

July 2019

2019 HEDIS® and STARS Measures

| Measure Description | Lines of Business | Description | Coding (identification numerator) | Medications for Measure |
|---|--------------------------|---|--|-------------------------|
| Prevention and screening | | | | |
| Adult BMI Assessment (ABA) | Medicare Medicaid | <ul style="list-style-type: none"> Members ages 18 to 74 with a BMI reported in 2018 or 2017 For members ages 20 and older on the date of service, BMI (BMI Value Set) during the measurement year or the year prior to the measurement year For 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 | <ul style="list-style-type: none"> Members ages 3 to 17 Outpatient visit with PCP or OB/GYN who had evidence for BMI percentile, counseling for nutrition and physical activity in 2018 BMI percentile (BMI Percentile Value Set) during the measurement year | ICD-10: Z68.51-Z68.54 | N/A |
| | | <ul style="list-style-type: none"> Counseling for nutrition (Nutrition Counseling Value Set) during the measurement year | ICD-10: Z71.3 CPT: 97802-97804 HCPCS: G0270-G0271, G0447; S9449, S9452, S9470 | N/A |
| | | <ul style="list-style-type: none"> Counseling for physical activity (Physical Activity Counseling Value Set) during the measurement year Exclusions: Pregnancy | ICD-10: Z02.5, Z71.82 HCPCS: G0447; S9451 | N/A |

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<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.

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|--|-------------------|--|--|---|
| Childhood Immunization Status (CIS) | Medicaid | <ul style="list-style-type: none"> • Children who turned 2 in 2018 and received the following vaccinations on or before their second birthday: diphtheria-tetanus-acellular pertussis (DTAP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four doses of pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines. • Exclusions: <ul style="list-style-type: none"> ○ <u>Any particular vaccine:</u> Anaphylactic Reaction Due To Vaccination Value Set ○ <u>DTaP:</u> Encephalopathy due to vaccination and vaccine causing adverse effect ○ <u>MMR, VZV and influenza:</u> disorders of the immune system, HIV (HIV Value Set; HIV Type 2 Value Set), malignant neoplasm of lymphatic tissue, anaphylactic reaction to neomycin ○ <u>Rotavirus:</u> Severe Combined Immunodeficiency Value Set, Intussusception Value Set ○ <u>IPV:</u> anaphylactic reaction to neomycin, anaphylactic reaction to streptomycin, polymyxin B or neomycin ○ <u>Hepatitis B:</u> anaphylactic reaction to common baker's yeast | CPT Dtap: 90698, 90700, 90721, 90723; IPV: 90698, 90713, 90723; MMR: 90704, 90705, 90706, 90707, 90708, 90710; HiB: 90644-90648, 90698, 90721, 90748; Hep B: 90723, 90740, 90744, 90747-90748; VZV: 90710, 90716; PCV: 90669-90670; Hep A: 90633; RV: 90680-90681; FIU: 90655, 90657, 90661-90662, 90673, 90685-90688; IDC-10: B01.0, B01.11-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, Z21, Z22.51 HCPCS: G0008-G0010 ICD-10-PCS: 3E0234Z | (4) DTaP, (3) IPV, (1) MMR, (3) Hib, (3) Hep B, (1) VZV, (4) pneumococcal conjugate,(1) Hep A, rotavirus (2-dose schedule), rotavirus (3-dose schedule), (2) influenza Combination 2: DTaP, IPV, MMR, HiB, Hep B, VZV Combination 3: DTaP, IPV, MMR, HiB, Hep B, VZV, PVC |

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|--|-------------------|---|---|--|
| Immunizations for Adolescents (IMA) | Medicaid | <ul style="list-style-type: none"> Adolescents 13 years of age during the measurement year 2018 who received the following vaccinations on or before their 13th birthday: <ul style="list-style-type: none"> Meningococcal, Tdap/TD (evidence of antigen or combo vaccine) and 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 | <ul style="list-style-type: none"> Children who turn 2 during 2018 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 |
| Cervical Cancer Screening (CCS) | Medicaid | <ul style="list-style-type: none"> Women ages 21 to 64 who had cervical cytology performed every three years Women age 30 to 64 who had cervical cytology/human papillomavirus (HPV) cotesting 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, 87624-87625, 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 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, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0 | N/A |
| Care for Older Adults (COA) | Medicare | <ul style="list-style-type: none"> The percentage of adults ages 66 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 |

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|-------------------------------|----------------------|---|---|-------------------------|
| Breast Cancer Screening (BCS) | Medicare Medicaid | <ul style="list-style-type: none"> • This measures women ages 52-74 who received a mammogram between October 1, 2016, and December 31, 2018. • Exclusions: Exclude Medicare members ages 65 and older as of January 1 of the measurement year who are: <ul style="list-style-type: none"> ○ 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. ○ 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 and bilateral modifier, two unilateral mastectomies and service dates 14 days or more apart, absence of the left breast and absence of the right breast on the same or different date of service, history of bilateral mastectomy, left unilateral mastectomy and right unilateral mastectomy on the same or different date of service, and both of the following (on the same or a different date of service): <ul style="list-style-type: none"> ○ Unilateral mastectomy + a right-side modifier (same date of service) ○ Unilateral mastectomy with a left-side modifier (same date of service) | CPT: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206 UB revenue: 0401, 0403 | N/A |

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| Colorectal Cancer Screening (COL) | Medicare | <ul style="list-style-type: none"> • Members ages 51 to 75 years with: <ul style="list-style-type: none"> ○ Fecal occult blood test (FOBT) during the measurement year ○ Flexible sigmoidoscopy during the measurement year or the four years before the measurement year ○ Colonoscopy during the measurement year or the nine years before the measurement year ○ CT colonography during the measurement year or the four years before the measurement year ○ FIT-DNA test during the measurement year or the two years before the measurement year • Exclusions: Colorectal cancer, total colectomy | <p>CPT: 44388-44394, 44397, 44401-44408, 45330-45335, 45337-45342, 45345-45347, 45349-45350, 45355, 45378-45393, 45398, 82270, 82274, 74261-74263, 81528</p> <p>HCPCS: G0104, G0105, G0121, G0328, G0464</p> <p>LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27925-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 77353-1, 77354-9, 80372-6</p> | N/A |
| Chlamydia Screening in Women (CHL) | Medicaid | <ul style="list-style-type: none"> • Members 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 six 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 six days after the pregnancy test | <p>CPT: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p>LOINC: 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 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, 80360-1, 80361-9, 80362-7</p> | <p>Contraceptive medications: desogestrel-ethinyl estradiol, dienogest-estradiol multiphasic, drospirenone-ethinyl estradiol, drospirenone-ethinyl estradiol-levomefolate 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</p> <p>Diaphragm: diaphragm</p> <p>Spermicide: Nonxynol 9</p> |

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|--|-------------------|--|--|--|
| Respiratory conditions | | | | |
| Appropriate Testing for Children with Pharyngitis (CWP) | Medicaid | <ul style="list-style-type: none"> Members 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 1 of the year prior to the measurement year and ends on June 20th of the measurement year Exclusions: Claims/encounters with more than one diagnosis | CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 LOINC: 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 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: sulfamethoxazoletrimethoprim Tetracyclines: doxycycline, minocycline, tetracycline Third-generation cephalosporins: cefdinir, cefixime, cefpodoxime, ceftibuten, cefditoren, ceftriaxone |

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|---|-------------------|--|--|--|
| Medication Management for people with Asthma (MMA) | Medicaid | <p>The percentage of members 5 to 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</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period | <p>ICD-10: 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</p> <p>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,</p> <p>UB revenue: 0100, 0101, 0110 - 0114, 0119 - 0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0510-0517, 0519-0523, 0526-0529, 0720-0724, 0729, 0982-0983, 0987, 0450-0452, 0456, 0459, 0981</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> | <p>Antiasthmatic combinations: dyphylline-guaifenesin, guaifenesin-theophylline</p> <p>Antibody inhibitor: omalizumab</p> <p>Inhaled steroid combinations: budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, mometasone-formoterol</p> <p>Inhaled corticosteroids: beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone CFC free, mometasone</p> <p>Leukotriene modifiers: montelukast, zafirlukast, zileuton</p> <p>Mast cell stabilizers: cromolyn</p> <p>Methylxanthines: aminophylline, dyphylline, theophylline;</p> <p>Short-acting, inhaled beta-2 agonists: albuterol, levalbuterol, pirbuterol</p> |

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| Asthma Medication Ration (AMR) | Medicaid | <ul style="list-style-type: none"> • The percentage of members ages 5 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 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 | <p>ICD-10: 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</p> <p>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,</p> <p>UB revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0510-0517, 0519-0523, 0526-0529, 0720 - 0724, 0729, 0982-0983, 0987, 0450-0452, 0456, 0459, 0981</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> | <p>Antiasthmatic combinations: dyphylline-guaifenesin, guaifenesin-theophylline</p> <p>Antibody inhibitor: oalizumab</p> <p>Inhaled steroid combinations: budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, mometasone-formoterol</p> <p>Inhaled corticosteroids: beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone CFC free, mometasone</p> <p>Leukotriene modifiers: montelukast, zafirlukast, zileuton</p> <p>Mast cell stabilizers: Cromolyn</p> <p>Methylxanthines: aminophylline, dyphylline, theophylline</p> <p>Short-acting, inhaled beta-2 agonists: albuterol, levalbuterol, pirbuterol</p> |

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| Cardiovascular | | | | |
| Controlling Blood Pressure (CBP) | Medicare Medicaid | <p>The percentage of members ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year</p> <p>Exclude:</p> <ul style="list-style-type: none"> • Exclude 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 all members with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year. • Exclude all members who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions: <ul style="list-style-type: none"> ○ Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). ○ Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. ○ Identify the admission date for the stay. <p>Note: Identify the most recent BP reading noted during the measurement year. The BP reading must occur on or after the date when the second diagnosis of hypertension occurred.</p> | <p>CPT: 93784, 93788, 93790, 98966-98969, 99091, 99201-99205, 99211-99215, 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</p> <p>CPT-CAT-II: 3079F, 3080F, 3078F, 3077F, 3074F, 3075F</p> <p>ICD-10: I10, 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-O24.313-O24.319, O24.32-O24.33, O24.811-O24.813-O24.819, O24.82-O24.83</p> | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---|------------------------------|---|---|---|
| Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) | Medicare Medicaid | <ul style="list-style-type: none"> • The percentage of members ages 18 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 • Exclusions: 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: <ul style="list-style-type: none"> ○ 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) | <p>ICD-10: I21.01-I21.02, I21.09, I21.11, I21.19, I21.21, I21.29-I21.3-I21.4, I21.9, I21.A1, I21.A9 UBREV: 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 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, 0193-0194, 0194, 0199, 0199-0204, 0206-0214, 0219 UBTOB: 0180-0185, 0187-0188, 018F-018K, 018M, 018O, 018X-018Z, 0210-0215, 0217-0218, 021F-021K, 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"</p> | <p>Noncardioselective betablockers: 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</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|--------------------------|---|---|---|
| Statin Therapy for Patients With Cardiovascular Disease (SPC) | Medicare Medicaid | <p>Males ages 21 to 75 and females ages 40 to 75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ul style="list-style-type: none"> • Received statin therapy: members who were dispensed at least one high-intensity or moderate intensity statin medication during the measurement year • Statin Adherence 80%: members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period <p>Exclude: Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Female members with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year • In vitro fertilization (IVF Value Set) in the measurement year or year prior • Dispensed at least one prescription for clomiphene (<i>Estrogen Agonists Medications List</i>) during the measurement year or the year prior • ESRD (ESRD Value Set) during the measurement year or the year prior • Cirrhosis (Cirrhosis Value Set) during the measurement year or the year prior to the measurement year • Myalgia, myositis, myopathy or rhabdomyolysis (Muscular Pain and Disease Value Set) during the measurement year. | <p>CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291, 33510-33523,33533-33536, 98969,99444, 37220-37231, 99201-99205, 99211-99215, 99241-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 92920, 92924, 92928, 92933, 92937, 92941, 92941, 92941, 92943, 92980, 92982, 92995, 98966-98968,99441-99443</p> <p>HCPCS: S2205-S2209, G0402,G0438,G0439, G0463, T1015, C9600, C9602,C9602, C9604, C9606, C9607</p> <p>ICD-10: I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708-I25.711, I25.718-I25.721, I25.728-I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759- I25.761, I25.768-I25.791, I25.798-I25.812, I25.82-I25.84, I25.89, I25.9, I63.20, I63.211-I63.213, I63.219, I63.22, I63.231-I63.233, I63.239, I63.29, I63.50, I63.511-I63.513, I63.519-I63.523, I63.529-I63.533, I63.539-I63.543,I63.549, I63.59, I65.01-I65.03, I65.09, I65.1, I65.21-I65.23, I65.29, I65.8, I65.9, I66.01-I66.03, I66.09-I66.13, I66.19-I66.23, I66.29, I66.3, I66.8, I66.9, I67.2,I70.1, I70.201-I70.203, I70.208-I70.213, I70.218- I70.223, I70.228-I70.235, I70.238-I70.249, I70.25, I70.261-I70.263, I70.268-I70.293, I70.298-I70.303, I70.308-I70.313, I70.318-I70.323, I70.328-I70.349, I70.35, I70.361-I70.363, I70.368-I70.393, I70.398-I70.403, I70.408-I70.413, I70.418-I70.423, I70.428-I70.449, I70.45, I70.461-I70.463, I70.468, I70.469, I70.491-I70.493, I70.498-I70.503, I70.508-I70.513, I70.518-I70.523, I70.528-I70.549, I70.55, I70.561-I70.563, I70.568-I70.593, I70.598-I70.603, I70.608- I70.613, I70.618-I70.623, I70.628-I70.635, I70.638-I70.649, I70.65, I70.661-I70.663, I70.668- I70.693, I70.698-I70.703, I70.708-I70.713, I70.718-I70.723, I70.728-I70.749, I70.75, I70.761-I70.763, I70.768-I70.793, I70.798, I70.799, I70.92, I75.011-I75.013, I75.019-I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D,T82.855S, T82.856A, T82.856D, T82.856S, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0-I22.2, I22.8,</p> | <p>High-intensity statin therapy: atorvastatin 40-80 mg, amlodipine-atorvastatin 40-80 mg , ezetimibe-atorvastatin 40-80 mg, rosuvastatin 20-40 mg, simvastatin 80 mg, ezetimibe-simvastatin 80 mg</p> <p>Moderate-intensity statin therapy: atorvastatin 10-20 mg, amlodipine-atorvastatin 10-20 mg, ezetimibe-atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 20-40 mg, ezetimibe-simvastatin 20-40 mg, niacin-simvastatin 20-40 mg, sitagliptin-simvastatin 20-40 mg, pravastatin 40-80 mg, lovastatin 40 mg, niacin-lovastatin 40 mg, fluvastatin XL 80 mg, fluvastatin 40 mg bid, Pitavastatin 2–4 mg</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---------------------|----------------------|--|---|-------------------------|
| SPC (cont.) | Medicare Medicaid | <p>Exclude:</p> <ul style="list-style-type: none"> • Members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ 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 as identified by the LTI flag in the Monthly Membership Detail data file ○ Use the run date of the file to determine if a member had an LTI flag during the measurement year • Members 66 years of age and older as of December 31 of the measurement year with frailty (Frailty Value Set) and advanced illness during the measurement year; to identify members with advanced illness, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria: <ul style="list-style-type: none"> ○ At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set); visit type need not be the same for the two visits ○ At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set) ○ A dispensed dementia medication (<i>Dementia Medications List</i>) | <p>ICD-10 (cont.): I22.9,I23.0-I23.8,I25.2, 0210083, 0210088, 0210089, 021008C, 021008F, 021008W, 0210093, 210098, 0210099,021009C, 021009F, 021009W, 02100A3, 2100A8, 02100A9, 02100AC, 02100AF, 02100AW,02100J3, 02100J8, 02100J9,02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 0211083, 0211088, 0211089, 021108C, 021108F, 021108W, 0211093, 0211098,0211099, 021109C, 021109F,021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF,02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 0212083, 0212088, 0212089, 021208C, 021208F, 021208W, 0212093, 0212098, 0212099, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 0213083,0213088, 0213089, 021308C, 021308F, 021308W, 0213093, 0213098, 0213099, 021309C, 021309F, 021309W,02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3,02130Z8, 02130Z9, 02130ZC, 02130ZF, 0270346, 027034Z, 0270356, 027035Z, 0270366, 027036Z, 0270376, 027037Z, 02703D6,02703DZ,02703E6, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 0270446, 027044Z, 0270456, 027045Z, 0270466, 027046Z, 0270476, 027047Z, 02704D6, 02704DZ, 02704E6, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 0271346, 027134Z, 0271356, 027135Z, 0271366, 027136Z, 0271376, 027137Z, 02713D6, 02713DZ, 02713E6, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 0271446, 027144Z, 0271456, 027145Z, 0271466</p> | |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---------------------|----------------------|-------------|---|-------------------------|
| SPC (cont.) | Medicare Medicaid | | <p>ICD-10 (cont.): 027146Z, 0271476, 027147Z, 02714D6, 02714DZ, 02714E6, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 0272346, 027234Z, 0272356, 027235Z, 0272366, 027236Z, 0272376, 027237Z, 02723D6, 02723DZ, 02723E6, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 0272446, 027244Z, 0272456, 027245Z, 0272466, 027246Z, 0272476, 027247Z, 02724D6, 02724DZ, 02724E6, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 0273346, 027334Z, 0273356, 027335Z, 0273366, 027336Z, 0273376, 027337Z, 02733D6, 02733DZ, 02733E6, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 0273446, 027344Z, 0273456, 027345Z, 0273466, 027346Z, 0273476, 027347Z, 02734D6, 02734DZ, 02734E6, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ</p> <p>UBREV: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0214, 0219-0724, 0729, 0987, 0100, 0101, 0110-0114, 0116-0124, 0126-0179, 0190- 0204, 0206-0214, 0219, 1000-1002, 0510-0523, 0526-0529, 0982, 0983</p> | |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|--------------------------|--|---|---|
| Diabetes | | | | |
| Comprehensive Diabetes Care (CDC) – medical attention for nephropathy | Medicare Medicaid | <ul style="list-style-type: none"> Members ages 18 to 75 who had a nephropathy screening test in 2018 or evidence of nephropathy, kidney transplant, visit with a nephrologist, urine macroalbumin test, ACE inhibitor or ARB dispensing event Exclusions: 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, 50365 50370, 50380 ICD-10: 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, I12.0, I12.9, I13.0, I13.10-I13.11, I13.2, I15.0, I15.1, 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" | 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: aliskiren-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-verapamil |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---------------------------------|----------------------|--|--|-------------------------|
| CDC — BP control < 140/90 mm Hg | Medicare Medicaid | <ul style="list-style-type: none"> • Members ages 18 to 75: <ul style="list-style-type: none"> ○ 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 2018. • Exclusions: <ul style="list-style-type: none"> ○ Members who do not have a diagnosis of diabetes during 2017 or 2018 ○ Members who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set) during 2017 or 2018 | CPT: 3079F, 3078F, 3074F, 3075F, 93784, 93788, 93790, 99091 | N/A |
| CDC — eye exam | Medicare Medicaid | <ul style="list-style-type: none"> • Members ages 18 to 75 with a retinal or dilated eye exam in 2018, negative retinal or dilated in 2017, or bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year 2018 • Exclusions: 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, 67227-67728, 92002, 92004, 92012,92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000 ICD10PCS: 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ, 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|----------------------|--|---|---|
| CDC — HbA1c testing and control | Medicare Medicaid | <p>Members ages 18 to 75 with diabetes (type 1 and type 2) HbA1c test in 2018 and control < 7%, < 8% and > 9%</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Members 65 years and older as of December 31 of the measurement year • CABG and 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 (2017) • Chronic heart failure, prior MI, a diagnosis of MI, ESRD, chronic kidney disease (stage 4), dementia, blindness, amputation (lower extremity) | <p>CPT: 3044F, 3045F, 3046F, 83036-83037 LOINC: 4548-4, 4549-2, 17856-6</p> | N/A |
| Musculoskeletal | | | | |
| Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) | Medicare Medicaid | <ul style="list-style-type: none"> • Members 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) • Exclusions: <ul style="list-style-type: none"> ○ 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 | <p>HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310</p> | <p>5-Aminosalicylates: sulfasalazine Alkylating agents: cyclophosphamide Aminoquinolines: hydroxychloroquine Antirheumatics: 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 Tetracyclines: Minocycline</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|-------------------|---|---|--|
| Osteoporosis Management in Women Who Had Fracture (OMW) | Medicare | <ul style="list-style-type: none"> • The percentage of women ages 67 to 85 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: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ▪ 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: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 HCPCS: G0130, J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 | Biphosphonates: alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid Other agents: calcitonin, denosumab, raloxifene, teriparatide |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---|--------------------------|--|--|--|
| Behavioral health | | | | |
| Antidepressant Medication Management (AMM) | Medicare Medicaid | <p>Members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment:</p> <ul style="list-style-type: none"> • 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) <p>Exclusions: Exclude members who did not have a diagnosis of major depression 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:</p> <ul style="list-style-type: none"> • An acute or nonacute inpatient stay with any diagnosis of major depression • An outpatient visit with any diagnosis of major depression • An outpatient visit with any diagnosis of major depression • An intensive outpatient encounter or partial hospitalization with any diagnosis of major depression. Value Set Combinations apply • A community mental health center visit with any diagnosis of major depression • Electroconvulsive therapy with any diagnosis of major depression • Transcranial magnetic stimulation visit with any diagnosis of major depression • A telehealth visit with any diagnosis of major depression • An observation visit (Observation Value Set) with any diagnosis of major depression • An ED visit with any diagnosis of major depression | <p>CPT: 90791-90792, 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</p> <p>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</p> <p>ICD-10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p>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</p> <p>POS: 3, 5, 7, 9, 11-15, 20, 22, 24, 33, 49-50, 52-53, 71-72, 03, 05</p> | <p>Miscellaneous antidepressants: bupropion, vilazodone, vortioxetine</p> <p>Monoamine oxidase inhibitors: isocarboxazid, phenelzine, selegiline, tranylcypromine, phenylpiperazine</p> <p>Antidepressants: nefazodone, trazodone</p> <p>Psychotherapeutic combinations: amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, fluoxetine-olanzapine</p> <p>SNRI antidepressants: desvenlafaxine, duloxetine, levomilnacipran, venlafaxine</p> <p>SSRI antidepressants: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline</p> <p>Tetracyclic antidepressants: maprotiline, mirtazapine</p> <p>Tricyclic antidepressants: amitriptyline, amoxapine, clomipramine, desipramine, doxepin (> 6 mg), imipramine, nortriptyline, protriptyline, trimipramine</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|----------------------|--|---|--|
| AMM (cont.) | Medicare Medicaid | <ul style="list-style-type: none"> An ED visit with any diagnosis of major depression: Visit Setting Unspecified Value Set with ED POS Value Set with Major Depression Value Set with or without a telehealth modifier A telephone visit with any diagnosis of major depression | | |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | Medicaid | <p>This measures 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:</p> <ul style="list-style-type: none"> Initiation Phase: the percentage of members 6 to 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: From 6 years as of March 1, 2016, to 12 years as of February 28, 2017, 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 <p>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:</p> <ul style="list-style-type: none"> 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) | <p>CPT: 90791-90792, 90801-90802, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875-90876, 96150-96154, 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</p> <p>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</p> <p>UB revenue: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0907, 0911-0917, 0919, 0982-0983</p> <p>POS: 02, 03, 05, 07, 09, 11-15, 16-20, 22, 33, 49-50, 52, 71-72</p> | <p>CNS stimulants: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, methamphetamine</p> <p>Alpha-2 receptor agonists: clonidine, guanfacine</p> <p>Miscellaneous ADHD medications: Atomoxetine</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---|--------------------------|--|---|-------------------------|
| Follow-Up After Hospitalization for Mental Illness (FUH) | Medicare Medicaid | <p>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</p> <p>Event: Acute inpatient discharge with a principal diagnosis of mental illness on or between January 1st and December 1 of the measurement year; 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 seven days after discharge <p>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).</p> | <p>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, 99383-99387, 99393-99397, 99401-99404, 99411-99412, 99495-99496, 99510</p> <p>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</p> <p>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</p> <p>UB revenue: 510, 513, 515-517, 519-523, 526-529, 900-905, 907, 911-917, 919, 982-983</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49-50, 52, 71-72</p> | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---|--------------------------|---|---|--|
| Medication management | | | | |
| Annual Monitoring for Patients on Persistent Medications (MPM) | Medicare Medicaid | <p>This measures members ages 18 years and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent and at least one therapeutic monitoring event for the therapeutic agent in the measurement year 2018. Report each of the three rates separately and as a total rate:</p> <ul style="list-style-type: none"> • Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • Annual monitoring for members on digoxin • Annual monitoring for members on diuretics • Total rate (the sum of the three numerators divided by the sum of the three denominators) <p>Exclusions: Exclude members from each eligible population who had an acute inpatient encounter (Acute Inpatient Value Set) or nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year.</p> | <p>CPT: 80047-80048, 80050-80051, 80053, 80069, 82565, 82575, 84132</p> <p>LOINC: 2160-0, 2163-4, 2164-2, 2823-3, 2824-1, 6298-4, 11041-1, 11042-9, 12195-4, 12812-4, 12813-2, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 2160-0, 2163-4, 2164-2, 22760-3, 26752-6, 2823-3, 2824-1, 29349-8, 31045-8, 32713-0, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4, 39789-3, 39790-1, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, , 59826-8, 59834-2, 62425-4, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 40119-0, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 41656-0, 44784-7, 50380-5, 50381-3, 51618-7, 51619-5, 51620-3, 59826-8, 59834-2, 62425-4, 6298-4, 75940-7, 82722-0</p> | <p>ACE inhibitor/ARB medications: 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: aliskiren-valsartan, amlodipine-benazepril, amlodipine-hydrochlorothiazide-valsartan, amlodipine-hydrochlorothiazide-olmesartan, amlodipine-olmesartan, amlodipine-perindopril, amlodipine-telmisartan, 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-verapamil Diuretic medications Antihypertensive combinations: aliskiren-hydrochlorothiazide, aliskiren-hydrochlorothiazide-amlodipine, amiloride-hydrochlorothiazide</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---|----------------------|---|-----------------------------------|---|
| MPM (cont.) | Medicare Medicaid | | | amlodipine-hydrochlorothiazide-olmesartan, amlodipine-hydrochlorothiazide-valsartan, atenolol-chlorthalidone, azilsartan-chlorthalidone, benazepril-hydrochlorothiazide, bendroflumethiazide-nadolol, bisoprolol-hydrochlorothiazide, candesartan-hydrochlorothiazide, captopril-hydrochlorothiazide, chlorthalidone-clonidine, enalapril-hydrochlorothiazide, eprosartan-hydrochlorothiazide, fosinopril-hydrochlorothiazide, hydrochlorothiazide-irbesartan, hydrochlorothiazide-lisinopril, hydrochlorothiazide-methyldopa, hydrochlorothiazide-metoprolol, hydrochlorothiazide-moexipril, hydrochlorothiazide-olmesartan, hydrochlorothiazide-propranolol, hydrochlorothiazide-quinapril, hydrochlorothiazide-spirolactone, hydrochlorothiazide-telmisartan, hydrochlorothiazide-triamterene, hydrochlorothiazide-valsartan loop diuretics: bumetanide, ethacrynic acid, furosemide, torsemide Potassium-sparing diuretics: amiloride, eplerenone, spironolactone, triamterene thiazide diuretics: chlorothiazide, chlorthalidone, hydrochlorothiazide, indapamide, methyclothiazide, metolazone |
| Medication Reconciliation Post-Discharge (MRP) | Medicare | The percentage of discharges from January 1 to December 1 of the measurement year for members ages 18 and older, for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days) | CPT: 99495, 99496, 1111F | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|------------------------|--|--|---|
| <p>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)</p> | <p>Medicare</p> | <p>This measures 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.</p> <p>Report each of the three rates separately and as a total rate:</p> <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) <p>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.</p> | <p>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, F19.17, 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-072.026C, S72.031A-S72.036C, S72.041A-S72.046C, S72.051A-S72.059C, S72.061A-S72.066C, S72.091A-S72.99C, S72.101A-S72.109C, S72.111A-S72.116C, S72.121A-S72.126C, S72.131A-S72.136C, S72.1412A-S72.146C, S72.21XA-S72.26XC</p> <p>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, 99456</p> <p>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 W014.0XXA, W01.0XXD, W01.0XXS,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, W10.0XXA, W10.0XXD, W10.0XXS, 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</p> | <p>Potentially harmful drugs-rate 1 medications Anticonvulsants: carbamazepine, clobazam, divalproex sodium, ethosuximide, ethotoin, ezogabine, felbamate, fosphenytoin, gabapentin, lacosamide, lamotrigine, levetiracetam, mephobarbital, methsuximide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, primidone, rufinamide, tiagabine hcl, 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, asenapine, brexpiprazole, cariprazine, chlorpromazine, clozapine, fluphenazine, haloperidol, iloperidone, loxapine, lurasidone, molindone, olanzapine, paliperidone, perphenazine, pimozide, quetiapine, risperidone, thioridazine, thiothixene, trifluoperazine, ziprasidone Benzodiazepines: 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</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---------------------|-------------------|-------------|---|--|
| DDE (cont.) | Medicare | | 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 | <p>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, dexbrompheniramine, dexchlorpheniramine, doxylamine Anticholinergic agents, antispasmodics: atropine, homatropine, belladonna alkaloids, dicyclomine, hyoscyamine, propantheline, scopolamine, clidinium-chlordiazepoxide Anticholinergic agents, antimuscarinics (oral): darifenacin, fesoterodine, solifenacin, trospium, flavoxate, oxybutynin, tolterodine anticholinergic agents, anti-Parkinson agents: benztropine, trihexyphenidyl anticholinergic agents, skeletal muscle relaxants: cyclobenzaprine, orphenadrine Anticholinergic agents, SSRIs: paroxetine Anticholinergic agents, antiarrhythmic: disopyramide Cox-2 selective NSAIDs and nonaspirin NSAIDs medications: Cox-2 selective NSAIDs: celecoxib Nonaspirin NSAIDs: diclofenac potassium, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen sodium, oxaprozin, piroxicam, sulindac, tolmetin</p> |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|-------------------|---|-----------------------------------|--|
| Access/availability of care | | | | |
| Use of High-Risk Medications in the Elderly (DAE) | Medicare | <ul style="list-style-type: none"> The percentage of Medicare members 66 years of age and older who had at least one dispensing event for a high-risk medication The percentage of Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication <p>For both rates, a lower rate represents better performance.</p> | | High-risk medications: brompheniramine, carbinoxamine, chlorpheniramine, clemastine, cyproheptadine, dexbrompheniramine, dexchlorpheniramine, diphenhydramine (oral), dimenhydrinate, doxylamine, hydroxyzine, meclizine, promethazine, triprolidine, benztrapine (oral), trihexyphenidyl, atropine (exclude ophthalmic), belladonna alkaloids, clidinium-chlordiazepoxide, dicyclomine, hyoscyamine, propantheline, scopolamine, dipyrindamole, oral short-acting, ticlopidine, guanabenz, guanfacine, methyl dopa, disopyramide, nifedipine-immediate release, amitriptyline, clomipramine, amoxapine, desipramine, imipramine, trimipramine, nortriptyline, paroxetine, protriptyline, amobarbital, butabarbital, butalbital, mephobarbital, pentobarbital, phenobarbital, secobarbital, ergot mesylates, isoxsuprine, meprobamate, conjugated estrogen, esterified estrogen, estradiol, estropipate, chlorpropamide, glyburide, desiccated thyroid, megestrol, carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine, indomethacin, ketorolac, includes parenteral, meperidine, pentazocine, nitrofurantoin, nitrofurantoin macrocrystals, nitrofurantoin macrocrystalsmonohydrate, eszopiclone, zaleplon, zolpidem, reserpine, digoxin, doxepin |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|--------------------------|--|---|-------------------------|
| Adults' Access to Preventive/ Ambulatory Health Services (AAP) | Medicare Medicaid | The percentage of members 20 years and older as of December 31, 2018, who had an ambulatory or preventive care visit during the measurement year | CPT: 92001-92005, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 98969, 99444, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318,99324-99328, 99334-99337, 98966-98968, 99441-99443 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 HCPCS: G0402, G0438, G0439, G0463, S0620, S0621, T1015 UB revenue: 0510-0517, 0519-0529, 0982-0983 | N/A |
| Children and Adolescents Access to Primary Care Practitioners (CAP) | Medicaid | This measures the percentage of members 12 months to 19 years of age who had a visit with a PCP. Four separate percentages are reported for each product line. <ul style="list-style-type: none"> Children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year Children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year Exclusions: Specialist visits | CPT: 92001-92005, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 98969, 99444, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318,99324-99328, 99334-99337, 98966-98968, 99441-99443 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 HCPCS: G0402, G0438, G0439, G0463, S0620, S0621, T1015 UB revenue: 0510-0517, 0519-0529, 0982-0983 | 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; the measure assesses the following facets 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 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 21 and 56 days after delivery Exclusions: Nonlive births | CPT: 57170, 58300, 59400, 59409-59410, 59410, 59425-59426, 59430, 59510, 59514-59515, 59515, 59610, 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: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 UB revenue: 0514, 0923 | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---------------------------|-------------------|--|---|-------------------------|
| Annual Dental Visit (ADV) | Medicaid | This measures the percentage of members ages 2 to 20 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. | CPT: 70300, 70310, 70320, 70350, 70355 HCPCS: D0120, D0140, D0145, D0150, D0160, D0170, D0180, D0190, D0191, D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0273, D0274, D0277, D0290, D0310, D0320, D0321, D0322, D0330, D0340, D0350, D0360, D0362, D0363, D0364, D0365, D0366, D0367, D0368, D0369, D0370, D0371, D0380, D0381, D0382, D0383, D0384, D0385, D0386, D0391, D0393, D0394, D0395, D0415, D0416, D0417, D0418, D0421, D0425, D0431, D0460, D0470, D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0484, D0485, D0486, D0502, D0601, D0602, D0603, D0999, D1110, D1120, D1203, D1204, D1206, D1208, D1310, D1320, D1330, D1351, D1352, D1510, D1515, D1520, D1525, D1550, D1555, D1999, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2410, D2420, D2430, D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2910, D2915, D2920, D2921, D2929, D2930, D2931, D2932, D2933, D2934, D2940, D2941, D2949, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2960, D2961, D2962, D2970, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D2999, D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353, D3354, D3355, D3356, D3357, D3410, D3421, D3425, D3426, D3427, D3428, D3429, D3430, D3431, D3432, D3450, D3460, D3470, D3910, D3920, D3950, D3999, D4210, D4211, D4212, D4230, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4271, D4273, D4274, D4275, D4276, D4277, D4278, D4320, D4321, D4341, D4342, D4355, D4381, D4910, D4920, D5226, D5281, D5410, D5411, D5421, D5422, D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5810, D5811, D5820, D5821, D5850, D5851, D5860-D5867, D5875, D5899, D5994, D6010, D6011, D6012, D6013, D6040, D6050, D6051, D6052, D6053, D6054, D6055, D6056, D6057, D6058, D6059, D6060-D6080, D6090-D6095, D6100, D6101, D6102, D6103, D6104, D6190, D6194, D6199, D6205, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7282, D7283, D7285, D7286, D7287, D7288, D7290, D7291, D7292, D7293, D7294, D7295, D7310, D7311, D7320, D7321, D7340, D7350, D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7510, D7511, D7520, D7521, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770 | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|-------------------|--|--|-------------------------|
| ADV (cont.) | Medicaid | | D7771, D7780, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7880, D7899, D7910, D7911, D7912, D7920, D7921, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7953, D7955, D7960, D7963, D7970, D7971, D7972, D7980, D7981, D7982, D7983, D7990, D7991, D7995, D7996, D7997, D7998, D7999, D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680, D8690, D8691, D8692, D8693, D8694, D8999, D9110, D9120, D9210, D9211, D9212, D9215, D9220, D9221, D9230, D9241, D9242, D9248, D9310, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D4921, D4999, D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D9911, D9920, D9930, D9940, D9941, D9942, D9950, D9951, D9952, D9970, D9971, D9972, D9973, D9974, D9975, D9999 | |
| Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET) | Medicare Medicaid | <p>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 to November 15 of the measurement year:</p> <ul style="list-style-type: none"> Initiation of AOD Treatment: the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis Engagement of AOD Treatment: the percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit <p>Exclusions: Exclude members who had a claim/encounter with a diagnosis of AOD (AOD Dependence Value Set) during the 60 days (two months) before the IESD.</p> | <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; 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, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015 ICD-10: F10.10, F10.120, F10.121-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</p> | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|---|----------------------|--|---|-------------------------|
| IET (cont.) | Medicare Medicaid | | 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; POS: 3, 5, 7, 9, 11-20, 22, 33, 49-50, 52, 52-53, 53, 57, 71-72; UBREV: 510, 513, 515-517, 519-523, 526-529, 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, 0219, 0510 | |
| 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 six or more well-child visits with a PCP during their first 15 months of life | CPT: 99381-99385, 99391-99395, 99461 ICD-10: Z00.00-Z00.01, Z00.110, Z00.111, Z00.121, 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, Z76.1, Z76.2 HCPCS: G0438, G0439 | N/A |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | Medicaid | The percentage of members ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year | CPT: 99381-99385, 99391-99395, 99461 ICD-10: Z00.00-Z00.01, Z00.110, Z00.111, Z00.121, 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, Z76.1, Z76.2 HCPCS: G0438, G0439 | N/A |
| Adolescent Well-Care Visits (AWC) | | The percentage of enrolled members ages 12 to 21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year | CPT: 99381-99385, 99391-99395, 99461; ICD-10: Z00.00-Z00.01, Z00.110, Z00.111, Z00.121, 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, Z76.1, Z76.2 HCPCS: G0438, G0439 | N/A |

| Measure description | Lines of business | Description | Coding (identification numerator) | Medications for measure |
|--|-------------------|---|--|-------------------------|
| Cost of care | | | | |
| Plan All-Cause Readmissions (PCR) | Medicare | <ul style="list-style-type: none"> For members ages 18 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: <ul style="list-style-type: none"> Count of index hospital stays (IHS) (denominator) Count of 30-day readmissions (numerator), expected readmissions rate (For Medicaid, report only members ages 18 to 64.) | CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 UB revenue: 0100, 0101, 0110 - 0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0201-0204, 0206-0214, 0219, 0720-0724, 0729, 0987 | N/A |
| Transitions of Care (TRC) | Medicaid | <p>This measures the percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:</p> <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 Receipt of Discharge Information: documentation of receipt of discharge information on the day of discharge or the following day Patient Engagement After Inpatient Discharge: documentation of patient engagement (for example, office visits, visits to the home, telehealth) provided within 30 days after discharge Medication Reconciliation Postdischarge: documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) | CPT: 99495, 99496, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 98966-98968, 99441-99443, 99495, 99496 CPT modifier: 95, GT CPT-CAT-II: 1111F HCPCS: G0402, G0438, G0439, G0463, T1015 UB revenue: 0510- 0517, 0519-0523, 0526-0529, 0982, 0983 | N/A |