

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, CMS, and state recommendations. Please refer to the appropriate agency for additional guidance.

* **The measures with an asterisk include telehealth accommodations.**

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 year in which the following were documented: <ul style="list-style-type: none"> • Height, weight, and BMI percentile • Counseling for nutrition • Counseling for physical activity
Prevention and screening	Childhood Immunization Status (CIS)	HEDIS	Ages 0 to 2	Multiple doses	Members who had appropriate doses of the following vaccines by their 2nd birthday: four — DTaP, three — IPV, one — MMR, three — HiB, three — Hep B, one — VZV, four — PCV, one — Hep A, two or three — RV, two — Flu by their 2nd birthday: <ul style="list-style-type: none"> • Hep 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. • 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 • MMR, VZS and Hep A can only be given between 1st and 2nd birthday to close the gap

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Effectiveness of care	Measure	Source	Inclusion criteria	Occurrence	Description of measurement, screening, test, or treatment needed
Prevention and screening	Immunizations for Adolescents (IMA)	HEDIS	Ages 13	Multiple doses	Members 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. <ul style="list-style-type: none"> • 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 by 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 acellular pertussis (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	The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women 21 to 64 years old who had cervical cytology performed within the last three years • Women 30 to 64 years old who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years • Women 30 to 64 years old who had cervical cytology/ high-risk human papillomavirus (hrHPV) cotesting within the last five years
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 year
Respiratory conditions	Appropriate Testing for Pharyngitis (CWP)	HEDIS	Ages 3 years and older	Annual	Members who have been diagnosed with pharyngitis, dispensed an antibiotic and received group A streptococcus (strep) test for the episode

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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 spirometry testing to confirm the COPD diagnosis
Respiratory conditions	Pharmacotherapy Management of COPD Exacerbation (PCE)	HEDIS	Ages 40 and older	Inpatient discharge or ED event	Members who had an acute inpatient discharge or emergency department (ED) visit for chronic obstructive pulmonary disease (COPD) exacerbation, who were dispensed appropriate medications: <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.
Cardiovascular conditions	Controlling High Blood Pressure (CBP)*	HEDIS	Ages 18 to 85	Annual	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 Note: If no BP is recorded during the measurement year, assume that the member is not controlled.
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

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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 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event • 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%) • HbA1c poor control (> 9%).
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.
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.
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) <i>and</i> a urine albumin-creatinine rate (uACR), during the measurement year.

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Diabetes	Statin Therapy for Patients With Diabetes (SPD)*	HEDIS	Ages 40 to 75	Annual	Members with diagnosis of diabetes who do not have atherosclerotic cardiovascular disease <ul style="list-style-type: none"> 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	1 year or older	Annual	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	Antidepressant Medication Management (AMM)*	HEDIS	Ages 18 and older	Per episode	Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for: <ul style="list-style-type: none"> At least 84 days (12 weeks) At least 180 days (six months)
Behavioral health	Follow-Up Care for Children Prescribed ADHD Medication (ADD)*	HEDIS	Ages 6 to 12	Varies by phase	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: <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 within nine months
Behavioral health	Follow-Up After Hospitalization for Mental Illness (FUH)*	HEDIS	Ages 6 and older	Within seven and/or 30 days after discharge	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 — Two rates are reported: <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 seven days after discharge

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Behavioral health	Follow-Up After Emergency Department Visit for Mental Illness (FUM)*	HEDIS	Ages 6 or older	Within seven 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> <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 seven days of the ED visit (8 total days)
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 <p>The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.</p>
Behavioral health	Follow-Up After High Intensity Care for Substance Use Disorder (FUD)*	HEDIS	Ages 13 years of age and older	Within seven 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

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Behavioral health	Follow-Up After Emergency Department Visit for Substance Use (FUA)*	HEDIS	Ages 13 years of age and older	Within seven and/or 30 days after ED visit	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: <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 seven days of the ED visit (8 total days)
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 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 year

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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 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 • Follow-up on positive screen: The percentage of members who received follow-up care within 30 days of a positive depression screen finding

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Overuse/ appropriateness	Use of Opioids From Multiple Providers (UOP)	HEDIS	Ages 18 years and older	Annual	For members receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported: <ul style="list-style-type: none"> • Multiple Prescribers • Multiple Pharmacies • Multiple Prescribers and Multiple Pharmacies Lower rate indicates higher performance.
Overuse/ appropriateness	Risk of Opioid Use (COU)	HEDIS	Ages 18 years and older	Annual	The percentage of who have a new episode of opioid use that puts them at risk for continued opioid use — Two rates are reported: <ul style="list-style-type: none"> • The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period • The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period Lower rate indicates higher performance.
Overuse/ appropriateness	Appropriate Treatment for Upper Respiratory Infection (URI)	HEDIS	Ages 3 months and older	Not applicable	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	Annual	Members with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event
Overuse/ appropriateness	Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	HEDIS	Ages 16 to 20	Not applicable	Adolescent females who were screened unnecessarily for cervical cancer Note: Cervical cancer screening should begin at age 21.

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Overuse/ appropriateness	Use of Imaging Studies for Low Back Pain (LBP)	HEDIS	Ages 18 to 75	Not applicable	Members who had a primary diagnosis of lower back pain and did not have an imaging study (e.g., plain X-ray, MRI or 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 higher performance.
Measures collected through the <i>CAHPS Health Plan Survey</i>	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
Measures collected through the <i>CAHPS Health Plan Survey</i>	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	Members who had at least one dental visit during the year

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Access/availability of care	Initiation and Engagement of Substance Use Disorder Treatment (IET)*	HEDIS	Ages 13 and older	Annual	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	Annual	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: <ul style="list-style-type: none"> • 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
Access/availability of care	Well-Child Visits in the First 30 Months of Life (W30)*	HEDIS	Ages 0 to 15 months Ages 15 to 30 months	Six visits Two visits	Members who had the following number of well-child visits with a PCP during the last 15 months. 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 to 30 Months: Children who turned 30 months old during the measurement year: Two or more well-child visits

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Access/availability of care	Child and Adolescent Well-Care Visits (WCV)*	HEDIS	Ages 3 to 21	Annual	Members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
Access/availability of care	Frequency of Selected Procedures (FSP)	HEDIS	Not specified	Annual	This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.
Access/availability of care	Ambulatory Care (AMB)	HEDIS	Not specified	Annual	This measure summarizes utilization of ambulatory care in the following categories: <ul style="list-style-type: none"> • Outpatient visits, including telehealth • ED visits
Access/availability of care	Inpatient Utilization-General Hospital/Acute Care (IPU)	HEDIS	Maternity only report ages 10 to 64	Annual	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)
Access/availability of care	Antibiotic Utilization for Respiratory Conditions (AXR)	HEDIS	Ages 3 months of age and older	Annual	The percentage of episodes for members with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event
Utilization and risk adjustment utilization	Plan All-Cause Readmissions (PCR)*	HEDIS	Ages 18 and older	Annual	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

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Experience of care	Getting Healthcare From Specialists	CAHPS*	Members who have been with the plan through the year	Annual	<p>Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of healthcare:</p> <ul style="list-style-type: none"> • 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 six months, how many times did you visit your personal doctor to get care for yourself? • In the last six months, how often did your personal doctor explain things in a way that was easy to understand? • In the last six months, how often did your personal doctor listen carefully to you? • In the last six months, how often did your personal doctor show respect for what you had to say? • In the last six months, how often did your personal doctor spend enough time with you? • In the last six months, did you get care from a doctor or other health provider besides your personal doctor? • In the last six 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? • Using any number from 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible, what number would you use to rate your healthcare in the last six months?

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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.
eCQM CMS process measure	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	CMS	Ages 6 to 17	A suicide risk assessment should be performed at every visit	<p>Percentage of patient visits for those patients with a diagnosis of major depressive disorder with an assessment for suicide risk</p> <ul style="list-style-type: none"> • Suicide risk assessments completed via telehealth services can also meet numerator performance • This measure is an episode-of-care measure; the level of analysis for this measure is every visit for major depressive disorder during the measurement period • Use of a standardized tool(s) or instrument(s) to assess suicide risk will meet numerator performance, but must include the minimum criteria noted above • Standardized tools can be mapped to the concept "Intervention, Performed": "Suicide risk assessment (procedure)" included in the numerator logic, as no individual suicide risk assessment tool or instrument would satisfy the requirements alone