



2020

HEDIS and STARS Measures

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2018 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

SFLPEC-1653-19 November 2019

505269FLPENSHP



Measure Description	LOB	Description	Coding (Identification Numerator)	Medications for Measure
PREVENTION AND SCREENING				
Adult BMI Assessment (ABA)	Medicare Medicaid	Ages 18 to 74, BMI in 2018 or 2019 -Members 20 years of age or older on the date of service, BMI (BMI Value Set) during the measurement year or the year prior to the measurement year. -Members younger than 20 years of age on the date of service, BMI percentile (BMI Percentile Value Set) during the measurement year or the year prior to the measurement year. Exclusions: Female members who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year.	ICD-10: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45, Z68.51-Z68.54	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Medicaid	Ages 3 to 17 years, Outpatient visit with PCP or OB/GYN who had evidence for BMI Percentile, Counseling for Nutrition and Physical Activity in 2019 BMI percentile (BMI Percentile Value Set) during the measurement year.	ICD-10: Z68.51-Z68.54	N/A
		Counseling for nutrition (Nutrition Counseling Value Set) during the measurement year.	ICD-10: Z71.3 CPT: 97802-97804	N/A
		Counseling for physical activity (Physical Activity Counseling Value Set) during the measurement year. Exclusions: Pregnancy	ICD-10: Z02.5, Z71.82	N/A
Childhood Immunization Status (CIS)	Medicaid	Children who turn 2 during 2019, receive these vaccinations on or before 2 years of age: diphtheria-tetanus-acellular pertussis (DTaP), three polio (IPV), one measles, mumps, and rubella (MMR), three H influenza type B (Hib), three hepatitis B (HepB), one chicken pox (VZV), four doses of pneumococcal conjugate (PCV), one hepatitis A (HepA), two or three rotavirus (RV), and two influenza (FLU) vaccines. Exclusions: Any particular vaccine; Anaphylactic Reaction Due To Vaccination value set. DTaP; Encephalopathy Due To Vaccination + Vaccine Causing Adverse Effect, MMR, VZV and influenza; Disorders of the Immune System, HIV (HIV Value Set; HIV Type 2 Value Set), Malignant Neoplasm of Lymphatic Tissue, Anaphylactic reaction to neomycin. Rotavirus: Severe combined immunodeficiency value set, Intussusception Value Set IPV: Anaphylactic reaction to neomycin, Anaphylactic reaction to streptomycin, polymyxin B or neomycin, Hepatitis B: Anaphylactic reaction to common baker's yeast	CPT: DTaP: 90698, 90700, 90721, 90723 IPV: 90698, 90713, 90723 MMR: 90707, 90710 Hib: 90644-90648, 90698, 90721, 90748 Hep B: 90723, 90740, 90744, 90747-90748 VZV: 90710, 90716 PCV: 90670 Hep A: 90633 RV: 90680-90681 FLU: 90655, 90657, 90661-90662, 90673, 90685-90689 ICD-10: B01.0, B01.1, B01.12, B01.2, B01.81, B01.89-B01.9, B02.0, B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7, B02.8, B02.9, B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89-B05.9, B06.00-B06.02, B06.09, B06.81-B06.82, B06.89-B06.9, B15.0, B15.9, B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10-B19.11, B26.0, B26.1, B26.2, B26.3, B26.81-B26.85, B26.89-B26.9, C81.00-C81.49, C81.70-C81.79, C81.90-C82.69, C82.80-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C84.19, C84.40-C84.49, C84.60-C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.2, C88.3, C88.4, C88.8, C88.9, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90, C93.Z0-C93.Z2, C94.00-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.2, C96.4, C96.9, C96.A, C96.Z, Z22.51 HCPCS: G0008-G0010	(4) DTaP, (3) IPV, (1) MMR, (3) Hib, (3) Hepatitis B, (1) VZV, (4) Pneumococcal Conjugate, (1) Hepatitis A, Rotavirus (2 dose schedule), Rotavirus (3 dose schedule), (2) Influenza Combination 2: DTaP, IPV, MMR, Hib, HepB, VZV Combination 3: DTaP, IPV, MMR, Hib, HepB, VZV, PVC
Immunizations for Adolescents (IMA)	Medicaid	Adolescents 13 years of age during the measurement year 2019 who received the following vaccinations on or before their 13th birthday: Meningococcal Tdap/Td (Evidence of antigen or combo vaccine) & HPV (Vaccine series) Exclusions: Anaphylactic Reaction Due To Vaccination, Anaphylactic Reaction Due To Serum.	CPT: 90649, 90650, 90651, 90715, 90734	Meningococcal, Tdap, Td, Tetanus, Diphtheria, HPV Combination 1: Meningococcal and Tdap/Td
Lead Screening in Children (LSC)	Medicaid	Children who turn 2 during 2019 who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.	CPT: 83655 LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7	N/A
Breast Cancer Screening (BCS)	Medicare Medicaid	Women, Ages 52-74, Mammogram between 10/1/2017 and 12/31/2019 Exclusions: Exclude Medicare members age 66 and older as of December 31 of the measurement year who are: -Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -Living long-term in an institution any time during the measurement year. • Organizations may use the LTI flag in the Medicare Part C monthly membership file. Bilateral mastectomy any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy: • Bilateral mastectomy • Unilateral mastectomy + bilateral modifier • Two unilateral mastectomies + service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 15. • Both of the following (on the same or a different date of service): -Unilateral mastectomy + a right-side modifier (same date of service) -Unilateral mastectomy with a left-side modifier (same date of service) • Absence of the left breast + absence of the right breast on the same or different date of service • History of bilateral mastectomy • Left unilateral mastectomy + right unilateral mastectomy on the same or different date of service.	CPT: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206	N/A
Cervical Cancer Screening (CCS)	Medicaid	Women; • Ages 21-64 who had cervical cytology performed every 3 years. • Ages 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed with service dates four or less days apart during the measurement year or the four years prior to the measurement years. Exclusions: Absence of Cervix any time during the member's history through December 31 of the measurement year.	CPT: 87620-87622, 88141-88143, 88152-88154, 88164-88167, 87624, 87625, 88147, 88148, 88150, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091, G0476 UB Revenue: 0923 LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 21440-3, 30167-1, 33717-0, 38372-9, 47527-7, 47528-5, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0	N/A

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Measure Description	LOB	Description	Coding (Identification Numerator)	Medications for Measure
Colorectal Cancer Screening (COL)	Medicare	Ages 51 to 75 years; <ul style="list-style-type: none"> Fecal occult blood test (FOBT) during the measurement year (2019). Flexible sigmoidoscopy during the measurement year or the four years before the measurement year (2019). Colonoscopy during the measurement year or the nine years before the measurement year (2019). CT colonography during the measurement year or the four years before the measurement year (2019). FIT-DNA test during the measurement year or the two years before the measurement year (2019). Exclusions: Colorectal Cancer, Total colectomy	CPT: 44388-44394, 44397, 44401-44408, 45330-45335, 45337-45342, 45345-45347, 45349-45350, 45355, 45378-45393, 45398, 82270, 82274, 74261-74263, 81528 HCPCS: G0104, G0105, G0121, G0328, G0464 LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 77353-1, 77354-9, 80372-6	N/A
Chlamydia Screening in Women (CHL)	Medicaid	Ages 16 to 24 years, identified as sexually active and who had at least one test for chlamydia during the measurement year. Exclusions: Exclude members who qualified for the denominator based on a pregnancy test alone and who meet either of the following: <ul style="list-style-type: none"> A pregnancy test during the measurement year and a prescription for isotretinoin (Table CHL-E) on the date of the pregnancy test or the 6 days after the pregnancy test. A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test. 	CPT: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810 LOINC: 94429-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 44806-8, 44807-6, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6	Contraceptive Medications: Desogestrel-ethinyl estradiol, Dienogest-estradiol multi-phasic, Drospirenone-ethinyl estradiol, Drospirenone-ethinyl estradiol-levonorgestrel biphasic, Ethinyl estradiol-ethynodiol, Ethinyl estradiol-etonogestrel, Ethinyl estradiol-levonorgestrel, Ethinyl estradiol-norelgestromin, Ethinyl estradiol-norethindrone, Ethinyl estradiol-norgestimate, Ethinyl estradiol-norgestrel, Etonogestrel, Levonorgestrel, Medroxyprogesterone, Mestranol-norethindrone, Norethindrone Diaphragm: Diaphragm Spermicide: Nonoxonyl 9
Care for Older Adults	Medicare	The percentage of adults 66 years and older who had each of the following during the measurement year: <ul style="list-style-type: none"> Advance care planning Medication review Functional status assessment Pain assessment 	Advance Directives: CPT: 99497, 1123F, 1124F, 1157F, 1158F HCPCS: S0257 Medication Review: CPT: 90863, 99605, 99606, 1160F Medication List: CPT: 1159F HCPCS: G8427 Functional Status: CPT: 1170F Pain Assessment: CPT: 1125F, 1126F	N/A
RESPIRATORY CONDITIONS				
Appropriate Testing for Children with Pharyngitis (CWP)	Medicaid	Ages 3 to 18 years, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. Intake Period: July 1st of the year prior to the measurement year and ends on June 20th of the measurement year. Exclusions: Exclude claims/encounters with more than one diagnosis.	CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 LOINC: 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2	Aminopenicillins: Amoxicillin, Ampicillin Beta-lactamase inhibitors: Amoxicillin-clavulanate First generation cephalosporins: Cefadroxil, Cefazolin, Cephalexin Folate antagonist: Trimethoprim Lincomycin derivatives: Clindamycin Macrolides: Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate Miscellaneous antibiotics: Erythromycin-sulfisoxazole Natural penicillins: Penicillin G potassium, Penicillin G sodium, Penicillin V potassium Penicillinase-resistant penicillins: Dicloxacillin Quinolones: Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin Second generation cephalosporins: Cefaclor, Cefprozil, Cefuroxime Sulfonamides: Sulfamethoxazole-trimethoprim Tetracyclines: Doxycycline, Minocycline, Tetracycline Third generation cephalosporins: Cefixime, Ceftriaxone, Cefuroxime, Cefixime, Ceftriaxone, Cefixime
Medication Management for people with Asthma (MMA)	Medicaid	The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.	ICD10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 CPT: 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99455-99456 UB Revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0510-0523, 0526-0529, 0720-0724, 0729, 0982-0983, 0987 HCPCS: G0402, G0438, G0439, G0463, T1015	Antiasthmatic combinations: Diphylline-guaifenesin, Guaifenesin-theophylline Antibody inhibitor: Omalizumab Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton Mast cell stabilizers: Cromolyn
Asthma Medication Ratio (AMR)	Medicaid	The percentage of members 5-64 years of age 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. Exclusions: Members who had any diagnosis from any of the following value sets, any time during the member's history through December 31 of the measurement year: <ul style="list-style-type: none"> Emphysema Value Set. Other Emphysema Value Set. COPD Value Set. Obstructive Chronic Bronchitis Value Set. Chronic Respiratory Conditions Due to Fumes/Vapors Value Set. Cystic Fibrosis Value Set. Acute Respiratory Failure Value Set. Members who had no asthma medications (controller or reliever) dispensed during the measurement year. 	ICD10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 CPT: 99201-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99455-99456 UB Revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0510-0523, 0526-0529, 0720-0724, 0729, 0982-0983, 0987 HCPCS: G0402, G0438, G0439, G0463, T1015	Antiasthmatic combinations: Diphylline-guaifenesin, Guaifenesin-theophylline Antibody inhibitor: Omalizumab Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton Mast cell stabilizers: Cromolyn Methylxanthines: Aminophylline, Diphylline, Theophylline Short-acting inhaled beta-2 agonists: Albuterol, Levalbuterol, Pirbuterol
CARDIOVASCULAR CONDITIONS				
Controlling Blood Pressure (CBP)	Medicare Medicaid	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. Exclude: <ul style="list-style-type: none"> Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) (ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis. Exclude from the eligible population all members with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year. Exclude from the eligible population all members who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions: 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. 	CPT: 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456 ICD10: I10, E10.10-E10.11, E10.21-E10.22, E10.29, E10.31-E10.319, E10.321-E10.329, E10.331-E10.339, E10.341-E10.349, E10.351-E10.359, E10.36, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.610-E10.618, E10.620, E10.621, E10.622-E10.628, E10.630-E10.638, E10.641-E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-E11.01, E11.21-E11.22, E11.29, E11.311-E11.319, E11.321-E11.329, E11.331-E11.339, E11.341-E11.349, E11.351-E11.359, E11.36, E11.39-E11.44, E11.49, E11.51-E11.52, E11.59, E11.610-E11.618, E11.620, E11.621, E11.622-E11.628, E11.630-E11.638, E11.641-E11.649, E11.65, E11.69, E11.8, E11.9, E13.00-E13.01, E13.10-E13.11, E13.21-E13.22, E13.29, E13.311-E13.319, E13.321-E13.329, E13.331-E13.339, E13.341-E13.349, E13.351-E13.359, E13.36, E13.39-E13.44, E13.49, E13.51-E13.52, E13.59, E13.610-E13.618, E13.620, E13.621, E13.622-E13.628, E13.630-E13.638, E13.641-E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013-O24.019, O24.02-O24.03, O24.111, O24.112, O24.113-O24.119, O24.12-O24.13, O24.311, O24.312, O24.313-O24.319, O24.32-O24.33, O24.811, O24.812, O24.813-O24.819, O24.82-O24.83	N/A

Measure Description	LOB	Description	Coding (Identification Numerator)	Medications for Measure
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Medicare Medicaid	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. Exclude: Members identified as having an intolerance or allergy to beta-blocker therapy. Any of the following anytime during the member's history through the end of the continuous enrollment period meet criteria: • Asthma (Asthma Value Set). • COPD (COPD Value Set). • Obstructive chronic bronchitis (Obstructive Chronic Bronchitis Value Set). • Chronic respiratory conditions due to fumes and vapors (Chronic Respiratory Conditions Due to Fumes/Vapors Value Set). • Hypotension, heart block >1 degree or sinus bradycardia (Beta-Blocker Contraindications Value Set). • A medication dispensing event indicative of a history of asthma (Table PBH-D). • Intolerance or allergy to beta-blocker therapy. (Adverse Effect of Beta-Adrenoreceptor Antagonists Value Set).	ICD-10: I21.01-I21.02, I21.09, I21.11, I21.19, I21.21, I21.29-I21.3-I21.4 UBREY: S24-S25, S50-S52, S59, 660-663, 669, 1000, 1000-1001, 1001-1002, 1002, 0022, 0024, 0100-0101, 0110-0114, 0116-0118, 0118-0124, 0126-0128, 0128-0134, 0136-0138, 0138-0144, 0146-0148, 0148-0154, 0156-0158, 0158-0160, 0164, 0167, 0169-0174, 0179, 0190, 0190-0191, 0191-0192, 0192-0193, 0199-0194, 0194, 0199, 0199-0204, 0206-0214, 0219 ICD9CM: 0180-0185, 0187-0188, 0188-018K, 0189M, 0189, 0189-018Z, 0210-0215, 0217-0218, 021F-021X, 021M, 021O, 021X-021Z, 0220-0225, 0227-0228, 022F-022K, 022M, 022O, 022X-022Z, 280-0285, 0287-0289, 028F-028K, 028M, 028O, 028X-028Z, 0650, 0652, 0655, 0657-0658, 065F-065K, 065M-065O, 065X-065Z, 0660, 0662-0665, 0667-0668, 066F-066K, 066M-066O, 066X-066Z, 0860, 0862-0865, 0867-0868, 086F-086K, 086M-086O, 086X-086Z	Noncardioselective beta-blockers: Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol Cardioselective beta-blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol Antihypertensive combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol
DIABETES				
Diabetes Care – Medical Attention for Nephropathy (CDC)	Medicare Medicaid	Ages 18-75, Nephropathy screening test in 2019 evidence of nephropathy, kidney transplant, visit with a nephrologist, urine macroalbumin test, ACE inhibitor or ARB dispensing event. Exclude: Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.	CPT: 3066F, 4010F, 3060F, 3061F, 3062F, 81000-81003, 81005, 82042-82044, 84156, 50300, 50320, 50340, 50360, 50370, 50380 ICD9CM: E08.21-E08.22, E08.29, E09.21-E09.22, E09.29, E10.21-E10.22, E10.29, E11.21-E11.22, E11.29, E13.21-E13.22, E13.29, E12.0, E12.9, E13.0, E13.10-E13.11, E13.2, E15.0, E15.1, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89- N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00-Q61.02, Q61.11, Q61.19-Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8-R80.9, Z94	Angiotensin converting enzyme inhibitors: Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolapril Angiotensin II inhibitors: Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan Antihypertensive combinations: Alikiren-valsartan, Amlodipine-benazepril, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-hydrochlorothiazide-olmesartan, Amlodipine-olmesartan, Amlodipine-telmisartan, Amlodipine-perindopril, Amlodipine-valsartan, Azilsartan-chlorthalidone, Benazepril-hydrochlorothiazide, Candesartan-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-irbesartan, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-losartan, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-telmisartan, Hydrochlorothiazide-valsartan, Sacubitril-valsartan, Trandolapril-
Diabetes care- BP Control <140/90 mm Hg (CDC)	Medicare Medicaid	Ages 18-75, Identify the most recent BP reading taken during an outpatient visit (Outpatient Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year 2019. Exclusions: Members who do not have a diagnosis of diabetes during 2018 or 2019 Members who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), during 2018 or 2019.	CPT: 3079F, 3078F, 3074F, 3075F	N/A
Diabetes Care – Eye Exam (CDC)	Medicare Medicaid	Ages 18-75, Retinal or dilated eye exam in 2019, negative retinal or dilated in 2018, or Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year. Exclusions: Refer to Administrative Specification for exclusion criteria. Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.	CPT: 2022F, 2024F, 2026F, 3072F, 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67112-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92233, 92240, 92250, 92260, 99203, 99204, 99205, 99213-99215, 99242-99245, 09950 HCPCS: S0620, S0621, S0625, S3000 ICD10: E10.9, E11.9, E13.9 ICD10PCS: 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ, 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ	N/A
Diabetes Care – HbA1c testing and control (CDC)	Medicare Medicaid	Ages 18-75, who had an HbA1c test during the measurement year. Exclusions: • 65 years of age and older as of December 31 of the measurement year. • CABG, PCI, during the measurement year or the year prior to the measurement year. • IVD, Thoracic aortic aneurysm. Members who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years. Any of the following, in any setting, any time during the member's history through December 31 of the measurement year. • Chronic heart failure, Prior MI, A diagnosis of MI, ESRD, Chronic kidney disease (stage 4), Dementia, Blindness, Amputation (lower extremity).	CPT: 3044F, 3045F, 3046F, 83036-83037 LOINC: 4548-4, 4549-2, 17856-6	N/A
Statin Therapy for Patients with Diabetes (SPD)	Medicare Medicaid	Members 40-75 during the measurement year with diabetes who do not have atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: - Received Statin Therapy: members who were dispensed at least one statin medication of any intensity during the measurement year. - Statin Adherence 80%: members who remained on a statin medication of any intensity for at least 80% of the treatment period.		High intensity statin therapy: Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg. Moderate intensity statin therapy: Atorvastatin 10-20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-simvastatin 20-40mg, Pravastatin 40-80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 2-4mg. Low intensity statin therapy: Ezetimibe-simvastatin 10mg, Fluvastatin 20mg, Lovastatin 10-20mg, Pitavastatin 1mg, Pravastatin 10-20mg, Simvastatin 5-10mg.
MUSCULOSKELETAL CONDITIONS				
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Medicare Medicaid	18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). Exclude: • A diagnosis of HIV (HIV Value Set) any time during the member's history through December 31 of the measurement year. • A diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year.	HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310	S-Aminosalicylates: Sulfasalazine Alkylating agents: Cyclophosphamide Aminoquinolines: Hydroxychloroquine Anti-rheumatics: Auranofin, Gold sodium thiomalate, Leflunomide, Methotrexate, Penicillamine Immunomodulators: Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab Immunosuppressive agents: Azathioprine, Cyclosporine, Mycophenolate Janus Kinase (JAK) Inhibitor: Tofacitinib

Measure Description	LOB	Description	Coding (Identification Numerator)	Medications for Measure
Osteoporosis Management in Women Who Had Fracture (OMW)	Medicare	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. Exclusions: Exclude members who met any of the following criteria: • Members who had a BMD test (Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the IESD. • Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medications Value Set) during the 365 days (12 months) prior to the IESD. • Members who received a dispensed prescription or had an active prescription to treat osteoporosis (Table OMW-C) during the 365 days (12 months) prior to the IESD. • Members who are enrolled in an Institutional SNP (I-SNP) any time during the measurement year. Members living long-term in an institution any time during the measurement year. For an acute or nonacute inpatient IESD, use the IESD date of admission to determine the number of days prior to the IESD. For direct transfers, use the first admission date to determine the number of days prior to the IESD.	CPT: 76977, 77078, 77080, 77081, 77082, 77085, 77086 ICD-10: BP48Z21, BP49Z21, BP4GZ21, BP4HZ21, BP4LZ21, BP4MZ21, BP4NZ21, BP4PZ21, BQ00Z21, BQ01Z21, BQ03Z21, BQ04Z21, BR00Z21, BR07Z21, BR09Z21, BR0GZ21 HCPCS: G0130, J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051	Biphosphonates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid Other agents: Calcitonin, Denosumab, Raloxifene, Teriparatide
BEHAVIORAL HEALTH				
Antidepressant Medication Management (AMM)	Medicare Medicaid	18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. • Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). Exclusions: Exclude members who did not have a diagnosis of major depression in an inpatient, outpatient, ED, intensive outpatient or partial hospitalization setting during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD. Members who meet any of the following criteria remain in the eligible population: • An outpatient visit, intensive outpatient encounter or partial hospitalization with any diagnosis of major depression. Either of the following code combinations meets criteria: • AMM Stand Alone Visits Value Set with Major Depression Value Set. • AMM Visits Value Set with AMM POS Value Set and Major Depression Value Set. • An ED visit (ED Value Set) with any diagnosis of major depression (Major Depression Value Set). • An acute or nonacute inpatient discharge with any diagnosis of major depression (Major Depression Value Set). To identify acute and nonacute inpatient discharges: 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the discharge date for the stay. For a direct transfer, use the discharge date from the last discharge.	CPT: 90791-90792, 90801-90802, 90804-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90867-90870, 90875-90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99281-99285, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99510 HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485 ICD-10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.4, F33.9 UB Revenue: 100-101, 110-114, 116-124, 126-134, 136-144, 146-154, 156-160, 164, 167, 169-174, 179, 190-194, 199-204, 206-214, 219, 450-452, 456, 459, 510, 513, 515-517, 519-523, 526-529, 900-905, 907, 911-917, 919, 981-983, 1000-1002 POS: 3, 5, 7, 9, 11-15, 20, 22, 24, 33, 49-50, 52-53, 71-72, 03, 05	Miscellaneous antidepressants: Bupropion, Vilazodone, Vortioxetine Monoamine oxidase inhibitors: Isocarboxazid, Phenelzine, Tranylcypromine Phenylpiperazine antidepressants: Nefazodone, Trazodone Psychotherapeutic combinations: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine SNRI antidepressants: Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine SSRI antidepressants: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline Tetracyclic antidepressants: Maprotiline, Mirtazapine Tricyclic antidepressants: Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Medicaid	The percentage of children 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. Initiation Phase: The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. C & M Phase: The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. Exclusions: Exclude members who had an acute inpatient encounter for mental health or chemical dependency during the 30 days after the IPSD. Any of the following meet criteria: • An acute inpatient encounter (Acute Inpatient Value Set) with a principal mental health diagnosis (Mental Health Diagnosis Value Set). • An acute inpatient encounter (Acute Inpatient Value Set) with a principal diagnosis of chemical dependency (Chemical Dependency Value Set).	CPT: 90791-90792, 90801-90802, 90804-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90867-90870, 90875-90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411-99412, 99510, 98966-98968, 99441-99443 HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485, T1015 UB Revenue: 510, 513, 515-517, 519-523, 526-529, 900, 902-905, 907, 911-917, 919, 982-983 POS: 3, 5, 7, 9, 11-15, 16-20, 22, 33, 49-50, 52-53, 53, 71-72	CNS stimulants: Amphetamine-dextroamphetamine, Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine Alpha-2 receptor agonists: Clonidine, Guanfacine Miscellaneous ADHD medications: Atomoxetine
Follow-Up After Hospitalization for Mental Illness (FUH)	Medicare Medicaid	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Event: Acute inpatient discharge with a principal diagnosis of mental illness on or between January 1st and December 1st of the measurement year. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. Exclusions: Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission and nonmental health (any principal diagnosis code other than those included in the Mental Health Diagnosis Value Set).	CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875-90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411-99412, 99510 HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485, T1015 ICD-10: F20.1, F20.2, F20.3, F20.5, F20.81, F20.89-F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89-F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39, F42, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89-F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89-F63.9, F68.10-F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9 UB Revenue: 510, 513, 515-517, 519-523, 526-529, 900-905, 907, 911-917, 919, 982-983 POS: 3, 5, 7, 9, 11-20, 22, 24, 33, 49-50, 52, 52-53, 53, 71-72, 03, 05	N/A
MEDICATION MANAGEMENT AND CARE COORDINATION				

Measure Description	LOB	Description	Coding (Identification Numerator)	Medications for Measure
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)	Medicare	The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Report each of the three rates separately and as a total rate. <ul style="list-style-type: none"> A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or tricyclic antidepressants. Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents. Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs. Total rate (the sum of the three numerators divided by the sum of the three denominators). Exclusions: Exclude members with a diagnosis of psychosis (Psychosis Value Set), schizophrenia (Schizophrenia Value Set), bipolar disorder (Bipolar Disorder Value Set), Other Bipolar Disorder (Value Set) or seizure disorder (Seizure Disorders Value Set) on or between January 1 of the year prior to the measurement year and December 1 of the measurement year.	ICD-10: F01.50-F01.51, F02.80-F02.81, F03.90-F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83, N18.4-N18.6, M97.01XA-M97.01, S72.001A-S72.001C, S72.002A-S72.002C, S72.009A-S72.009C, S72.001A-S72.011C, S72.012A-S72.012C, S72.019A-S72.019C, S72.021A-S72.021C, S72.022A-S72.022C, S72.023A-S72.023C, S72.024A-S72.026C, S72.031A-S72.036C, S72.041A-S72.046C, S72.051A-S72.059C, S72.061A-S72.066C, S72.091A-S72.09C, S72.101A-S72.109C, S72.111A-S72.116C, S72.121A-S72.126C, S72.131A-S72.136C, S72.1412A-S72.146C, S72.21XA-S72.26XC CPT: 27230, 27232, 27235-27236, 27238, 27240, 27244-27246, 27248, 27254, 27267-27269, 27767-27769, 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99201-99205, 99211-99215, 99217-99220, 99512, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99281-99285, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455, 99456, 99483, 98966-98968, 99441-99443, 99495, 99496 UBREV: 0510-0516, 0517, 0519-0523, 0526-0529, 0982-0983, 1000-10020100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0159, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0190-0194, 0199, 0200,0204, 0206-0214, 0219, 0367, 0450-0452, 0456, 0459, 0981 W014.OXXA, W01.OXXD, W01.OXXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.OXXA, W10.OXXD, W10.OXXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.01XA, W18.01XD, W18.01XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XS, W18.2XXA-W18.2XXS, W18.30XA-W18.30XS, W18.31XA-W18.31XS, W18.39XA-W18.39XS, W18.40XA-W18.40XS, W18.41XA-W18.40XS, W18.42XA-W18.42XS, W18.43XA-W18.43XS, W18.49XA-W18.49XS, W19.XXA-W19.XXS, Z91.15, Z94.0, Z99.2	Potentially Harmful Drugs-Rate 1 Medications: Anticonvulsants: Carbamazepine, Clobazam, Divalproex sodium, Ethosuximide, Ethotoin, Ezogabine, Felbamate, Fosphenytoin, Gabapentin, Lacosamide, Lamotrigine, Levettiracetam, Mephobarbital, Methsuximide, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin, Primidone, Rufinamide, Tiagabine, Topiramate, Valproate sodium, Valproic acid, Vigabatrin, Zonisamide SSRIs: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline Potentially Harmful Drugs-Rate 1 and Rate 2 Medications: Antipsychotics: Aripiprazole, Avenapine, Bexiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone Benzdiazepines: Alprazolam, Chlordiazepoxide products, Clonazepam, Clorazepatedipotassium, Diazepam, Estazolam, Flurazepam HCl, Lorazepam, Midazolam HCl, Oxazepam, Quazepam, Temazepam, Triazolam Nonbenzodiazepine hypnotics: Eszopiclone, Zaleplon, Zolpidem Tricyclic antidepressants: Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine Potentially Harmful Drugs-Rate 2 Medications: H2 receptor antagonists: Cimetidine, Famotidine, Nizatidine, Ranitidine Anticholinergic agents, antiemetics: Prochlorperazine, Promethazine Anticholinergic agents, antihistamines: Carbinoxamine, Chlorpheniramine, Hydroxyzine, Brompheniramine, Clemastine, Triprolidine, Cyproheptadine, Dimenhydrinate, Diphenhydramine, Meclizine, Dextbrompheniramine, Dexchlorpheniramine, Doxylamine Anticholinergic agents, antispasmodics: Atropine, Homatropine, Belladonna alkaloids, Tropiclamine, Hyoscymine, Propantheline, Scopolamine, Clidinium-chloridazepoxide Anticholinergic agents, antimuscarinics (oral): Darifenacin, Fesoterodine, Solifenacin, Trospium,
Medication Reconciliation Post-Discharge (MRP)	Medicare	The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).	CPT: 99483, 99495, 99496, 1111F	N/A
Transition of Care (TRC)	Medicare	The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported. <ul style="list-style-type: none"> Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission or the following day. <i>Administrative reporting is not available for this indicator.</i> Receipt of Discharge Information: Documentation of receipt of discharge information on the day of discharge or the following day. <i>Administrative reporting is not available for this indicator.</i> Patient Engagement After Inpatient Discharge: Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. Medication Reconciliation Post-Discharge: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). 	Patient Engagement CPT codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, 98966-98968, 99441-99443, 99495, 99496 Medication Reconciliation CPT codes: 99483, 99495, 99496, 1111F	N/A
ACCESS/AVAILABILITY OF CARE				
Use of High Risk Medications in the Elderly (DAE)	Medicare	The percentage of Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication. A lower rate represents better performance.		High-Risk Medications: Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dextbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Dimenhydrinate, Doxylamine, Hydroxyzine, Meclizine, Promethazine, Triprolidine, Benztropine (oral), Trihexyphenidyl, Atropine (exclude ophthalmic), Belladonna alkaloids, Clidinium-chloridazepoxide, Dicyclomine, Hyoscymine, Propantheline, Scopolamine, Dipyrindamole, oral short-acting, Ticlopidine, Guanabenz, Guanfacine, Methyldopa, Disopyramide, Nifedipine-immediate release, Amitriptyline, Clomipramine, Amoxapine, Desipramine, Imipramine, Trimipramine, Nortriptyline, Paroxetine, Protriptyline, Amobarbital, Butabarbital, Butalbital, Mephobarbital, Pentobarbital, Phenobarbital,
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Medicare Medicaid	The percentage of members 20 years and older as of December 31, 2019 who had an ambulatory or preventive care visit during the measurement year.	CPT: 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99429 ICD-10: 200.00-200.01, 200.121-200.129, 200.5, 200.8, 202.0, 202.1, 202.2, 202.3, 202.4, 202.5, 202.6, 202.7, 202.79, 202.81-202.83, 202.89, 202.9 HCPCS: G0402, G0438, G0439, G0463, S0620, S0621, T1015 UB Revenue: 511-517, 519-529, 982-983, 0510	N/A
Children and Adolescents' Access to Primary Care Practitioners (CAP)	Medicaid	The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line. <ul style="list-style-type: none"> Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year. Exclusions: Exclude specialist visits.	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429 ICD-10: 200.00, 200.01, 200.121-200.129, 200.5, 200.8, 202.0, 202.1, 202.2, 202.3, 202.4, 202.5, 202.6, 202.7, 202.79, 202.81-202.83, 202.89, 202.9 HCPCS: G0402, G0438, G0439, G0463 UBREV: 510-517, 519-523, 526-529, 982-983, 0510	N/A
Prenatal and postpartum Care (PPC)	Medicaid	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facts of prenatal and postpartum care. <ul style="list-style-type: none"> Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. Exclusions: Exclude Non-live Births	CPT: 57170, 58300, 59400, 59409-59410, 59410, 59425-59426, 59430, 59510, 59514-59515, 59515, 59610, 59610, 59612, 59614, 59614, 59618, 59620, 59622, 59622, 57170, 58300, 59430, 99501, 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 80055, 80081, 86644, 86694-86696, 86762, 86777-86778, 86900-86901, 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175, 99201-99205, 99211-99215, 99241-99245, 0500F-0503F, 99500, 99501 ICD-10: Z38.0X, Z38.X, Z38.3X, Z38.6X, O09.X, O10.X, O11.X, O12.X, O13.X, O14.X, O15.X, O16.X, O20.X, O21.X, O22.X, O23.X, O24.X, O25.X, O26.X, O28.X, O29.X, O30.X, O31.X, O32.X, O33.X, O34.X, O35.X, O36.X, O40.X, O41.X, O42.X, O43.X, O44.X, O45.X, O46.X, O47.X, O48.X, O60.X, O71.X, O88.X, O91.X, O92.X, O98.X, O99.X, O9A.X, Z03.X, Z33.X, Z34.X, Z36, 806.X, Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 UB Revenue: 514, 923	N/A

Measure Description	LOB	Description	Coding (Identification Numerator)	Medications for Measure
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (ET)	Medicare Medicaid	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following between January 1–November 15 of the measurement year: Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. Engagement of AOD Treatment. The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit. Exclusions: Exclude members who had a claim/encounter with a diagnosis of AOD (AOD Dependence Value Set) during the 60 days (2 months) before the IESD.	<p>CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 98960-98962, 98966-98968, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99441-99443, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>ICD-10: F10.10, F10.120, F10.121, F10.122, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.150, F18.151, F18.188, F18.19, F18.20, F18.220, F18.221, F18.250, F18.251, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.150, F19.151, F19.159, F19.16, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.280, F19.281, F19.282, F19.288, F19.29</p> <p>POS: 3, 5, 7, 9, 11, 20, 22, 33, 49-50, 52, 52-53, 53, 57, 71-72</p> <p>UBREV: S10, S13, S15-517, S19-523, S26-529, 900, 902-907, 911-917, 919, 944-945, 982-983, 1000-1002, 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0216-0224</p>	N/A
USE OF SERVICES				
Well-Child Visits 15 months (W15)	Medicaid	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: • No well-child visits. • One well-child visit. • Two well-child visits. • Three well-child visits. • Four well-child visits. • Five well-child visits. • Six or more well-child visits.	<p>CPT: 99381-99385, 99391-99395, 99461</p> <p>ICD-10: Z00.00-Z00.01, Z00.110, Z00.111-Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9</p> <p>HCPCS: G0438, G0439</p>	N/A
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Medicaid	The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.	<p>CPT: 99381-99385, 99391-99395, 99461</p> <p>ICD-10: Z00.00-Z00.01, Z00.110, Z00.111-Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9</p> <p>HCPCS: G0438, G0439</p>	N/A
Adolescent Well-Care Visits (AWC)	Medicaid	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	<p>CPT: 99381-99385, 99391-99395, 99461</p> <p>ICD-10: Z00.00-Z00.01, Z00.110, Z00.111-Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9</p> <p>HCPCS: G0438, G0439</p>	N/A
COST OF CARE				
Plan All-Cause Readmissions (PCR)	Medicare Medicaid	For members 18 years of age and older, the number of acute inpatient 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. Data are reported in the following categories: • Count of Index Hospital Stays (IHS) (denominator), • Count of 30-Day Readmissions (numerator) • Count of Expected 30-Day Readmissions. (Medicaid, report only members 18–64 years of age)	<p>CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</p> <p>UB Revenue: 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 0720-0724, 0729, 0987</p>	N/A



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