2025 HEDIS® Measure Summary

Contents

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McLaren HEALTH PLAN

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NOTE: Measures marked in blue reflect those measures that are High Priority measures that provide financial incentives for meeting performance objectives.

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ACCESS/AVAILABILITY OF CARE		
Adults' Access to Preventive/Ambulatory Health Services (AAP) • Members age 20 and older who had ambulatory care visit	**AAP** *High Priority Measure*	The percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. • **Medicaid and Medicare members** who had an ambulatory or preventive care visit during the measurement year. • **Commercial members** who had an ambulatory or preventive care visit during the measurement year or the 2 years prior to the measurement year.
Initiation and Engagement of Substance Use Disorder Treatment (IET)	**IET**	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: • **Initiation of SUD Treatment.** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • **Engagement of SUD Treatment.** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.
Prenatal and Postpartum Care (PPC)	**PPC** *High Priority Measure*	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care: • **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. • **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	**APP**	The percentage 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.
UTILIZATION AND RISK ADJUSTED UTILIZATION		
Well-Child Visits in the First 30 Months of Life (W30) • Members 0-30 months	**W30** *High Priority Measure*	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: 1. **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. **Well-Child Visits for Age 15 Months–30 Months.** Children who turned 30 months old during the measurement year: Two or more well-child visits.
Child and Adolescent Well-Care Visits (WCV) • Members age 3-21	**WCV** *High Priority Measure*	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Plan All-Cause Readmissions (PCR) • Members 18 and older with inpatient stay	**PCR** *High Priority Measure*	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. **Note:** For commercial and Medicaid, report only members 18–64 years of age.
Hospitalization Following Discharge From a Skilled Nursing Facility (HFS) • Members 65 and older discharged from SNF	**HFS**	For members 65 years of age and older, the percentage of skilled nursing facility (SNF) discharges to the community that were followed by an unplanned acute hospitalization for any diagnosis within 30 days and within 60 days.
Acute Hospital Utilization (AHU)	**AHU**	For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the

		measurement year. **Note:** For Medicaid, report only members 18–64 years of age.
Emergency Department Utilization (EDU)	**EDU**	For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year.
Hospitalization for Potentially Preventable Complications (HPC)	**HPC**	For 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 ratio of observed-to-expected discharges for ACSC by chronic and acute conditions.
Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH)	**EDH**	For members 67 years of age and older with diabetes (types 1 and 2), the risk-adjusted ratio of observed to expected (O/E) emergency department (ED) visits for hypoglycemia during the measurement year. Two rates are reported: • For all members 67 years of age and older with diabetes (types 1 and 2) the risk-adjusted ratio of O/E ED visits for hypoglycemia during the measurement year, stratified by dual eligibility. • For a subset of members 67 years of age and older with diabetes (types 1 and 2) who had at least one dispensing event of insulin within each 6-month treatment period from July 1 of the year prior to the measurement year through December 31 of the measurement year, the risk-adjusted ratio of O/E ED visits for hypoglycemia, stratified by dual eligibility.
EFFECTIVENESS OF CARE		
2025 Measure	**Abbreviation**	**Quality Indicator**
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC) • Children ages 3-17	**WCC** *High Priority Measure*	Percent of children 3-17 who had an outpatient visit with a PCP or OB-GYN during the measurement year with evidence of: • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity

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Lead Screening in Children (LSC) • Children who turn 2 during the measurement year	**LSC** *High Priority Measure*	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Chlamydia Screening (CHL) • Women age 16-24	**CHL** *High Priority Measure*	Percent of members 16-24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.
Oral Evaluation, Dental Services (OED) • Members 21 years and under	**OED**	The percentage of members 21 years of age who received a comprehensive or periodic oral evaluation during the measurement year.
Topical Fluoride for Children (TFC) • Members age 1-4	**TFC**	The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year.
Appropriate Testing for Pharyngitis (CWP) • Members age 3 and older	**CWP**	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
Pharmacotherapy Management of COPD Exacerbation (PCE)	**PCE**	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. **Dispensed a Systemic Corticosteroid** (or there was evidence of an active prescription) within 14 days of the event. 2. **Dispensed a Bronchodilator** (or there was evidence of an active prescription) within 30 days of the event.
Asthma Medication Ratio (AMR) • Age 5-64	**AMR** *High Priority Measure*	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma

		medications of 0.50 or greater during the measurement year.
Controlling High Blood Pressure (CBP) • Members age 18-85	**CBP** *High Priority Measure*	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90).
Persistence of a Beta-Blocker Treatment After a Heart Attack (PBH) • Members ages 18 and older	**PBH**	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.
Statin Therapy for Patients with Cardiovascular Disease (SPC) • Men 21-75 • Women 40- 75	**SPC** *High Priority Measure*	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: 1. **Received Statin Therapy.** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. 2. **Statin Adherence 80%**. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
Cardiac Rehabilitation (CRE) • Members ages 18 and older	**CRE**	The percentage of members 18 years and older who attended 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: • **Initiation:** The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event. • **Engagement 1:** The percentage of members who attended 12 or more sessions of cardiac

		rehabilitation within 90 days after a qualifying event. • **Engagement 2:** The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event. • **Achievement:** The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
Glycemic Status Assessment for Patients with Diabetes (GSD) • Members 18-75 years of age with diabetes	**GSD** *High Priority Measure*	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status <8.0% • Glycemic Status > 9.0%
Blood Pressure Control for Patients with Diabetes (BPD) • Members ages 18-75	**BPD** *High Priority Measure*	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90).
Eye Exam for Patients with Diabetes (EED) • Members ages 18-75	**EED** *High Priority Measure*	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Kidney Health Evaluation for Patients with Diabetes (KED) • Members ages 18-75	**KED** *High Priority Measure*	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
Statin Therapy for Patients with Diabetes (SPD) • Members ages 40-75	**SPD**	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. **Received Statin Therapy.** Members who were dispensed at least one statin medication of any intensity during the measurement year.

		2. **Statin Adherence 80%.** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
Osteoporosis Management in Women Who Had a Fracture (OMW) • Women ages 67-85	**OMW** *High Priority Measure*	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.
Osteoporosis Screening in Older Women (OSW) • Women ages 65-75	**OSW**	The percentage of women 65–75 years of age who received osteoporosis screening.
Diagnosed Mental Health Disorder (DMH) • Members 1 year and older diagnosed with a mental health disorder	**DMH**	The percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the measurement year. **Note**: The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor a lower rate indicates better performance.
Follow-up After Hospitalization for Mental Illness (FUH) • Members 6 and older	**FUH** *High Priority Measure*	The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

Follow-up After Emergency Department Visit for Mental Illness (FUM) • Members 6 and older	**FUM** *High Priority Measure*	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: **1.** The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). **2.** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
Diagnosed Substance Use Disorders (DSU) • Members ages 13 and older	**DSU**	The percentage of members 13 years of age and older who were diagnosed with a substance use disorder during the measurement year. Four rates are reported: **1.** The percentage of members diagnosed with an alcohol disorder. **2.** The percentage of members diagnosed with an opioid disorder. **3.** The percentage of members diagnosed with a disorder for other or unspecified drugs. **4.** The percentage of members diagnosed with any substance use disorder. **Note:** The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor a lower rate indicates better performance.
Follow up After High-Intensity Care for Substance Use Disorder (FUI) • Members 13 and older	**FUI**	The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: **1.** The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. **2.** The percentage of visits or discharges for which the member received follow-up for

		substance use disorder within the 7 days after the visit or discharge.
Follow-up After Emergency Department Visit for Substance Use (FUA) • Members 13 and older	**FUA** *High Priority Measure*	The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: **1.** The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). **2.** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
Pharmacotherapy for Opioid Use Disorder (POD) • Members 16 and older	**POD**	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) • Members 18-64	**SSD**	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) • Members 18-64	**SMD**	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) • Members 18-64	**SMC**	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	**SAA**	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and

• Members ages 18 and older with schizophrenia diagnosis		remained on an antipsychotic medication for at least 80% of their treatment period.
Advance Care Planning (ACP) • Members ages 66-80 receiving palliative care	**ACP**	The percentage of adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.
Transitions of Care (TRC) • Members ages 18 and older	**TRC** *High Priority Measure*	The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported: • **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). • **Receipt of Discharge Information.** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). • **Patient Engagement After Inpatient Discharge.** Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • **Medication Reconciliation Post-Discharge.** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).
Follow Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) • Members ages 18 and older	**FMC** *High Priority Measure*	The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Non-Recommended PSA-Based Screening in Older Men (PSA)	**PSA**	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

• Men ages 70 and older		**Note:** A lower rate indicates better performance.
Appropriate Treatment for Upper Respiratory Infection (URI) • Members ages 3 months and older with diagnosis of URI	**URI**	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) • Members ages 3 months and older with acute bronchitis	**AAB**	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.
Use of Imaging Studies for Low Back Pain (LBP) • Members ages18-75 with principle diagnosis of low back pain	**LBP**	The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) • Members ages 67 and older	**DDE**	The percentage of Medicare members 67 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. Three rates are reported: **1.** A history of falls and a prescription for anticholinergic agents, antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs). **2.** Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants or anticholinergic agents. **3.** Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs.

		4. Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). **Note:** A lower rate indicates better performance for all rates.
Use of High-Risk Medications in Older Adults (DAE) • Members ages 67 and older who had at least 2 high-risk meds dispensed	**DAE**	The percentage of Medicare members 67 years of age and older who had at least two dispensing events for the same high-risk medication. Three rates are reported: 1. The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class. 2. The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses. 3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for members in both numerators). The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all but specific indications is potentially inappropriate (Rate 2). **Note:** A lower rate represents better performance.
Deprescribing of Benzodiazepines in Older Adults (DBO) • Members ages 67 and older dispensed benzos	**DBO**	The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year.
Use of Opioids at High Dosage (HDO)	**HDO**	The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME]

• Members ages 18 and older on high dose opioids		≥90) for ≥15 days during the measurement year. **Note:** A lower rate indicates better performance.
Use of Opioids From Multiple Providers (UOP) • Members aged 18 and older receiving opioids	**UOP**	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. 1. **Multiple Prescribers.** The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year. 2. **Multiple Pharmacies.** The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. 3. **Multiple Prescribers and Multiple Pharmacies.** The percentage of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). **Note:** A lower rate indicates better performance for all three rates.
Risk of Continued Opioid Use (COU) • Members 18 and older who have new Opioid Rx	**COU**	The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of members with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of members with at least 31 days of prescription opioids in a 62-day period. **Note:** A lower rate indicates better performance.
MEASURES REPORTED USING ELECTRONIC CLINICAL DATA SYSTEMS		

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Childhood Immunization Status (CIS-E) • Children who turn 2 during the measurement year	**CIS-E** *High Priority Measure*	The percentage of children 2 years of age who had: • 4 diphtheria, tetanus and acellular pertussis (DTaP); • 3 polio (IPV); • 1 measles, mumps and rubella (MMR); • 3 haemophilus influenza type B (HiB); • 3 hepatitis B (HepB), • 1 chicken pox (VZV); • 4 pneumococcal conjugate (PCV); • 1 hepatitis A (HepA); • 2-3 rotavirus (RV); • 2 influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.
Immunizations for Adolescents (IMA-E) • Adolescents who turn 13 during the measurement year	**IMA-E**	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.
Breast Cancer Screening (BCS-E) • Members 50-74 years of age	**BCS-E** *High Priority Measure*	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.
Documented Assessment After Mammogram (DBM-E) • Members ages 40-74	**DBM-E**	The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for members 40–74 years of age.
Follow-Up After Abnormal Mammogram Assessment (FMA-E) • Members ages 40-74 years	**FMA-E**	The percentage of episodes for members 40-74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.
Cervical Cancer Screening (CCS-E) • Members ages 21-64	**CCS-E** *High Priority Measure*	The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:

		• **Members 21–64 years of age** who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • **Members 30–64 years of age** who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • **Members 30–64 years of age** who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.
Colorectal Cancer Screening (COL-E) • Members ages 45-75	**COL-E** *High Priority Measure*	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
Blood Pressure Control for Patients With Hypertension (BPC-E) • Members age 18-85 with HTN	**BPC-E** *High Priority Measure*	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	**ADD-E**	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. • **Initiation Phase.** The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. • **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age with a 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.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) • Members age 1-17	**APM-E**	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: • The percentage of children and adolescents on antipsychotics who received blood glucose testing. • The percentage of children and adolescents on antipsychotics who received cholesterol testing. • The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) • Members ages 12 and older	**DSF-E**	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized instrument. • **Follow-Up on Positive Screen.** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E) • Members ages 12 and older	**DMS-E**	The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.
Depression Remission or Response for Adolescents and Adults (DRR-E)	**DRR-E**	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission

• Members ages 12 and older		within 120–240 days (4–8 months) of the elevated score. • **Follow-Up PHQ-9.** The percentage of members who have a follow-up PHQ-9 score documented within 120–240 days (4–8 months) after the initial elevated PHQ-9 score. • **Depression Remission.** The percentage of members who achieved remission within 120–240 days (4–8 months) after the initial elevated PHQ-9 score. • **Depression Response.** The percentage of members who showed response within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	**ASF-E**	The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. • **Unhealthy Alcohol Use Screening**. The percentage of members who had a systematic screening for unhealthy alcohol use. • **Follow-Up Care on Positive Screen.** The percentage of members receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.
Adult Immunization Status (AIS-E)	**AIS-E**	The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.
Prenatal Immunization Status (PRS-E)	**PRS-E**	The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Prenatal Depression Screening and Follow-Up (PND-E)	**PND-E** *High Priority Measure*	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. • **Depression Screening**. The percentage of deliveries in which members were screened

		for clinical depression during pregnancy using a standardized instrument. • **Follow-Up on Positive Screen.** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding
Postpartum Depression Screening and Follow-Up (PDS-E)	**PDS-E** *High Priority Measure*	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. • **Depression Screening.** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. • **Follow-Up on Positive Screen.** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
Social Need Screening and Intervention (SNS-E)	**SNS-E** *High Priority Measure*	The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. • **Food Screening.** The percentage of members who were screened for food insecurity. • **Food Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity. • **Housing Screening**. The percentage of members who were screened for housing instability, homelessness or housing inadequacy. • **Housing Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness or housing inadequacy.

		• **Transportation Screening.** The percentage of members who were screened for transportation insecurity. • **Transportation Intervention**. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.
MEASURES COLLECTED THROUGH THE MEDICARE HEALTH OUTCOMES SURVEY		
Medicare Health Outcomes Survey (HOS)	**HOS**	This measure provides a general indication of how well a Medicare Advantage Organization (MAO) manages the physical and mental health of its members. The survey measures physical and mental health status at the beginning of a 2-year period and again at the end of the 2-year period, when a change score is calculated. Each member's health status is categorized as "better than expected," "the same as expected" or "worse than expected," accounting for death and risk-adjustment factors. MAO-specific results are assigned as percentages of members whose health status was better, the same or worse than expected.
Fall Risk Management (FRM)	**FRM**	The two components of this measure assess different facets of fall risk management. • **Discussing Fall Risk.** The percentage of Medicare members 65 years of age and older who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner. • **Managing Fall Risk.** The percentage of Medicare members 65 years of age and older 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 who 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)	**MUI**	The following components of this measure assess the management of urinary incontinence in older adults: • **Discussing Urinary Incontinence.** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past 6 months and who discussed their urinary leakage problem with a health care provider. • **Discussing Treatment of Urinary Incontinence.** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past 6 months and who discussed treatment options for their urinary incontinence with a health care provider. • **Impact of Urinary Incontinence.** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past 6 months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot. **Note**: A lower rate indicates better performance for this indicator
Physical Activity in Older Adults (PAO)	**PAO**	The two components of this measure assess different facets of promoting physical activity in older adults: • **Discussing Physical Activity.** The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity. • **Advising Physical Activity.** The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity.
MEASURES COLLECTED THROUGH THE CAHPS SURVEY		

Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	**MSC**	The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation: • **Advising Smokers and Tobacco Users to Quit.** A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year. • **Discussing Cessation Medications.** A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. • **Discussing Cessation Strategies.** A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.
Experience of Care CAHPS		
CAHPS Health Plan Adult Version (CPA)	**CPA** *High Priority Measure*	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: **1.** Rating of All Health Care **2.** Rating of Health Plan **3.** Rating of Personal Doctor **4.** Rating of Specialist Seen Most Often Five composite scores summarize responses in key areas: **1.** Claims Processing (Commercial only) **2.** Customer Service **3.** Getting Care Quickly **4.** Getting Needed Care

		5. How Well Doctors Communicate Item specific rates are reported for: Coordination of Care.
CAHPS Health Plan Child Version (CPC)	**CPC** *High Priority Measure*	This measure provides information on parents' experience with their child's Medicaid organization. Four global rating questions reflect overall satisfaction: 1. Rating of All Health Care 2. Rating of Health Plan 3. Rating of Personal Doctor 4. Rating of Specialist Seen Most Often Four composite scores summarize responses in key areas: 1. Customer Service 2. Getting Care Quickly 3. Getting Needed Care 4. How Well Doctors Communicate Item specific rates are reported for: Coordination of Care.