

MEASURE ABBREVIATION	MEASURE	AGE	DENOMINATOR	NUMERATOR	LINE OF BUSINESS
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	18-64	Adults are identified for the eligible population: Diagnosed with acute bronchitis through outpatient or ED visit between January 1 and December 24 of the measurement year.	Antibiotics should not be prescribed for adults with a diagnosis of acute bronchitis.	Medicaid
AAP	Adults' Access to Preventive/Ambulatory Health Services	20+	Entire eligible population	Adults ages 20 years and older should have at least one ambulatory or preventive care visit.	Medicaid Medicare
ABA	Adult BMI Assessment	18-74	Adults who had an outpatient visit during the measurement year or the year prior to the measurement year. Medical record documentation must include height, weight, and BMI or BMI percentile.	Adults 18-74 years old should have a BMI documented at least once per year. Members 20 years of age or older on the date of service should have a BMI value during the measurement year or the year prior to the measurement year. Members younger than 20 years of age on the date of service should have a BMI percentile during the measurement year or the year prior to the measurement year.	Medicaid Medicare
ADD	Follow-Up Care for Children Prescribed ADHD Medication	6-12	Children with newly prescribed medication for attention-deficit/hyperactivity disorder (ADHD).	At least three follow-up care visits within a 10-month period, one of which should be within 30 days of when the first ADHD medication was dispensed. Two rates are reported: 1. Initiation Phase: Children with an ambulatory prescription dispensed for ADHD medication should have one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. 2. Continuation and Maintenance Phase: Children with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days should have two or more follow-up visits with a practitioner from 31 to 300 days after the ADHD medication was newly prescribed.	Medicaid
ADV	Annual Dental Visit	2-20	Entire eligible population	Children 2-20 years old should have an annual preventive dental visit with a dental practitioner.	Medicaid
AMM	Antidepressant Medication Management	18+	Adults who (1) were treated with antidepressant medication, (2) have had a diagnosis of major depression, and (3) remained on an antidepressant medication treatment.	Two rates are reported: 1. Effective Acute Phase Treatment – The percentage of members who remained on an antidepressant medication for at least 84 days. 2. Effective Continuation Phase Treatment – The percentage of members who remained on an antidepressant medication for at least 180 days	Medicaid Medicare
AMR	Asthma Medication Ratio	5-85	Children and adults with at least one of the following criteria during both the measurement year and the year prior to the measurement year: 1. At least one ED visit, with a principal diagnosis of asthma. 2. At least one acute inpatient encounter, with a principal diagnosis of asthma. 3. At least four outpatient visits or observation visits, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events. Visit type need not be the same for the four visits. 4. At least four asthma medication dispensing events.	Children and adults ages 5-85 diagnosed with persistent asthma should have a ratio of controller medications to total asthma medications of 0.50 or greater	Medicaid
APC	Use of Multiple Concurrent antipsychotics in Children and Adolescents	1-17	Children and adolescents with 90 days of continuous antipsychotic medication treatment during the measurement year.	Children and adolescents on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. LOWER RATE IS BETTER	Medicaid
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	1-17	Children and adolescents who were on two or more antipsychotic prescriptions.	Children and adolescents on two or more antipsychotic medications should have both of the following during the measurement year: 1. At least one test for blood glucose or HbA1c 2. At least one test for LDL-C or cholesterol	Medicaid

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APP	Use of First-Line Psychosocial Care for Children and Adolescents on antipsychotics	1-17	Children and adolescents who had a new prescription for an antipsychotic medication during the measurement year.	Children and adolescents who had a new prescription dispensed for an antipsychotic medication should have documentation of psychosocial care in the 121-day period from 90 days prior to the earliest antipsychotic medication dispensing event through 30 days after the earliest antipsychotic medication dispensing event.	Medicaid
ART	Disease Modifying Anti- Rheumatic Drug Therapy for Rheumatoid Arthritis		Adults are identified for the eligible population by any two of the following events on different dates of service between January 1 and November 30th of the measurement year: 1. Outpatient visit with any diagnosis of rheumatoid arthritis or 2. Nonacute inpatient discharge with any diagnosis of rheumatoid arthritis.	Adults 18 years and older diagnosed with Rheumatoid Arthritis should be dispensed at least one prescription for a disease modifying anti-rheumatic drug (DMARD). DO NOT use Rheumatoid Arthritis diagnosis codes when Ruling Out the disease.	Medicaid Medicare
AWC	Adolescent Well Care	12-21	Entire eligible population	Adolescents should have at least one comprehensive well-care visit annually with a PCP or an OB/GYN practitioner.	Medicaid
BCS	Breast Cancer Screening	50-74	Entire eligible population	Women 50-74 years old should have a mammogram every 1-2 years.	Medicaid Medicare
CAP	Children's and Adolescents' Access to Primary Care Practitioners	1-19	Entire eligible population	Children 12 months - 19 years old should have an annual visit with their PCP.	Medicaid
CBP	Controlling High Blood Pressure	18-85	Adults are identified as hypertensive by: One outpatient visit with a diagnosis of hypertension during the first six months of the measurement year.	Adults 18-85 years old should have their blood pressure documented at least once per year: Members 18-59 – Goal: <140/90mm Hg (most recent reading). Members 60-85 with a diagnosis of diabetes – Goal: <140/90mm Hg (most recent reading). Members 60-85 without a diagnosis of diabetes – Goal: <150/90mm Hg (most recent reading).	Medicaid Medicare
CCS	Cervical Cancer Screening	21-64	Entire eligible population	Women 21-64 years old should be screened for cervical cancer using either of the following: 1. 21-64 years old - cervical cytology every 3 years. 2. 30-64 years old - cervical cytology with HPV co-testing every 5 years.	Medicaid
CDC	Comprehensive Diabetes Care	18-75	Adults are identified as having diabetes by claim/encounter data during the measurement year or year prior: 1. At least two outpatient visits, observation, ED visits, or nonacute inpatient encounters or 2. At least one acute inpatient encounter with a diagnosis of diabetes 3. Pharmacy data: Members who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis.	Adults 18-75 years old diagnosed with diabetes (types 1 and 2) should have each of the following at least annually: 1. HbA1c testing – Goal: <7.0% (most recent in measurement year). 2. Blood Pressure – Goal: <140/90mm HG (most recent in measurement year). 3. Medical Attention for Nephropathy: Urine Protein test, or ACE/ARB prescription, or evidence of treatment for nephropathy. 4. Dilated or retinal eye exam by an eye care professional (annually) or negative for retinopathy in the year prior to the measurement year.	Medicaid Medicare
CHL	Chlamydia Screening in Women	16-24	Women 16-24 identified as sexually active	Women 16-24 years old identified as sexually active should be screened annually for Chlamydia	Medicaid
CIS	Childhood Immunizations Status	Birth-2	Children who turn two years old during the measurement year	Children should have complete Immunizations on or before their 2nd birthday (events must be at least 14 days apart): 4-DTaP 3-IPV 3-Hep B 2-Influenza 3-Hib 4-PCV 2 or 3-Rotavirus 1-Hep A 1-VZV 1-MMR	Medicaid
COA	Care for Older Adults	66+	Entire eligible population – Medicare SNP	Adults 66 years and older should have the following documented at least annually: 1. Advance Care Planning 2. Medication List and Review 3. Functional Status Assessment 4. Pain Assessment	Medicare

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COL	Colorectal Cancer Screening	50-75	Entire eligible population	Adults ages 50-75 should be screened for colorectal cancer by one of the following: 1. Fecal occult blood test (gFOBT or FIT) every year, OR 2. Flexible sigmoidoscopy during the measurement year or 4 years prior, OR 3. Colonoscopy during the measurement year or 9 years prior, OR 4. FIT-DNA test during the measurement year or 2 years prior. 5. CT colonography during the measurement year or the four years prior to the measurement year.	Medicaid Medicare
CWP	Appropriate Testing for Children with Pharyngitis	3-18	Children with a diagnosis of pharyngitis who were dispensed an antibiotic.	Children ages 3-18 should receive a strep test (rapid strep test and/or throat culture) on or between 3 days prior to 3 days after an antibiotic is dispensed for a pharyngitis diagnosis.	Medicaid
FUA	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence	13+	Emergency Department visits by members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence	Received follow-up with any practitioner within: 1. 30 days of ED visit 2. 7 days of ED visit	Medicaid Medicare
FUH	Follow-Up After Hospitalization for Mental Illness	6+	Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses.	Children and adults should have a follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner after discharge. Two rates are reported: 1. The percentage of members who received follow-up within 7 days of discharge. 2. The percentage of members who received follow-up within 30 days of discharge.	Medicaid Medicare
FUM	Follow-Up After Emergency Department Visit for Mental Health Illness	6+	Emergency Department visits by members 6 years of age and older with a principal diagnosis of mental illness	Received follow-up with any practitioner within: 1. 30 days of ED visit 2. 7 days of ED visit	Medicaid Medicare
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	13+	Members 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence between January 1 and November 15 of the measurement year.	Adolescent and adult members with a new episode of AOD dependence should initiate treatment within 14 days of the diagnosis and should receive two or more additional services within 30 days of the initiation visit. Two rates are reported: 1. 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. 2. Engagement of AOD Treatment: the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Medicaid Medicare
IMA	Immunizations for Adolescents	11-12 years (Meningococcal) 10-12 years (Tdap) 9-12 years (HPV)	Adolescents who turn 13 years old during the measurement year.	Adolescents should have the following immunizations on or before their 13th birthday: 1. Meningococcal on or between 11th and 13th birthday. 2. Tdap on or between 10th and 13th birthday. 3. Three HPV vaccines with three different dates of service on or between 9th and 13th birthdays.	Medicaid
LBP	Use of Imaging Studies for Lower Back Pain	18-50	Adults are identified for the eligible population from an outpatient or ED visit with a primary diagnosis of lower back pain during the measurement year.	Adults 18-50 years with a primary diagnosis of lower back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis unless clinically indicated. LOWER RATE IS BETTER	Medicaid Medicare
LSC	Lead Screening in Children	Birth-2	Children who turn two years old during the measurement year.	Children should have at least one lead capillary or venous blood test with results on or before their second birthday.	Medicaid

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MMA	Medication Management for People with Asthma	5-85	Children and adults are identified for the eligible population by one of the following criteria during both the measurement year and the year prior to the measurement year: 1. At least one ED visit, with a principal diagnosis of asthma. 2. At least one acute inpatient encounter, with a principal diagnosis of asthma. 3. At least four outpatient visits or observation visits, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events. Visit type need not be the same for the four visits. 4. At least four asthma medication dispensing events.	Children and adults ages 5-85 who were identified as having persistent asthma and were dispensed appropriate medications must remain on an asthma controller for at least 75% of the treatment period.	Medicaid Medicare
MPM	Annual Monitoring for Patients on Persistent Medications	18+	Adults who received at least 180 treatment days of the following medication therapy during the measurement year: 1. ACE inhibitors or ARBs 2. Digoxin 3. Diuretic	Adults 18 years and older who received at least 180 days of ambulatory medication therapy for select therapeutic agents should have at least one therapeutic monitoring event annually: 1. ACE/ARB and Diuretics - lab panel; or one serum potassium and a serum creatinine 2. Digoxin - lab panel and a serum digoxin; or one serum potassium and a serum creatinine and a serum digoxin	Medicaid Medicare
MRP	Medication Reconciliation Post-Discharge	18+	Adults are identified for the eligible population by an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not members. If members have more than one discharge, all discharges on or between January 1 and December 1 in the measurement year will be included.	Adults 18 years and older should have medications reconciled by outpatient provider within 30 days of discharge.	Medicare
NCS	Non-Recommended Cervical Cancer Screening in Adolescent Females	16-20	Entire eligible population	Adolescent females 16-20 years old should not be screened for cervical cancer. LOWER RATE IS BETTER	Medicaid
OMW	Osteoporosis Management in Women Who Had a Fracture	67-85	Women are identified for the eligible population by claims/encounter data: 1. An outpatient, ED, or observation visit for a fracture 2. Acute or nonacute inpatient discharges with a diagnosis of a fracture between July 1 of the year prior to the measurement year and June 30 of the measurement year.	Women 67-85 years of age who suffered a fracture should have a bone mineral density test or be dispensed a drug to treat or prevent osteoporosis within six months after the fracture.	Medicaid Medicare
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	18+	Adults who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of measurement year with a diagnosis of AMI	Adults who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of measurement year with a diagnosis of AMI who received persistent beta-blocker treatment for six months after discharge.	Medicaid Medicare
PCE	Pharmacotherapy Management of COPD Exacerbation	40+	A COPD exacerbation is identified by claims/encounter data: 1. An acute inpatient discharge or 2. ED encounter with a principal diagnosis of COPD during January 1 thru November 30 of the measurement year. The eligible population for this measure is based on acute inpatient discharges and ED visits, not members. It is possible for the denominator to include multiple events for the same individual.	Adults 40 years and older who had an acute inpatient discharge or ED encounter for COPD exacerbation should be dispensed the following medications: 1. A systemic corticosteroid within 14 days of discharge 2. A bronchodilator within 30 days of discharge	Medicaid Medicare

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PPC	Postpartum Care (PPC-P)	n/a	Live births – Deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year	Postpartum Care visit must occur between 21-56 days after delivery.	Medicaid
PPC	Prenatal Visits – Timeliness of First Visit (PPC-T)	n/a	Live births – Deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year	Timeliness of Prenatal Care: initial prenatal visit must be within first trimester or within 42 days of enrollment with health plan.	Medicaid
FPC	Frequency of Visits (FPC)	n/a	Live births – Deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year. Expected prenatal visits are determined by member enrollment date and gestational age by using ACOG recommended scheduled visits.	Frequency of Prenatal Care: The percentage of deliveries that received the following number of prenatal visits: 21% of expected visits 21–40% of expected visits 41–60% of expected visits 61–80% of expected >81% of expected visits The number of expected prenatal care visits is adjusted for the month of pregnancy at time of enrollment and gestational age.	Medicaid
PSA	Non-Recommended Prostate-Specific Antigen (PSA) Screening in Older Men	70+	Entire eligible population	Men 70 years and older should not receive PSA based screening unless clinically appropriate LOWER RATE IS BETTER	Medicare
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	19–64	Adults with schizophrenia who were dispensed an antipsychotic medication.	Adults with schizophrenia who were dispensed an antipsychotic medication should remain on an antipsychotic medication for at least 80% of their treatment period.	Medicaid
SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	18–64	Adults with schizophrenia and cardiovascular disease.	Adults with schizophrenia and cardiovascular disease should have a LDL-C test during the measurement year.	Medicaid
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia	18–64	Adults with schizophrenia and diabetes.	Adults with schizophrenia and diabetes should have the following tests during the measurement year: 1. LDL-C test 2. HbA1c test.	Medicaid
SPC	Statin Therapy for Patients with Cardiovascular Disease	21-75 (males) 40-75 (females)	Adults with clinical atherosclerotic cardiovascular disease (ASCVD)	Adults with clinical atherosclerotic cardiovascular disease (ASCVD): 1. Dispensed at least one high or moderate-intensity statin medication during the measurement year 2. Remain on a high or moderate-intensity statin medication for at least 80% of the treatment period	Medicaid Medicare
SPD	Statin Therapy for Patients with Diabetes	40-75	Adults with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD)	Adults with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD): 1. Dispensed at least one statin medication of any intensity during the measurement year 2. Remained on statin medication of any intensity for at least 80% of the treatment period	Medicaid Medicare
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	40+	Adults are identified for the eligible population by an outpatient, ED, or acute inpatient visit with a diagnosis of COPD between July 1 of the year prior to the measurement year and June 30 of the measurement year.	Adults 40 years and older with a new diagnosis of COPD or newly active COPD should have appropriate spirometry testing between two years prior through six months after diagnosis.	Medicaid Medicare
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	18-64	Adults with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication.	Adults with schizophrenia or bipolar disease who were dispensed an antipsychotic medication should have a glucose screening test or an HbA1c screening test during the measurement year.	Medicaid

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URI	Appropriate Testing for Children with Upper Respiratory Infection	3 months-18 years old	Children and adolescents are identified for the eligible population: diagnosed with upper respiratory infection with no comorbid or competing conditions through outpatient or ED visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.	Antibiotics should not be prescribed for children ages 3 months-18 years old with a diagnosis of URI.	Medicaid
W15	Well-Child Visits: 0-15 Months	0-15 months	Children who turn 15 months of age during the measurement year.	Children who turn 15 months of age should have six or more well-child visits from birth through 15 months old (visits must be at least 14 days apart).	Medicaid
W34	Well-Child Visits: 3-6 Years	3-6	Children who are three to six years of age during the measurement year.	Children three to six years old should have one well-child visit annually.	Medicaid
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	3-17	Children and adolescents 3-17 with a PCP or OB/GYN outpatient visit during the measurement year.	Children and adolescents 3-17 years old should have the following documented during the measurement year: <ol style="list-style-type: none"> 1. BMI Percentile only 2. Counseling for Nutrition 3. Counseling for Physical Activity 4. Assessment/Counseling/Education on risk behaviors and preventive actions associated with Sexual Activity 5. Assessment/Counseling/Education for Depression 6. Assessment/Counseling/Education about the risk factors of Tobacco Usage 7. Assessment/Counseling/Education about the risk factors of Substance Abuse (including alcohol, excluding tobacco) 	Medicaid