McLaren HEALTH PLAN

# 2024 HEDIS® Measures

| CHILDREN'S PREVENTIVE HEALTH MEASURES | |
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| **2024 Measure** | **Quality Indicator** |
| **Weight Assessment and Counseling forNutrition & Physical Activity for Children/Adolescents (WCC)**<br>• Children and adolescents age 3-17 | Percent who have had an outpatient visit with a PCP or OB-GYNduring the measurement year with evidence of:<br>• BMI percentile documentation<br>• Counseling for nutrition<br>• Counseling for physical activity |
| **Child and Adolescent Well-Care Visits**<br>• Patients age 3-21 | Percent of members who have had at least one comprehensive well visit with a PCP or OB-GYN practitioner during the measurement year. |
| **Well-Child Visits (W30)**<br>• First 30 months of life | The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:<br>• Children who turned 15 months old during the measurement year: Six or more well-child visits<br>• Children who turned 30 months old during the measurement year: Two or more well-child visits |
| **Childhood Immunization (CIS)**<br>• Children who turn 2 during the measurement year | Percent of fully immunized 2-year-olds<br>• 4 DTaP<br>• 3 Hep B<br>• 3 IPV<br>• 2 Influenza<br>• 1 MMR<br>• 4 Pneumococcal conjugate (PCV)<br>• 3 HIB<br>• 2 or 3 Rotavirus<br>• 1 Hep A<br>• 1 VZV |
| **Adolescent Immunization (IMA)**<br>• Adolescents who turn 13 during the measurement year | Percent of fully immunized 13-year-olds<br>• 1 Meningococcal vaccine between 11 and 13 birthday<br>• 1 TD or Tdap on or between 10 and 13 birthday<br>• 2 or 3 doses of the HPV vaccine by their 13 birthday<br>• For 2 doses, must be administered at least 146 days apart. |
| **Lead Screening (LSC)**<br>• Children who turn 2 during the measurement year | Percent with one or more capillary or venous blood test for lead poisoning by their second birthday. |



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| **Topical Fluoride for Children (TFC)**<br>• Members ages 1-4 years | The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year. |
| **Oral Evaluation, Dental Services (OED)**<br>• Members 21 years and under | The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year. |
| **ADULT PREVENTATIVE HEALTH MEASURES** | |
| **Breast Cancer Screening (BCS-E)**<br>• Women age 50-74 | The percentage of members 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer. |
| **Cervical Cancer Screening (CCS-E)**<br>• Women age 21-64 | Percent who have had one of the three screenings for cervical cancer such as:<br>• Women 21–64 years of age who had cervical cytology performed within the last 3 years.<br>• Women 30–64 years of age who had high-risk HPV testing performed within the last 5 years.<br>• Women 30–64 years of age who had cervical cytology and high-risk HPV cotesting within the last 5 years. |
| **Colorectal Screening (COL-E)**<br>• Adults age 50-75 | Percent who have had appropriate screening for colorectal cancer such as:<br>• Fecal occult blood test in the measurement year<br>• FIT-DNA Test in the last three years<br>• Flexible sigmoidoscopy in the last five years<br>• CT colonography in the past five years<br>• Colonoscopy in the last 10 years |
| **Chlamydia Screening (CHL)**<br>• Women age 16-24 | Percent of women 16-24 years of age who were identified as sexually active and who have had at least one test for Chlamydia during the measurement year. |



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| **Adult Immunization Status (AIS-E)**<br>• Members age 19 and older | Percentage of members who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal |
| **OLDER ADULT CARE MEASURES** | |
| **Care for Older Adults (COA)**<br>• Members ages 66 and older | The percentage of older adults 66 years and older who had each of the following during the measurement year:<br>• Medication Review<br>• Functional status assessment<br>• Pain assessment |
| **Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)**<br>• Medicare members 65 and older | Medicare members 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. Three rates reported separately and as a total rate:<br>• A history of falls and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants<br>• Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants or anticholinergic agents<br>• Chronic Kidney disease and prescription for Cox-2 selective NSAIDS or non-aspirin NSAIDs.<br>• Total rate<br>Note: a lower rate indicates better performance. |
| **Use of High-Risk Medications in Older Adults (DAE)**<br>• Medicare members 67 and older | Medicare members who had at least two dispensing events for the same high-risk medication. Three rates are reported:<br>• Members who had at least 2 dispensing events for high-risk medications to avoid from the same drug class<br>• Members who had at least 2 dispensing events for high-risk medications to avoid from the same drug class, expect for appropriate diagnosis<br>• Total rate for members in both numerators |



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| **Deprescribing of Benzodiazepines in Older Adults (DBO)**<br>• Members 67 years and older | Members who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose during the measurement year. |
| **Non-Recommended PSA-Based Screening in Older Men (PSA)**<br>• Adult males 70 years and older | Percentage of men aged 70 and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.<br>Note: a lower rate indicates better performance |
| **Osteoporosis Management in Women Who Had a Fracture (OMW)**<br>• Women age 67-85 years | Percent 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 (180 days) after the fracture. |
| **Osteoporosis Screening in Older Women (OSW)**<br>• Women age 65-75 | The percentage of women 65-75 years of age who received osteoporosis screening. |
| **Physical Activity in Older Adults (PAO)**<br>• Medicare members 65 and older | Assesses different facets of promoting physical activity in older adults:<br>• Discussing Physical Activity: Member with a doctor visit in the past 12 months and who spoke with the doctor or other health practitioner about their level of exercise or physical activity<br>• Advising Physical Activity: Member who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity |


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| **Fall Risk Management (FRM)**<br>• Medicare member 65 and older | Assesses different facets of fall risk management:<br>• Discussing Fall Risk: Members seen by a practitioner in the past 12 months and who had discussed falls or problems with balance or walking with their current practitioner<br>• Managing Fall Risk: Members who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner. |
| **Management of Urinary Incontinence in Older Adults (MUI)**<br>• Medicare members 65 and older | Assesses the management of urinary incontinence in adults:<br>• Discussing urinary incontinence: members who reported having urine leakage in the past 6 months and who discussed their urinary leakage problem with a healthcare practitioner<br>• Discussing treatment of urinary incontinence: members who reported having urine leakage in the past 6 months and who discussed treatment options for their urine leakage problem.<br>• Impact of urinary incontinence: members who reported having urinary leakage in the past 6 months and who report that the urine leakage changed their daily activities or interfered with sleep a lot.<br>Note: a lower rate indicates better performance for this measure. |


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# 2024 HEDIS® Measures

| SUBSTANCE USE MEASURES | |
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| **2024 Measure** | **Quality Indicator** |
| **Diagnosed Substance Use Disorders (DSU)**<br>• Members age 13 and older | Members who were diagnosed with a substance use disorder during the measurement year. Four rates are reported:<br>• Members diagnosed with an alcohol disorder<br>• Members diagnosed with an opioid disorder<br>• Members diagnosed with a disorder for other or unspecified drugs<br>• Members diagnosed with any substance use disorder<br>Note: neither a higher or lower rate indicates better performance |
| **Use of Opioids at High Dosage (HDO)**<br>• Adults age 18 and older | The percentage of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] >=90 for >= 15 days during the measurement year. Note: a lower rate indicates better performance. |
| **Use of Opioids from Multiple Providers (UOP)**<br>• Adults age 18 and older | The percentage of members 18 years and older, receiving prescription opioids for >= 15 days during the measurement year, who received opioids from multiple providers. Three rates are reported:<br>1. Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year<br>2. Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.<br>3. Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more pharmacies during the measurement year. Note: a lower rate indicates better performance for all three rates. |
| **Risk of Continued Opioid Use (COU)**<br>• Adults Age 18 and older | The percentage of members who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:<br>• At least 15 days of prescription opioids in a 30-day period<br>• At least 31 days of prescription opioids in a 62-day period |


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| **Pharmacotherapy for Opioid Use Disorder (POD)**<br>• Members 16 and older | Percent of new opioid use disorder (OUD) pharmacotherapy events that lasted for at least 180 for members with a diagnosis of OUD and a new pharmacotherapy event. |
| **Follow up After High Intensity Care forSubstance Use Disorder (FUI)**<br>• Members age 13 and older | Percent of members who had an inpatient hospitalization, residential treatment or withdrawal management visits for a diagnosis of substance use disorder who had a follow-up visit for substance use disorder. Two rates apply:<br>• Follow-up visit for substance use disorder within 7 days after discharge or visit<br>• Follow-up visit for substance use disorder within 30 days after discharge or visit |
| **Follow-up After Emergency Department Visit for Substance Use (FUA)**<br>• Members 13 and older | Percent of members with emergency department visits with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose who had a follow-up visit. Two rates are reported:<br>• Follow-up visit within 7 days of ED visit<br>• Follow-up visit within 30 days of ED visit |
| **Initiation and Engagement of Substance Use Disorder Treatment (IET)** | Percent of members with a new substance use disorder episode that result in treatment initiation and engagement. Two rates are reported:<br>• Initiation of SUD Treatment– Initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days<br>• Engagement of SUD Treatment– New SUD episode that have evidence of treatment engagement within 34 days of initiation. |
| **Unhealthy Alcohol Use Screening and Follow-up (ASF-E)**<br>• Members 18 years of age and older | Members who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.<br>• Unhealthy Alcohol Use Screening: members who had a systematic screening for unhealthy alcohol use<br>• Follow-up Care: members who received brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use |


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# 2024 HEDIS® Measures

| UTILIZATION MEASURES | |
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| **2024 Measure** | **Quality Indicator** |
| **Use of Imaging Studies for Low Back Pain (LBP)**<br>• Adults age 18-75 | Percent of members with a primary diagnosis of low back pain, who have had **NO** imaging study (plain X-ray, MRI, CT scan) in the 28 days following the initial diagnosis. |
| **Antibiotic Utilization for Respiratory Conditions (AXR)**<br>• Members 3 months of age and older | Members with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. Note: NCQA does not view higher or lower service counts as indicating better or worse performance. |
| **Plan All-Cause Readmissions (PCR)**<br>• Members 18 years and older | Members who had an acute inpatient or observation stay during the measurement year that was followed by an unplanned acute readmission for any diagnosis within 30 days. Note for Commercial and Medicaid, only members aged 18-64 are reported. |
| **Emergency Department Utilization (EDU)**<br>• Members age 18 and older | Risk adjusted ratio of observed-to-expected emergency department visits during the measurement year. |
| **Hospitalization Following Discharge From a Skilled Nursing Facility (HFS)**<br>• Members 65 and older | Members who had a skilled nursing facility discharge to the community who had an unplanned acute hospitalization for any diagnosis within 30 and 60 days. |
| **Acute Hospital Utilization (AHU)**<br>• Members age 18 and older | The risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement year |
| **Hospitalization for Potentially Preventable Complications (HPC)**<br>• Members 67 years of age and older | The rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ration of observed-to-expected discharges for ACSC by chronic and acute conditions. |


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# 2024 HEDIS® Measures

| MEASURES COLLECTED THROUGH CAHPS SURVEY | |
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| **2024 Measure** | **Quality Indicator** |
| **Medical Assistance With Smoking and Tobacco Use Cessation (MSC)**<br>• Members age 18 and older | This measure assesses different facets of providing medical assistance with smoking and tobacco use cessation:<br>• Advising Smokers and Tobacco Users to Quit: members who were current smokers or tobacco users and who received advice to quit in the measurement year<br>• Discussing Cessation Medications: members who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year<br>• Discussing Cessation Strategies: members who were current smokers and who discussed or were provided cessation methods or strategies during the measurement year |
| **CAHPS Health Plan Adult Version (CPA)** | This measure provides information on the experiences of care of commercial and Medicaid members with the organization and gives a general indication of how well the organization is meeting the members expectations. Four global rating questions reflect overall satisfaction:<br>1. Rating of All Health Care<br>2. Rating of Health Plan<br>3. Rating of Personal Doctor<br>4. Rating of Specialist Seen Most Often<br><br>Five composite scores summarize responses in key areas:<br>1. Claims Processing (Commercial only)<br>2. Customer Service<br>3. Getting Care Quickly<br>4. Getting Needed Care<br>5. How Well Doctors Communicate<br><br>Item specific rates are reported for:<br>1. Coordination of Care |
| **CAHPS Health Plan Child Version (CPC)** | This measure provides information on parents' experience with their child's Medicaid organization. Four global rating questions reflect overall satisfaction:<br>1. Rating of All Health Care<br>2. Rating of Health Plan<br>3. Rating of Personal Doctor<br>4. Rating of Specialist Seen Most Often |



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| | Four composite scores summarize responses in key areas:<br>1. Customer Service<br>2. Getting Care Quickly<br>3. Getting Needed Care<br>4. How Well Doctors Communicate<br><br>Item specific rates are reported for:<br>1. Coordination of Care |



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# 2024 HEDIS® Measures

| BEHAVIORAL HEALTH | |
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| **2024 Measure** | **Quality Indicator** |
| **Diagnosed Mental Health Disorder (DMH)**<br>• Members 1 year old and older | Members diagnosed with a mental health disorder during the measurement year. Note: neither a higher or lower rate indicates better performance |
| **Antidepressant Medication Management (AMM)**<br>• Adults age 18 and older | Percent of members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:<br>• Effective Acute Phase Treatment: members who remained on anantidepressant for at least 84 days (12 weeks)<br>• Effective Continuation Phase Treatment: The percentage of memberswho remained on an antidepressant medication for at least 180 days (6 months) |
| **Follow-up Care for Children Prescribed ADHD Medication (ADD-E)**<br>• Members age 6-12 | Percent of children newly prescribed ADHD medication who had at least three follow up visits within a 300-day/10-month period, one which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:<br>• Initiation Phase: One follow up visit within 30 days of the start of the medication<br>• Continuation and Maintenance Phase: percent of members who remained on medication for at least 210 days and in addition to the initiation phase, had two follow up visits with a practitioner within 270 days (9 months) after the initiation phase ended. |
| **Follow-up After Hospitalization for Mental Illness (FUH)**<br>• Members 6 and older | Percent of discharges for members who were hospitalized for treatment of selected mental health illness or intentional self-harm, who had a follow up for mental illness. Two rates are reported:<br>1. The percentage of discharges for which the member received follow up within 30 days after discharge<br>2. The percentage of discharges for which the member received follow up within 7 days after discharge. |



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# 2024 HEDIS® Measures

| BEHAVIORAL HEALTH, continued | |
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| **2024 Measure** | **Quality Indicator** |
| **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)**<br>• Adults age 18-64 | Percent of members with schizophrenia or schizoaffective disorder and diabetes who had both LDL-C and HbA1c test during the measurement year. |
| **Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)**<br>• Adults age 18-64 | Percent of members with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C testing during the measurementyear. |
| **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)**<br>• Adults 18 and older | Percent of members diagnosed with schizophrenia or schizoaffective disorder whowere dispensed and remained on an antipsychotic medication for at least 80% of the treatment period. |
| **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)**<br>• Members age 1-17 | Percent of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:<br>• Percentage who received blood glucose testing<br>• Percentage who received cholesterol testing<br>• Percentage who received blood glucose and cholesterol testing |


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| BEHAVIORAL HEALTH, continued | |
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| **2024 Measure** | **Quality Indicator** |
| **Follow-up After Emergency Department Visit for Mental Illness (FUM)**<br>• Members 6 and older | Percent of members with emergency department visits with a principal diagnosis of mental illness or intentional self-harm who had a follow up visit for mental illness. Two rates are reported:<br>• Follow up visit within 7 days of ED visit<br>• Follow up visit within 30 days of ED visit |
| **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)**<br>• Adults age 18-64 | Percent of members with schizophrenia or schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test (glucose or HbA1c) during the measurement year. |
| **Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)**<br>• Members age 12 and older | Members screened for clinical depression using a standardized instrument and if screened positive, received follow-up care.<br>• Depression Screening: members screened for clinical depression using a standardized instrument<br>• Follow-Up on Positive Screen: members who received follow-up care within 30 days of a positive screening. |
| **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)**<br>• Members 12 years and older | Members with a diagnosis of major depression or dysthymia who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. |
| **Depression Remission or Response for Adolescents and Adults (DRR-E)**<br>• Members 12 years and older | Members with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120-240 days (4-8 months) of the elevated score.<br>• Follow-Up PHQ-9: members who have a follow-up PHQ-9 score documented within 120-240 days (4-8 months) of the elevated score<br>• Depression Remission: members who have achieved remission within 120-240 days (4-8 months) after the initial elevated PHQ-9 score<br>• Depression Response: members who showed a response within 120-240 days after the initial elevated PHQ-9 score |


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| **Prenatal Depression Screening and Follow -Up (PND-E)** | Members who delivered that were screened for clinical depression while pregnant and, if positive, received follow up care.<br>• Depression Screening: members who delivered that were screened for clinical depression during pregnancy using a standardized instrument.<br>• Follow-Up on Positive Screen: members who delivered who received follow-up care within 30 days of a positive depression screening finding |
| **Postpartum Depression Screening and Follow-Up (PDS-E)** | Members who delivered and were screened for clinical depression during the postpartum period, and if screened, received follow-up care.<br>• Depression Screening: members who delivered and were screened for clinical depression using a standardized instrument during the postpartum period<br>• Follow-Up on Positive Screen: members who delivered who received follow-up care within 30 days of a positive depression screen finding |


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| RESPIRATORY CONDITIONS | |
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| **2024 Measure** | **Quality Indicator** |
| **Appropriate Testing for Pharyngitis (CWP)**<br>• Members age 3 and older | Percent of members with a diagnosis of pharyngitis who were dispensed an antibiotic and received a strep test for the episode of care. |
| **Pharmacotherapy Management of COPD Exacerbation (PCE)**<br>• Members age 40 and older | The percent of COPD exacerbations for members who had an acute inpatient discharge or ED visit on or between Jan. 1-Nov. 30 of the measurement year, who were dispensed appropriate medications. Two rates are reported:<br>• Dispensed a systemic corticosteroid (or evidence of anactive prescription) within 14 days of the event<br>• Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event |
| **Asthma Medication Ratio (AMR)**<br>• Age 5-64 | Percent of members 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. |
| **Appropriate Treatment for URI (URI)**<br>• Members age 3 months and older | Percent of members with a diagnosis of URI who were **NOT** dispensed an antibiotic. |
| **Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)**<br>• Members age 3 months and older | Percent of members with a diagnosis of acute bronchitis/bronchiolitis who were **NOT** dispensed an antibiotic. |


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| CARDIOVASCULAR | |
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| **2024 Measure** | **Quality Indicator** |
| **Controlling High Blood Pressure (CBP)**<br>• Members age 18-85 | Percent of members with a diagnosis of hypertension, whose blood pressure was adequately controlled, (< 140/90), during the measurement year. |
| **Persistence of a Beta-Blocker After a Heart Attack**<br>• Members age 18 and older | Percent of members who were hospitalized with an acute myocardial infarction who received a persistent beta blocker for six months after discharge. |
| **Statin Therapy for Patients with Cardiovascular Disease (SPC)**<br>• Men 21-75<br>• Women 40-75 | Percent of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.Two rates are reported:<br>• Received statin therapy; dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year<br>• Statin adherence 80%; remained on high-intensity or moderate-intensity statin medication forat least 80% of the treatment period. |
| **Cardiac Rehabilitation (CRE)**<br>• Members age 18 and older | The percentage of members who attend cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:<br>• Initiation: attended 2 or more sessions within 30 days after a qualifying event<br>• Engagement 1: attended 12 or more sessions within 90 days after a qualifying event<br>• Engagement 2: attended 24 or more sessions within 180 days after a qualifying event<br>• Achievement: attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event |


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| **Persistence of Beta Blocker Treatment After a Heart Attack (PBH)**<br>• Members 18 years of age and older | Members 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 180 days (6 months) after discharge |



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# 2024 HEDIS® Measures

| ACCESS AND AVAILABILITY OF CARE | |
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| **2024 Measure** | **Quality Indicator** |
| **Adults' Access to Preventive/AmbulatoryHealth Services (AAP)**<br>• Members age 20 and older | Percent of Medicaid members who have had one or more ambulatory or preventive visit during the measurement year.<br><br>Percent of Commercial members who have had one or more ambulatory or preventive visits during the measurement year, or the two years prior to the measurement year. |
| **Prenatal and Postpartum Care (PPC)** | Percent of members with live births on or between October 8 of the year prior and October 7 of the measurement year who:<br>• Timeliness of Prenatal Care. Received prenatal care within their first trimester, on or before the enrollment start date or within 42 days of enrollment<br>• Postpartum Care. Received a postpartum visit between 7 and 84 days after delivery |
| **Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)**<br>• Children and adolescents age 1-17 | • Percent of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. |


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| DIABETES | |
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| **2024 Measure** | **Quality Indicator** |
| **Glycemic Status Assessment for Patients with Diabetes (GSD)**<br>• Members age 18-75 | Percent of members with diabetes (Types 1 and 2) whose most recent glycemic status whose hemoglobin A1c (HbA1c) or glucose management indicator (GMI) was at the following levels during the measurement year:<br>• Glycemic Status (<8.0%)<br>• Glycemic Status (>9.0%) |
| **Eye Exam for Patients with Diabetes (EED)**<br>• Members age 18-75 | Percent of members with diabetes (types 1 and 2) who have had an annual retinal exam in the measurement year or have had a negative exam in the year prior. |
| **Blood Pressure Control for Patients with Diabetes (BPD)**<br>• Members age 18-75 | Percent of members with diabetes (types 1 and 2) adequately control blood pressure of <140/90 mm Hg during the measurement year |
| **Statin Therapy for Patients with Diabetes (SPD)**<br>• Members age 40-75 | Percent of members with diabetes who were identified as not having clinical atherosclerotic cardiovascular disease (ASCVD). Two rates reported:<br>• Received statin therapy; dispensed at least one medication during the measurement year<br>• Statin adherence 80%; remained on medication for at least 80% of the treatment period |
| **Kidney Health Evaluation for Patients With Diabetes (KED)**<br>• Members age 18-85 | Percentage of members with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin creatinine ratio (uACR), during themeasurement year. |
| **Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes (EDH)**<br>• Members 67 years and older with Diabetes | Members with Diabetes (types 1 and 2) who had an emergency department visit for hypoglycemia during the measurement year. Two rates are reported:<br>• For all members 67 years of age and older stratified by dual eligibility<br>• Members who had at least one dispensing event of insulin within each 6-month treatment period from July 1 to December 31 of the measurement year, stratified by dual eligibility |


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# 2024 HEDIS® Measures

| Care Coordination | |
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| **2024 Measure** | **Quality Indicator** |
| **Follow Up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions (FMC)**<br>• Members 18 years and older | • The percentage of emergency department (ED) visits who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. |
| **Advance Care Planning (ACP)**<br>• Members 66-80 years of age | The percentage of members 66-80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years and older who had advanced care planning during the measurement year. |
| **Transitions of Care (TRC)**<br>• Members 18 and older | Members who had each of the following. Four rates are reported:<br>• Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days)<br>• Receipt of Discharge Information: Document of receipt of discharge information on the day of discharge through 2 days after discharge (3 total days)<br>• Patient Engagement After Inpatient Discharge: Documentation of patient engagement (e.g. office visits, visits to the home, telehealth) provided within 30 days after discharge.<br>• Medication Reconciliation Post-Discharge: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) |
| **Follow-Up After Hospitalization for Mental Illness (FUH)**<br>• Members 6 years and older | Members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:<br>1. Member received a follow up within 30 days after discharge<br>2. Member received a follow up within 7 days after discharge |
| **Social Need Screening and Intervention (SNS-E)** | Members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, transportation needs and received a corresponding intervention if they screened positive.<br>• Food Screening: members who were screened for food insecurity<br>• Food Intervention: members who received a corresponding intervention within 30 days of screening positive for food insecurity |


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| | • Housing Screening: members who were screened for housing instability, homelessness, or housing inadequacy<br>• Housing Intervention: members who received a corresponding intervention within 30 days of screening positive for housing instability, homelessness, or housing inadequacy.<br>• Transportation Screening: members who were screened for transportation insecurity<br>• Transportation Intervention: members who received a corresponding intervention within 30 days of screening positive for transportation insecurity |


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