-type: none"> • At least 84 days (12 weeks) • At least 180 days (6 months)
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication (ADD)*	HEDIS	Ages 6 to 12	Varies by phase	<p>Members who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed — Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation phase: follow-up visit with prescriber within 30 days of prescription • Continuation and maintenance phase: remained on medication for at least 210 days and had two more visits with any practitioner within nine months
Behavioral Health	Follow-Up After Hospitalization for Mental Illness (FUH)*	HEDIS	Ages 6 and older	Within 7 and/or 30 days after discharge	<p>Members 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 Provider, as defined in appendix 3 of HEDIS Specification — Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of discharges for which the member received follow-up within 30 days after discharge. • The percentage of discharges for which the member received follow-up within 7 days after discharge. • Note: Follow-up visits on the same day of the inpatient visit discharge do not meet this measure.
Behavioral Health	Follow-Up After Emergency Department	HEDIS	Ages 6 or older	Within 7 and/or 30 days after ED visit	<p>Members with a principal diagnosis of a mental illness, or intentional self-harm, who had a follow-up visit for mental illness:</p>

	Visit for Mental Illness (FUM)*				<ul style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). Note: The follow-up visits that occur on the same day as the ambulatory ED discharge do meet this measure.
Behavioral Health	Diagnosed Substance Use Disorders (DSU)	HEDIS	Ages 13 year of age or older	Annual	<p>Members who were diagnosed with a substance use disorder during the measurement year. Four rates are reported:</p> <ul style="list-style-type: none"> The percentage of members diagnosed with an alcohol disorder The percentage of members diagnosed with an opioid disorder The percentage of members diagnosed with a disorder for other or unspecified drugs The percentage of members diagnosed with any substance use disorder The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.
Behavioral Health	Follow-Up After High Intensity Care for Substance Use Disorder (FUI)*	HEDIS	Ages 13 years of age and older	Within 7 and/or 30 days after discharge	<p>Members of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use that result in a follow-up visit or service for substance use disorder — Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge The percentage of visits or discharges for which the member received follow-up for substance use disorder within the seven days after the visit or discharge Note: Follow-up visits on the same day of the inpatient visit discharge do not meet this measure.
Behavioral Health	Follow-Up After Emergency Department Visit for Substance Use (FUA)*	HEDIS	Ages 13 years of age and older	Within 7 and/or 30 days per occurrence	<p>The percentage of emergency department (ED) visits among members with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). Note: The follow-up visits that occur on the same day as the ambulatory ED discharge do meet this measure.

Behavioral Health	Pharmacotherapy for Opioid Use Disorder (POD)	HEDIS	Ages 16 years and older	Annual	Members with a diagnosis of OUD with new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days
Behavioral Health	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*	HEDIS	Ages 18 to 64	Annual	Members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test and/or HbA1c test) during the measurement year.
Behavioral Health	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*	HEDIS	Ages 18 to 64	Annual	Members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C and an HbA1c test during the measurement year
Behavioral Health	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*	HEDIS	Ages 18 to 64	Annual	Members with schizophrenia, schizoaffective disorder, and cardiovascular disease who had an LDL-C test during the measurement year Note: Indicators of cardiovascular disease include: <ul style="list-style-type: none"> • Inpatient discharge for acute myocardial infarction (AMI) or coronary artery bypass grafting (CABG) during the year • Diagnosis of percutaneous coronary intervention (PCI) in any setting during the year • Diagnosis of ischemic vascular disease (IVD) during an inpatient or outpatient visit in both the current year and the prior year
Behavioral Health	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*	HEDIS	Ages 18 years and older	Annual	Members with schizophrenia or schizoaffective disorder who were dispensed an antipsychotic medication who remained on the antipsychotic medication for at least 80% of their treatment period
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS	Ages 1 to 17	Annual	Members who had two or more antipsychotic prescriptions and had metabolic testing during the year. Three rates are reported: <ul style="list-style-type: none"> • The percentage of children and adolescents on antipsychotics who received blood glucose testing • The percentage of children and adolescents on antipsychotics who received cholesterol testing • The percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing
Behavioral Health	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*	HEDIS	Ages 12 years of age and older	Annual	For members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care within 30 days <ul style="list-style-type: none"> • Depression Screening: The percentage of members who were screened for clinical depression using a standardized instrument

					<ul style="list-style-type: none"> • Follow-Up on Positive Screen: The percentage of members who received follow-up care within 30 days of a positive depression screen finding • Note: For standardized tool please see <i>HEDIS Coding Booklet</i> for list of tools and corresponding LOINC codes
Behavioral Health	Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	HEDIS	Ages 18 years of age and older	Annual	<p>The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.</p> <ul style="list-style-type: none"> • Unhealthy Alcohol Use Screening: The percentage of members who had a systematic screening for unhealthy alcohol use • Alcohol Counseling or Other Follow-up Care: The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use • A higher rate indicates better performance.
Overuse/ Appropriateness	Use of Opioids From Multiple Providers (UOP)	HEDIS	Ages 18 years and older	Per occurrence	<p>For members receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported:</p> <ul style="list-style-type: none"> • Multiple prescribers • Multiple pharmacies • Multiple prescribers and multiple pharmacies • Lower rate indicates better performance
Overuse/ Appropriateness	Risk of Continued Opioid Use (COU)	HEDIS	Ages 18 years and older	Annual	<p>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. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of members with at least 15 days of prescription opioids in a 30-day period. • The percentage of members with at least 31 days of prescription opioids in a 62-day period. • Note: A lower rate indicates better performance.
Overuse/ Appropriateness	Appropriate Treatment for Upper Respiratory Infection (URI)	HEDIS	Ages 3 months and older	Per occurrence	Members with a diagnosis of URI who did not receive an antibiotic prescription
Overuse/ Appropriateness	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	HEDIS	Ages 3 months and older	Per occurrence	Members with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event
Overuse/ Appropriateness	Non-Recommended Cervical Cancer Screening	HEDIS	Ages 16 to 20	Annual	Adolescent females who were screened unnecessarily for cervical cancer

	in Adolescent Females (NCS)				Note: Cervical cancer screening should begin at age 21.
Overuse/ Appropriateness	Use of Imaging Studies for Low Back Pain (LBP)	HEDIS	Ages 18 to 75	Per occurrence	The percentage of members 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis
Overuse/ Appropriateness	Use of Opioids at High Dosage (HDO)	HEDIS	Ages 18 years and older	Annual	For members receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine milligram equivalent dose ≥ 90 mg) Lower rate indicates better performance
Measures Collected Through the CAHPS Health Plan Survey	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	CAHPS®	Ages 18 and older	Annual	Members who are current tobacco users who received the following from a provider during the year: <ul style="list-style-type: none"> • Cessation advice • Recommendation for or discussion of cessation medications • Recommendation for or discussion of cessation methods or strategies CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Measures Collected Through the CAHPS Health Plan Survey	Flu Vaccinations for Adults Ages 18 to 64 (FVA)	CAHPS	Ages 18 to 64	Annual	Members vaccinated for influenza between July 1 of the measurement year and the date when the <i>CAHPS 5.1H</i> survey was completed.
Access/ Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP)	HEDIS	Ages 20 and older	Annual	Members who had an ambulatory or preventive care visit during the year
Access/ Availability of Care	Annual Dental Visit (ADV)	HEDIS	Ages 2 to 20	Annual	The percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.
Access/ Availability of Care	Initiation and Engagement of Substance Use Disorder Treatment (IET)*	HEDIS	Ages 13 and older	Per episode	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: <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

Access/ Availability of Care	Prenatal and Postpartum Care (PPC)*	HEDIS	Live birth	Per occurrence	<ul style="list-style-type: none"> The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care Members who received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization Members who had a postpartum visit on or between 7 and 84 days after delivery
Access/ Availability of Care	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*	HEDIS	Ages 1 to 17	Annual	Members who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment
Utilization and Risk Adjusted Utilization	Well-Child Visits in the First 30 Months of Life (W30)*	HEDIS	Ages 0 to 15 months Ages 15 to 30 months	6 visits 2 visits	Members who had the following number of well-child visits with a PCP during the appropriate time frame. The following rates are reported: <ul style="list-style-type: none"> Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year: Six or more well-child visits Well-Child Visits for Age 15 Months–30 Months: Children who turned 30 months old during the measurement year: Two or more well-child visits Note: Calculate the 15-month birthday as the 1st birthday plus 90 days; calculate the 30-month birthday as the 2nd birthday plus 180 days
Utilization and Risk Adjusted Utilization	Child and Adolescent Well- Care Visits (WCV)*	HEDIS	Ages 3 to 21	Annual	<ul style="list-style-type: none"> Members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year Note: Member who turn 3 to 21 years of age during the measurement year. Example: Member that turns 3 years of age on December 31 of the measurement year would still be counted in this measure.
Utilization and Risk Adjusted Utilization	Frequency of Selected Procedures (FSP)	HEDIS	Not specified	Per occurrence	This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.
Utilization and Risk Adjusted Utilization	Ambulatory Care (AMB)	HEDIS	Not specified	Per occurrence	This measure summarizes utilization of ambulatory care in the following categories: <ul style="list-style-type: none"> Outpatient visits including telehealth ED Visits

Utilization and Risk Adjusted Utilization	Inpatient Utilization-General Hospital/Acute Care (IPU)	HEDIS	Maternity only report ages 10 to 64	Per occurrence	This measure summarizes utilization of acute inpatient care and services in the following categories: <ul style="list-style-type: none"> • Maternity • Surgery • Medicine Total inpatient (the sum of maternity, surgery, and medicine)
Utilization and Risk Adjusted Utilization	Antibiotic Utilization for Respiratory Conditions (AXR)	HEDIS	Ages 3 months of age and older	Per episode	The percentage of episodes for members with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event
Utilization and Risk Adjusted Utilization	Plan All-Cause Readmissions (PCR)*	HEDIS	Ages 18 and older	Per occurrence	For members 18 years of age and older, 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
Experience of Care	Getting Health Care From Specialists	CAHPS*	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> • Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of healthcare. In the last six months, did you make any appointments to see a specialist? • In the last six months, how often did you get an appointment to see a specialist as soon as you needed? • How many specialists have you seen in the last 6 months? • We want to know your rating of the specialist you saw most often in the last six months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
Experience of Care	Rating of Personal Doctor	CAHPS*	Members who have been with the plan through the year	Annual	<ul style="list-style-type: none"> • In the last 6 months, how many times did you visit your personal doctor to get care for yourself? • In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? • In the last 6 months, how often did your personal doctor listen carefully to you? • In the last 6 months, how often did your personal doctor show respect for what you had to say? • In the last 6 months, how often did your personal doctor spend enough time with you? • In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? • In the last 6 months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers?

					<ul style="list-style-type: none"> 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 your health care in the last six months?
Children and Adolescence	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program	EPSDT	Ages 0 to 20	Multiple	<p>Screening must include:</p> <ul style="list-style-type: none"> Comprehensive health development history (inclusive both physical and mental health) Comprehensive unclothed physical exam or appropriately draped Appropriate immunizations Laboratory tests Lead toxicity screening Health education including anticipatory guidance Vision services Dental services Hearing services Other necessary healthcare — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services

* The measures include telehealth accommodations.