

California Health & Human Services Agency Center for Data Insights and Innovation / Office of the Patient Advocate California Health Care Quality Health Plan Report Card, 2023-24 Edition Scoring Documentation for Public Reporting on HEDIS¹ (Reporting Year 2023)

Background

Representing the interests of health plan and medical group members, the California Center for Data Insights and Innovation's Office of the Patient Advocate (CDII/OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has since annually updated, enhanced, and expanded the Report Cards on HMOs, PPOs and Medical Groups. The current version (2023-24 Edition) of the online Health Care Quality Report Cards is available through <https://www.cdii.ca.gov/consumer-reports/>.

Performance results are reported at a health plan reporting unit level in the Health Plan Report Card. Ten (10) participating health plans report HMO Healthcare Effectiveness Data and Information Set (HEDIS®²) results.

- Aetna Health of California, Inc.*
- Anthem Blue Cross of California*
- Blue Shield of California*
- CIGNA HealthCare of California, Inc.*
- Health Net of California, Inc.*
- Kaiser Foundation Health Plan of Northern California, Inc.
- Kaiser Foundation Health Plan of Southern California, Inc.
- Sharp Health Plan
- United Healthcare of California, Inc.
- Western Health Advantage

**Plans with an asterisk report HMO/POS combined.*

Six (6) participating health plans report PPO Healthcare Effectiveness Data and Information Set (HEDIS®) results.

- Aetna Life Insurance Company of California**
- Anthem Blue Cross of California**
- Blue Shield of California
- CIGNA Health and Life Insurance Company of California**
- Health Net Life Insurance Company of California**
- United Healthcare Insurance Company of California***

***Plans with two asterisks report PPO/EPO combined.*

****Plans with three asterisks report POS/PPO combined.*

¹ Also see the Scoring Methodology for the Health Plan Report Card patient experience ratings: https://reportcard.opa.ca.gov/hmo_ppoabout.aspx.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a source for data contained in the California Health Care Quality Report Cards obtained from Quality Compass®2023 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Sources of Data for California Health Care Quality Report Cards

The 2023-24 Edition Report Cards, released in the Fall 2023 and Spring 2024, use data reported in Reporting Year (RY) 2023 for performance in Measurement Year (MY) 2022. Data sources are:

1. **The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS®)** and Consumer Assessment of Healthcare Providers and Systems (CAHPS®³) commercial measure data. (CAHPS Methodology Descriptions in a separate [document](#))
2. The Integrated Healthcare Association ([IHA](#)) Align. Measure. Perform. ([AMP](#)) Commercial HMO program's medical group clinical performance data.
3. The Purchaser Business Group on Health's (PBGH) Patient Assessment Survey's (PAS) patient experience data for medical groups.

Health Plan HEDIS Methodology Process

Methodology Decision Making Process

CDII/OPA conducts a multi-stakeholder process to determine the best scoring methodology for capturing patient experience appropriately and accurately. Beginning with the 2013 Edition of the Report Cards, CDII/OPA enhanced its partnership with IHA's AMP Commercial HMO programs such that IHA's Technical Measurement Committee (TMC) serves as the primary advisory body to CDII/OPA regarding methodologies for the Health Plan Report Card for both HEDIS clinical and CAHPS patient experience data and the Medical Group Report Card clinical data. Comprised of representatives from health plans, medical groups, and health care purchaser organizations, TMC members are well-versed in issues of health care quality and patient experience measurement, data collection and public reporting. CDII/OPA's Health Care Quality Report Cards are a standing item at the TMC meetings.

³ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

TMC Roster (2023)

Chair: Christine Castano, MD, *Optum*
Alice Gunderson, *PFCC Partners, Patient Advisor Network*
Alyson Spencer, *Blue Shield of California Promise Health Plan*
Andy Dang, MD, *Sharp Rees-Stealy Medical Group*
Bihu Sandhir, MD, *AltaMed*
Cheryl Damberg, PhD, *RAND*
Edward Yu, MD, *Sutter Palo Alto Medical Foundation*
Eric Garthwaite, *Health Net*
Frederick Kuo, MD, *UnitedHealthcare*
Kenneth Phenow, MD, *Cigna*
Leticia Schumann, *Anthem*
Marnie Baker, MD, *MemorialCare Medical Group*
Pegah Mehdizadeh, DO, *Aetna*
Peter Robertson, *Purchaser Business Group on Health*
Rachel Brodie, *Purchaser Business Group on Health*
Ralph Vogel, PhD, *Kaiser Permanente*
Sara Frampton, *Kaiser Permanente Health Plan*
Sherilyn Wheaton, MD, *Primary Medical*
Ting Pun, *PFCC Partners, Patient Advisor Network*
Tory Robinson, *Blue Shield of California*

Please note that the methodology and display decisions made by CDII/OPA do not necessarily reflect the views of each organization on the advisory committee.

Additionally, CDII/OPA values the opinions and perspectives of other stakeholders with interest and expertise in the field of healthcare quality measurement, data collection and display and, as such, welcomes questions and comments sent to OPAReportCard@ncqa.org.

Stakeholder Preview and Corrections Period

Each year, prior to the public release of the CDII/OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test website with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to CDII/OPA and its contractors. If an error in the data is identified within the given time period, it is corrected prior to the public release of the CDII/OPA Report Cards.

Health Plan HEDIS Scoring Methodology

There are three levels of measurement:

1. **HEDIS Measures:** There are thirty-six (36) HMO and PPO commercial HEDIS measures.
2. **Topic:** There are nine composite condition topic areas composed of thirty-four (34) commercial HEDIS measures.
3. **Category:** There is one composite category, "Quality of Medical Care," which is the aggregated All-HEDIS summary performance score composed of thirty-four (34) commercial HEDIS measures.

See Appendix A for mapping of HEDIS measures to the one category and nine topics for HMOs, PPOs, POS, and EPOs.

Performance Grading

HMOs and PPOs are graded relative to nationwide performance for HEDIS measures for “Quality of Medical Care”. All the performance results are expressed such that a higher score means better performance. Based on relative performance, plans are assigned star ratings for category and topic composites.

Star rating performance grading is based on the NCQA RY 2023 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS, Preferred Provider Organization-PPO, and Exclusive Provider Organization-EPO) benchmarks. Quality Compass RY 2023 values are used to grade performance for new or revised measures.

Composite Calculation for Category and Topic Scoring

Composite calculations for category and topic scoring for clinical quality measures are very similar:

- 1. To calculate the category level composite, “Quality of Medical Care”:** We calculate the mean of all HEDIS measures displayed under “Quality of Medical Care”, except for *Doctor Advises Patient to Quit Smoking* and *Preventing Hospital Readmission After Discharge*. All measures are equally weighted, after the five blended measures are combined (see Section 4). The resulting rate is first rounded to the 100th decimal point, and then rounded to the 10th decimal point, before adding a 0.5 point buffer to the rounded mean score. This sum (rounded mean + 0.5) is used to assign the star rating performance grade.
- 2. To calculate the topic level composites:** Measures are organized into each of the nine condition topics. A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the nine condition topics, after any blended measures are combined (see Section 4). The resulting rate is first rounded to the 100th decimal point, and then rounded to the 10th decimal point, before adding a 0.5 point buffer to the rounded mean score. This sum (rounded mean + 0.5) is used to assign the star rating performance grade.

Individual Measure Scoring

1. The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the NCQA measurement requirements. Measures are dropped from star rating calculations and benchmarks if at least 50% of California plans cannot report a valid rate. Rates are reported for all plans with valid rates, regardless of whether a particular measure has been dropped from a star rating calculation due to less than 50% of California plans having a valid rate.
2. The HEDIS measure results are converted to a score using the following formula:
(HEDIS measure numerator ÷ HEDIS measure denominator) * 100.

Handling Missing Data

Not all health plans are able to report valid rates for each measure. In order to calculate category and topic star ratings for as many health plans as possible, missing measure data is imputed under specific conditions using an adjusted half-scale rule. This is accomplished by developing an actual measure-level-imputed-result for plans with missing data and using those results for star calculations. Imputed results are not reported as an individual measure rate. If a plan is able to report valid rates for at least half of its measures in a topic or category composite

rating, then missing values will be replaced using an adjusted half-scale rule for all missing measures to calculate the composite score. Because eligibility for missing value re-assignment (imputation) is assessed independently at the category and topic levels, it is possible to have a category score even if topic or measure scores are missing.

Two Component Measure Scoring

1. The following measures are comprised of two interval component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Although the two results are displayed individually within their respective topic, the results are blended using an equal 50/50 weight and counted only one time in topic and category star ratings.
 - a) Alcohol/drug dependent treatment (beginning and engagement phases)
 - b) Chronic obstructive pulmonary disease (COPD) exacerbation care (corticosteroid and bronchodilator medicines)
 - c) Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medicines (beginning and continuation phases)
 - d) Antidepressant medication management (acute and continuation phases)
 - e) Follow-up after hospitalization for mental illness (seven and 30-day follow-up)
2. The following two measures have two age cohorts that are scored, reported, and used to calculate topic and category star ratings separately:
 - a) Asthma medications age 12-18, Asthma medications age 19-50, and Asthma medications age 51-64 are combined to form the 12-64 age band.
 - b) Body mass index (BMI) children age 3-11 and body mass index (BMI) adolescents age 12-17 are reported separately.

Changes from the 2022-23 Edition Report Card to the 2023-24 Edition Report Card and Notes

1. EPO Reporting Type:
 - a) Historically, CDII/OPA has used HMO, POS, PPO, or any combination thereof for the benchmark calculation. However, CDII/OPA has not included EPO or any combinations involving EPO for the CDII/OPA national benchmark until this update for MY 2022. EPO is now included as a plan type in the calculation to provide a more accurate national benchmark.
2. Various HEDIS measure updates were made for MY 2022:
 - a) Comprehensive Diabetes Care (CDC):
 - i. The CDC measure was retired for MY 2022; however, some indicators were developed into stand-alone measures listed below:
 - “Eye Exam for People with Diabetes” is now under code EED (“Eye Exam for Patients with Diabetes”).
 - “Controlling Blood Pressure for People with Diabetes” is now under code BPD (“Blood Pressure Control for Patients with Diabetes”).

- “Controlling Blood Sugar for People with Diabetes” is now under code HBD (“Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8%)”).
 - ii. “Testing Blood Sugar for People with Diabetes” is no longer in use for MY 2022, as the HbA1c Testing HEDIS Indicator has been retired.
- b) Colorectal Cancer Screening (COL):
 - i. The age range in the denominator has expanded to 45 – 75 years of age (as opposed to the previous range of 51 – 75 years of age in MY 2021). To align with this change, the “Colorectal Cancer Screening (Total)” indicator will be utilized instead of using “Colorectal Cancer Screening (46-49)” and “Colorectal Cancer Screening (50-75)” separately.
- c) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET):
 - i. The measure was heavily revised for MY 2022. The measure now includes the following indicators and age stratifications:
 - Alcohol Use Disorder
 - Initiation of SUD Treatment – Alcohol Use Disorder
 - Engagement of SUD Treatment – Alcohol Use Disorder
 - Opioid Use Disorder
 - Initiation of SUD Treatment – Opioid Use Disorder
 - Engagement of SUD Treatment – Opioid Use Disorder
 - Other Drug Use Disorder
 - Initiation of SUD Treatment – Other Drug Use Disorder
 - Engagement of SUD Treatment – Other Drug Use Disorder
 - Total
 - Initiation of SUD Treatment – Total
 - Engagement of SUD Treatment – Total
 - Age Stratifications (for each indicator):
 - 13 – 17 years old
 - 18 – 64 years old
 - 65+ years old
 - Total
 - ii. Instead of using the separate Alcohol Use Disorder, Opioid Use Disorder, Other Drug Use Disorder, and Total indicators and age stratifications listed above, CDII/OPA has chosen to utilize the following indicators for MY 2022:
 - “Initiation and Engagement of Substance Use Disorder Treatment – Initiation of SUD Treatment – Total (Total)”
 - “Initiation and Engagement of Substance Use Disorder Treatment – Engagement of SUD Treatment – Total (Total)”
- d) Use of Imaging Studies for Low Back Pain (LBP):

- i. The age range for the denominator was expanded to 18 – 75 years of age (previously 18 – 50 years old).
- ii. While there are age stratifications available, CDII/OPA has chosen to utilize “Use of Imaging Studies for Low Back Pain (Total)” to capture the full age range.

Calculate Percentiles

1. One of five star rating grades is assigned to each of the nine topics and to the “Quality of Medical Care” category using the cutpoints shown in Table 1. Four cutpoints are used to calculate the performance grades. Cutpoints were calculated per the NCQA RY 2023 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS, Preferred Provider Organization-PPO, and Exclusive Provider Organization-EPO).
2. Percentiles are established by first calculating the composites (unweighted averages of each of the grouped measures at the topic and category level) for National All Lines of Business. Then the 90th, 65th, 35th, and 10th percentiles of each topic and category composite are calculated across National All Lines of Business.

From Percentiles to Stars

1. Health plan performance in MY 2022 (RY 2023) is graded against score thresholds derived from MY 2022 (RY 2023) data. There are four thresholds corresponding to five-star rating assignments. If a topic or category composite rate meets or exceeds the “Excellent” thresholds, the plan is assigned a rating of five stars. If a topic or category composite rate meets or exceeds the “Very Good” threshold (but is less than the “Excellent” threshold) then the plan is given a rating of four stars. If a topic or category composite rate meets or exceeds the “Good” threshold (but is less than the “Very Good” threshold) then the plan is given a rating of three stars. If a topic or category composite rate meets or exceeds the “Fair” threshold (but is less than the “Good” threshold) then the plan is given a rating of two stars. Topic or category scores that are less than the two- star “Fair” threshold result in a rating of one star, “Poor”.
2. The grade spans vary for each of the nine condition topics listed in Table 1:
 - a) Top cutpoint: 90th percentile nationwide
 - b) Middle-high cutpoint: 65th percentile nationwide
 - c) Middle-low cutpoint: 35th percentile nationwide
 - d) Low cutpoint: 10th percentile nationwide

Table 1: HEDIS Condition Topic Performance Cutpoints for the 2023-24 Edition Health Plan Report Card

| Condition Topic | Number of Measures Included | Excellent Cutpoint 90 th percentile | Very Good Cutpoint 65 th percentile | Good Cutpoint 35 th percentile | Fair Cutpoint 10 th percentile | Poor Cutpoint <10 th percentile |
|---|-----------------------------|--|--|---|---|--|
| Appropriateness of Tests, Treatments and Procedures | 2 | 68 | 61 | 56 | 51 | <51 |
| Asthma and Lung Disease Care* | 4 | 76 | 73 | 70 | 64 | <64 |
| Diabetes Care | 4 | 69 | 62 | 58 | 47 | <47 |
| Heart Care | 3 | 84 | 79 | 74 | 65 | <65 |

| | | | | | | |
|-------------------------------|---|----|----|----|----|-----|
| Maternity Care | 2 | 93 | 88 | 80 | 59 | <59 |
| Behavioral and Mental Health* | 3 | 58 | 53 | 49 | 43 | <43 |
| Preventive Screenings | 4 | 70 | 64 | 60 | 56 | <56 |
| Treating Adults | 1 | 65 | 57 | 50 | 41 | <41 |
| Treating Children* | 6 | 71 | 64 | 57 | 39 | <39 |

Table 2: All HEDIS Summary Category Performance Cutpoints for the 2023-24 Edition Health Plan Report Card

| Summary Category | Number of Measures Included | Excellent Cutpoint 90 th percentile | Very Good Cutpoint 65 th percentile | Good Cutpoint 35 th percentile | Fair Cutpoint 10 th percentile | Poor Cutpoint <10 th percentile |
|--------------------------|-----------------------------|--|--|---|---|--|
| Quality of Medical Care* | 34 | 73 | 67 | 61 | 52 | <52 |

*The Asthma and Lung Disease Care, Behavioral and Mental Health and Treating Children Topics, as well as the Quality of Medical Care All HEDIS Summary Category, contain two-interval component measures, as described in Section 4.a. These measures are counted as two measures in Table 1 but are blended together prior to calculation of the topic or category composite; the blended rate is weighted once in the topic and category calculations.

- Using the example of “Quality of Medical Care” category, four cutpoints are used to define five performance grades:

Quality of Medical Care

- 75 Excellent
- 68 Very Good
- 62 Good
- 50 Fair
- <50 Poor

- A buffer zone of a half-point (0.5) span is applied to the category and topic ratings. Any health plan whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, an All-HEDIS® summary score of 50.5 (before the buffer is applied) would be assigned a grade of “Fair”. A score of 50.4, which is outside of the buffer zone, would be assigned a grade of “Poor”.

Risk Adjustment

NCQA’s Committee on Performance Measurement and its Board of Directors determined that risk adjustment would not be appropriate for HEDIS measures because the processes and outcomes being measured should be achieved, regardless of the nature of the population.

Preventing Hospital Readmission After Discharge is one such measure that incorporates risk adjustment into its calculation. Because of this, it is not considered as part of the topic or category rating calculations. The rate is calculated by taking a plan’s observed-to-expected (O/E) ratio and dividing it by the average of O/E rates for each plan type (HMO, PPO, POS, and EPO separately), resulting in a new ratio, calibrated to the plans it will be measured against. This new calibrated ratio is multiplied by the average observed rate of readmissions for the same group of plans (HMO or PPO). This rate is then inverted and rounded to the nearest whole number, for ease of consumer display.

$$\text{Performance rate} = 100 - ((\text{plan O/E ratio} \div \text{average of O/E ratio}) * \text{average rate})$$

Appendix A - Mapping of HEDIS Measures to Category and Topics

| Topic | HEDIS Measure Abbreviation | HEDIS Measure Name | CDII/OPA Measure Name | Definition |
|---|----------------------------|---|---|---|
| Appropriateness of Tests, Treatments and Procedures | AAB | Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | Treating Bronchitis: Getting the Right Care | % of adults ages 18-64 who have acute bronchitis who were appropriately not given an antibiotic, medicines that often don't work for these short-term bronchial inflammations |
| Appropriateness of Tests, Treatments and Procedures | LBP | Use of Imaging Studies for Low Back Pain | Testing for Cause of Back Pain | % of adults ages 18-75 who did not receive imaging studies (plain x-ray, MRI, CT scan) for acute low back pain (reverse scored) |
| Asthma and Lung Disease Care | AMR | Asthma Medication Ratio, 5-11 years | Asthma Medicine for Children | % of children ages 5-11 with asthma who were identified as having persistent asthma and had a ratio of controller medicines to total asthma medicines of 0.50 or greater |
| Asthma and Lung Disease Care | AMR | Asthma Medication Ratio, 12-64 years | Asthma Medicine for Adults/Teens | % of adolescents/adults ages 12-64 with asthma who were identified as having persistent asthma and had a ratio of controller medicines to total asthma medicines of 0.50 or greater |
| Asthma and Lung Disease Care | PCE | Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid | Treating Lung Disease – Corticosteroid Medicine | % of adults age 40 or older with Chronic Obstructive Pulmonary Disease (COPD) who had worsening of symptoms indicated by a hospitalization or ED visit who were dispensed an inhaled corticosteroid medicine within 14 days |
| Asthma and Lung Disease Care | PCE | Pharmacotherapy Management of COPD Exacerbation - Bronchodilator | Treating Lung Disease – Bronchodilator Medicine | % of adults age 40 or older with COPD who had worsening symptoms indicated by a hospitalization or ED visit and were dispensed a bronchodilator medicine within 30 days |

| Topic | HEDIS Measure Abbreviation | HEDIS Measure Name | CDII/OPA Measure Name | Definition |
|------------------------------|-----------------------------------|---|---|--|
| Asthma and Lung Disease Care | SPR | Use of Spirometry Testing in the Assessment and Diagnosis of COPD | Testing Lung Disease | % of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis |
| Diabetes Care | EED | Eye Exam for Patients With Diabetes | Eye Exam for People with Diabetes | % of patients ages 18-75 with diabetes who had a retinal eye exam in past year |
| Diabetes Care | HBD | Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8%) | Controlling Blood Sugar for People with Diabetes | % of patients ages 18-75 with diabetes with HbA1c <= 8.0% |
| Diabetes Care | BPD | Blood Pressure Control for Patients With Diabetes | Controlling Blood Pressure for People with Diabetes | % of patients ages 18-75 with diabetes whose blood pressure level (<140/90) was controlled |
| Diabetes Care | SPD | Statin Therapy for Patients with Diabetes – Received Statin Therapy | Prescribing Statins to People with Diabetes | % of patients ages 40-75 with diabetes who were prescribed at least one statin medicine in the last year |
| Heart Care | CBP | Controlling High Blood Pressure | Controlling High Blood Pressure | % of adults ages 18-85 who were diagnosed with hypertension and whose blood pressure was controlled (<140/90) |
| Heart Care | PBH | Persistence of Beta-Blocker Treatment After a Heart Attack | Heart Attack Medicine | % of persons age 18 and older hospitalized for a heart attack who received beta blocker medicine through a 6 month period post event |
| Heart Care | SPC | Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy | Prescribing Statins to People with Heart Disease | % of patients ages 21-75 (male) and 40-75 (female) with heart disease who were given at least one statin medicine during the last year |
| Maternity Care | PPC | Prenatal and Postpartum Care - Timeliness of Prenatal Care | Visits During Pregnancy | % of pregnant women who began prenatal care during first 13 weeks of pregnancy |

| Topic | HEDIS Measure Abbreviation | HEDIS Measure Name | CDII/OPA Measure Name | Definition |
|------------------------------|-----------------------------------|---|--|--|
| Maternity Care | PPC | Prenatal and Postpartum Care - Postpartum Care | Visits After Giving Birth | % of women with a live birth who had a postpartum visit between 7-84 days after delivery |
| Preventive Screenings | COL | Colorectal Cancer Screening | Colorectal Cancer Screening | % of adults ages 45-75 who were tested for colorectal cancer using any one of four tests |
| Preventive Screenings | BCS | Breast Cancer Screening | Breast Cancer Screening | % of women ages 50-74 who had a mammogram during past two years |
| Preventive Screenings | CCS | Cervical Cancer Screening | Cervical Cancer Screening | % of women ages 21-64 who had a Pap test during past three years |
| Preventive Screenings | CHL | Chlamydia Screening in Women | Chlamydia Screening | % of sexually active women ages 16-24 who were screened for chlamydia in prior year |
| Behavioral and Mental Health | IET | Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment | Alcohol and Drug Dependence Treatment – Beginning Phase | % of adolescents and adults (age 13 or older) diagnosed with substance use disorders (SUD) who started treatment within 14 days after the beginning of SUD treatment |
| Behavioral and Mental Health | IET | Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment | Alcohol and Drug Dependence Treatment – Ongoing Phase | % of adolescents and adults (age 13 or older) diagnosed with substance use disorders (SUD) who initiated treatment and have evidence of treatment engagement within 34 days after the beginning of SUD treatment |
| Behavioral and Mental Health | FUH | Follow-Up After Hospitalization for Mental Illness - 7 Days | Follow-up Visit Within 7 Days After Mental Illness Hospital Stay | % of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 7 days after discharge |

| Topic | HEDIS Measure Abbreviation | HEDIS Measure Name | CDII/OPA Measure Name | Definition |
|------------------------------|-----------------------------------|---|---|--|
| Behavioral and Mental Health | FUH | Follow-Up After Hospitalization for Mental Illness - 30 Days | Follow-up Visit Within 30 Days After Mental Illness Hospital Stay | % of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 30 days after discharge |
| Behavioral and Mental Health | AMM | Antidepressant Medication Management - Effective Acute Phase Treatment | Antidepressant Medicine — First Three Months of Treatment | % of depressed patients age 18 and older who remained on antidepressant medicine for the 12-week acute treatment phase |
| Behavioral and Mental Health | AMM | Antidepressant Medication Management- Effective Continuation Phase Treatment | Antidepressant Medicine — Six Months' Continuation of Treatment | % of depressed patients age 18 and older who remained on antidepressant medicine for the six-month continuation phase |
| Treating Adults | FVA | Flu Vaccinations for Adults Ages 18–64 (CAHPS survey reported as clinical care) | Flu Shots for Adults | % of members ages 18-64 who received an influenza vaccination between July 1 and the date when the survey was completed |
| Treating Children | CIS | Childhood Immunization Status – Combination 10 | Immunizations for Children | % of children who by their 2nd birthday received designated measles, mumps, rubella (MMR); H influenza type B (HiBs); chicken pox (Varicella); diphtheria, tetanus, acellular pertussis (DtaP/DT); polio (IPV); hepatitis B (HepB), pneumococcal conjugate (PCV) vaccinations, hepatitis A (HepA), rotavirus and influenza vaccinations (Combo 10) |

| Topic | HEDIS Measure Abbreviation | HEDIS Measure Name | CDII/OPA Measure Name | Definition |
|-------------------|-----------------------------------|--|---|---|
| Treating Children | IMA | Immunizations for Adolescents – Combination 2 | Immunizations for Early Teens | % of adolescents who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the HPV vaccine series by their 13th birthday |
| Treating Children | CWP | Appropriate Testing for Pharyngitis | Treating Children with Throat Infections | % of children ages 3-17 who were diagnosed with pharyngitis (throat infection) and given an antibiotic medicine and who were first tested for strep throat |
| Treating Children | ADD | Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase | Starting Care for Attention Deficit Disorder | % of children ages 6-12 who were prescribed an ADHD medicine and had a follow-up visit with a practitioner during the 30-day Beginning Phase |
| Treating Children | ADD | Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase | Ongoing Care for Attention Deficit Disorder | % of children ages 6-12 who were prescribed an ADHD medicine, remained on the medicine for at least 210 days and had two follow-up visits within the 9 month-Continuation/Maintenance Phase |
| Treating Children | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – BMI Percentile Ages 3-11 | Checking if Children’s Weight Could Cause Health Problems | % of children ages 3-11 who had a visit with their regular doctor (PCP/OB-GYN) and had their body mass index (BMI) documented during the past year |
| Treating Children | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – BMI Percentile Ages 12-17 | Checking if Teen’s Weight Could Cause Health Problems | % of children ages 12-17 who had a visit with their regular doctor (PCP/OB-GYN) and had their body mass index (BMI) checked in the past year |

| Topic | HEDIS Measure Abbreviation | HEDIS Measure Name | CDII/OPA Measure Name | Definition |
|---|-----------------------------------|---|---|--|
| Preventing Hospital Readmission After Discharge | PCR* | Plan All-Cause Readmissions | Preventing Hospital Readmission After Discharge | For members age 18 and older, the number of acute inpatient hospital stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission |
| Doctor Advises Patient to Quit Smoking | MSC* | Medical Assistance With Smoking and Tobacco Use Cessation – Advising Smokers to Quit (CAHPS survey reported as clinical care) | Doctor Advises Patient to Quit Smoking | % of members age 18 and older who were current smokers or tobacco users and who received advice to quit smoking in the past year |

* Preventing Hospital Readmission After Discharge and Doctor Advises Patient to Quit Smoking measures are reported as stand-alone measures, and not included in a topic score or the All-HEDIS Summary Performance Score “Quality of Medical Care”.