California Health Care Quality Report Cards

2025-26 Edition Health Plan Report Card - Scoring Documentation for Public Reporting on HEDIS®[1] (Reporting Year 2025)

Background

The Office of the Patient Advocate (OPA) publicly reports health care quality data to help consumers make more informed decisions. OPA published its first HMO Health Care Quality Report Card in 2001 and has successfully updated, enhanced, and expanded the Report Cards on HMOs, PPOs, and Medical Groups in subsequent annual editions. The online Health Care Quality Report Cards are available at https://www.cdii.ca.gov/consumer-reports/.

This document addresses the methodology used to produce the Health Plan Report Card's clinical quality scores based on the HMO Healthcare Effectiveness Data and Information Set (HEDIS®) commercial measure data. Performance results are reported at a health plan unit level in the Health Plan Report Card.

Twelve (12) participating health plans report HEDIS® 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.
Sanford Health Plan
Sharp Health Plan
Sutter Health Plan
United Healthcare of California, Inc.
Western Health Advantage

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

Seven (7) participating health plans report PPO HEDIS® results.

Aetna Life Insurance Company of California**
Anthem Blue Cross Life and Health Insurance Company**

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[1] 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®2025 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2025 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.

Anthem Blue Cross of California**
Blue Shield of California
CIGNA Health and Life Insurance Company of California**
UnitedHealthcare Benefits Plan of California***
United Healthcare Insurance Company of California***

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

Sources of Data for California Health Care Quality Report Cards

The 2025-26 Edition of the Report Cards is published in Fall 2025 and Spring 2026, using data reported in Reporting Year (RY) 2025 for performance in Measurement Year (MY) 2024.

The data sources for the 2025-26 Edition Health Plan Report Card are:

1. The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO HEDIS®.

2. Consumer Assessment of Healthcare Providers and Systems (CAHPS®[2]) commercial measure data.

The CAHPS® Methodology description can be found in a separate document.

Additional data sources for other 2025-26 Edition Report Cards include the Integrated Healthcare Association (IHA) Align. Measure. Perform. (AMP) Commercial HMO program's medical group clinical performance data.

Health Plan HEDIS® Methodology Process

Methodology Decision Making Process

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, OPA enhanced its partnership with IHA's AMP Commercial HMO programs such that IHA's Technical Measurement Committee (TMC) serves as an advisory body for the Medical Group Report Cards clinical data, and the TMC provides insight and thought partnership on the Health Plan Report Cards. The TMC reviews industry changes, the AMP proposed measure set, and recommendations for public reporting options. 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. OPA's Health Care Quality Report Cards are a standing item at TMC meetings.

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

TMC Roster (2025)

Chair: Edward Yu, MD, *Sutter Palo Alto Medical Foundation*
Andy Dang, MD, *Sharp Rees-Stealy Medical Group*
Cheryl Damberg, PhD, *RAND*
Christine Nguyen, *Blue Shield of California Promise Health Plan*
Cristian Rico, MD, *AltaMed*
Eric Garthwaite, *Health Net*
Jeff Harrison, *Anthem*
Kenneth Phenow, MD, *Cigna*
Kristina Petsas, MD, *UnitedHealthcare*
Michelle Best, *Providence Medical Foundation*
Pegah Mehdizadeh, DO, *Aetna*
Peter Robertson, *Purchaser Business Group on Health*
Rachel Brodie, *Independent Consultant*
Ralph Vogel, PhD, *Kaiser Permanente*
Ranae Forbes, *Dignity Health Medical Foundation*
Sara Frampton, *Kaiser Permanente Health Plan*
Sherilyn Wheaton, MD, *Primary Medical*
Ting Pun, PhD, *PFCC Partners, Patient Advisor Network*
Tory Robinson, *Blue Shield of California*

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

Additionally, 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 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 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 Report Cards.

Health Plan HEDIS® Scoring Methodology

There are three levels of measurement:

1. **HEDIS® Measures**: There are forty-five (45) HMO and PPO commercial HEDIS® measures.

2. **Topic**: There are eight composite condition topic areas composed of forty-three (43) 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 forty-three (43) commercial HEDIS® measures.

See Appendix A for mapping of HEDIS measures to the one category and 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 2025 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 2025 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 *Two Component Measure Scoring*). 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 eight 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 eight condition topics, after any blended measures are combined (see section *Two Component Measure Scoring*). 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 can 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 reassignment (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 2024-25 Edition Report Card to the 2025-26 Edition Report Card and Notes

- There are now nineteen (19) participating health plans: twelve (12) HMOs and seven (7) PPOs.
- The reference to the Purchaser Business Group on Health (PBGH) Patient Assessment Survey's (PAS) patient experience data was removed from page 2 due to the discontinuation of the PAS program in calendar year 2025.
- Tables 1 and 2 were reformatted to display cutpoints from lowest to highest to improve clarity.
- The following topics were renamed: (1) *Maternity Care* to *Prenatal Care,* (2) *Preventive Screenings* to *Preventive Care,* and (3) *Treating Children* to *Child Care.*
- PCR (*Preventing Hospital Readmission After Discharge*) was moved from the topic *Appropriate Use of Tests, Treatments and Procedures* to the newly added topic *Hospital Readmissions.*
- The HEDIS® measure abbreviation for *Controlling Blood Sugar for People with Diabetes* was updated from HBD to GSD.
- COL (*Colorectal Cancer Screening*) was retired for HEDIS® MY 2024 and replaced with COL-E, an Electronic Clinical Data Systems (ECDS) measure.
- ADD (both *Starting Care for Attention Deficit Hyperactivity Disorder* and *Ongoing Care for Attention Deficit Hyperactivity Disorder*) was retired for HEDIS® MY 2024 and replaced with ADD-E, an ECDS measure.
- SPR (*Testing Lung Disease*) was retired for HEDIS® MY 2024 and removed from the measure set.
- The following new measures were added to the measure set:
    - KED (Topic: Diabetes Care): *Kidney Health Evaluation for People with Diabetes*
        - Indicators: 18-64, 65-75, 76-85, Total
    - PRS-E (Topic: Prenatal Care): *Immunizations for Pregnant People*

        - Indicators: Influenza, Tdap, Combination

    - WCV (Topic: Child Care): *Child and Teen Well-Care Visits*

        - Indicators:

            - Children's Well-Care Visits: 3-11
            - Teen's Well-Care Visits: 12-17, 18-21
            - Child and Teen Well-Care Visits: Total

Calculate Percentiles

1. One of five star rating grades is assigned to each of the eight 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 2025 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 2024 (RY 2025) is graded against score thresholds derived from MY 2024 (RY 2025) 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 eight 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 2025-26 Edition Health Plan Report Card

Condition Topic	Number of Measures Included	Poor Cutpoint <10th percentile	Fair Cutpoint 10th percentile	Good Cutpoint 35th percentile	Very Good Cutpoint 65th percentile	Excellent Cutpoint 90th percentile
Appropriate Use of Tests, Treatments and Procedures	2	<52	52	56	61	68
Asthma and Lung Disease Care*	4	<70	70	79	85	92
Diabetes Care	8	<46	46	55	60	67
Heart Care	3	<62	62	71	76	82
Prenatal Care	5	<47	47	57	65	72
Behavioral and Mental Health*	6	<44	44	50	54	58
Preventive Care	4	<56	56	62	66	71
Child Care*	11	<44	44	54	61	68

Table 2: All-HEDIS® Summary Category Performance Cutpoints for the 2025-26 Edition Health Plan Report Card

Summary Category	Number of Measures Included	Poor Cutpoint <10th percentile	Fair Cutpoint 10th percentile	Good Cutpoint 35th percentile	Very Good Cutpoint 65th percentile	Excellent Cutpoint 90th percentile
Quality of Medical Care*	43	<53	53	61	66	72

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

**The Asthma and Lung Disease Care, Behavioral and Mental Health and Child Care Topics, as well as the Quality of Medical Care All HEDIS® Summary Category, contain two-interval component measures, as described under the section, "Two Component Measure Scoring.". 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.*

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

   Quality of Medical Care

   72 Excellent
   66 Very Good
   61 Good
   53 Fair
   <53 Poor

4. 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 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, if an Excellent Cutpoint was set at 81, the plan whose score is 80.5 would be graded “Excellent.” A score of 80.4, which is outside of the buffer zone, would be assigned a grade of “Very Good.”

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.

Performance rate = 100 - ((plan O/E ratio ÷ average of O/E ratio) * average rate)

Appendix A - Mapping of HEDIS® Measures to Category and Topics

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Appropriate Use 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/bronchiolitis who were appropriately not given an antibiotic, medicines that often don't work for these short-term bronchial inflammations
Appropriate Use 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) within 28 days of the diagnosis
Appropriate Use of Tests, Treatments and Procedures	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 patients age 18 and older who were current smokers or tobacco users and who received advice to quit smoking in the past year
Asthma and Lung Disease Care	AMR	Asthma Medication Ratio, 5-11 years	Asthma Medicine for Children	% of children ages 5-11 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 patients ages 12-64 who were identified as having persistent asthma and had a ratio of controller medicines to total asthma medicines of 0.50 or greater

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
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 given 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 Chronic Obstructive Pulmonary Disease (COPD) who had worsening symptoms indicated by a hospitalization or ED visit and were given a bronchodilator medicine within 30 days
Behavioral and Mental Health Care	IET	Initiation and Engagement of Substance Use Disorder Treatment – Initiation of SUD Treatment	Alcohol and Drug Dependence Treatment – Beginning Phase	% of teens and adults (age 13 or older) diagnosed with substance use disorders (SUD) who started treatment within 14 days
Behavioral and Mental Health Care	IET	Initiation and Engagement of Substance Use Disorder Treatment – Engagement of SUD Treatment	Alcohol and Drug Dependence Treatment – Ongoing Phase	% of teens 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 Care	FUH	Follow-Up After Hospitalization for Mental Illness – 7 Days	Follow-up Visit Within 7 Days Aft Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had a follow-up visit with a mental health provider within 7 days after discharge

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Behavioral and Mental Health Care	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 a follow-up visit with a mental health provider within 30 days after discharge
Behavioral and Mental Health Care	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 at least 84 days (12 weeks)
Behavioral and Mental Health Care	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 at least 180 days (6 months)
Child Care	CIS	Childhood Immunization Status – Combination 10	Immunizations for Children	% of children who by their 2nd birthday had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines (Combo 10)
Child Care	IMA	Immunizations for Adolescents – Combination 2	Immunizations for Early Teens	% of teens 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

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Child Care	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 tested for strep throat
Child Care	ADD-E	Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	Starting Care for Attention Deficit Hyperactivity Disorder	% of children ages 6-12 who were given an attention-deficit/hyperactivity disorder (ADHD) medicine and had a follow-up visit with a practitioner during the 30-day Beginning Phase
Child Care	ADD-E	Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase	Ongoing Care for Attention Deficit Hyperactivity Disorder	% of children ages 6-12 who were given an attention-deficit/hyperactivity disorder (ADHD) medicine, remained on the medicine for at least 210 days and had at least two follow-up visits within the 9 month-Continuation/Maintenance Phase after the Beginning Phase ended
Child Care	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 doctor (PCP/OB-GYN) and had evidence of the following during the past year: body mass index (BMI) percentile documentation, counseling for nutrition, and counseling for physical activity

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Child Care	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 teens ages 12-17 who had a visit with their doctor (PCP/OB-GYN) and had evidence of the following during the past year: body mass index (BMI) percentile documentation, counseling for nutrition, and counseling for physical activity
Child Care	WCV	Child and Adolescent Well-Care Visits (3-11)	Children's Well-Care Visits – 3-11	% of patients ages 3-11 who had at least one comprehensive well-care visit with their doctor (PCP/OB-GYN) during the last year
Child Care	WCV	Child and Adolescent Well-Care Visits (12-17)	Teen's Well-Care Visits – 12-17	% of patients ages 12-17 who had at least one comprehensive well-care visit with their doctor (PCP/OB-GYN) during the last year
Child Care	WCV	Child and Adolescent Well-Care Visits (18-21)	Teen's Well-Care Visits – 18-21	% of patients ages 18-21 who had at least one comprehensive well-care visit with their doctor (PCP/OB-GYN) during the last year
Child Care	WCV	Child and Adolescent Well-Care Visits (Total)	Child and Teen Well-Care Visits – Total	% of patients ages 3-21 who had at least one comprehensive well-care visit with their doctor (PCP/OB-GYN) during the last year
Diabetes Care	EED	Eye Exam for Patients With Diabetes	Eye Exam for People with Diabetes	% of patients ages 18-75 with diabetes (types 1 and 2) who had a retinal eye exam in past year
Diabetes Care	GSD	Glycemic Status Assessment for Patients With Diabetes – Glycemic Status <8.0%	Controlling Blood Sugar for People with Diabetes	% of patients ages 18-75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c or glucose management indicator) was less than 8.0%

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Diabetes Care	BPD	Blood Pressure Control for Patients With Diabetes	Controlling Blood Pressure for People with Diabetes	% of patients ages 18-75 with diabetes (types 1 and 2) whose blood pressure level was controlled (<140/90)
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 given at least one statin medicine in the last year
Diabetes Care	KED	Kidney Health Evaluation for Patients With Diabetes (18-64)	Kidney Health Evaluation for People with Diabetes – 18-64	% of patients ages 18-64 with diabetes (types 1 and 2) who received a kidney health evaluation, which includes an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the last year
Diabetes Care	KED	Kidney Health Evaluation for Patients With Diabetes (65-75)	Kidney Health Evaluation for People with Diabetes – 65-75	% of patients ages 65-75 with diabetes (types 1 and 2) who received a kidney health evaluation, which includes an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the last year
Diabetes Care	KED	Kidney Health Evaluation for Patients With Diabetes (76-85)	Kidney Health Evaluation for People with Diabetes – 76-85	% of patients ages 76-85 with diabetes (types 1 and 2) who received a kidney health evaluation, which includes an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the last year

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Diabetes Care	KED	Kidney Health Evaluation for Patients With Diabetes (Total)	Kidney Health Evaluation for People with Diabetes – Total	% of patients ages 18-85 with diabetes (types 1 and 2) who received a kidney health evaluation, which includes an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during 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 persistent beta-blocker treatment through a 6-month period (180 days) 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
Hospital Readmissions	PCR*	Plan All-Cause Readmissions	Preventing Hospital Readmission After Discharge	For patients age 18 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
Prenatal Care	PPC	Prenatal and Postpartum Care – Timeliness of Prenatal Care	Visits During Pregnancy	% of deliveries that received a prenatal care visit in the first trimester of pregnancy

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Prenatal Care	PPC	Prenatal and Postpartum Care - Postpartum Care	Visits After Giving Birth	% of deliveries that had a postpartum visit on or between 7 and 84 days after delivery
Prenatal Care	PRS-E	Prenatal Immunization Status (Influenza)	Immunizations for Pregnant People – Influenza	% of deliveries in which patients had received an influenza vaccination
Prenatal Care	PRS-E	Prenatal Immunization Status (Tdap)	Immunizations for Pregnant People – Tdap	% of deliveries in which patients had received a tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccination
Prenatal Care	PRS-E	Prenatal Immunization Status (Combination)	Immunizations for Pregnant People – Combination	% of deliveries in which patients had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations
Preventive Care	COL-E	Colorectal Cancer Screening	Colorectal Cancer Screening	% of adults ages 45-75 who were tested for colorectal cancer
Preventive Care	BCS-E	Breast Cancer Screening	Breast Cancer Screening	% of adults ages 50-74 who were recommended for routine breast cancer screening and had a mammogram to test for breast cancer

Topic	HEDIS® Measure Abbreviation	HEDIS® Measure Name	OPA Measure Name	Definition
Preventive Care	CCS	Cervical Cancer Screening	Cervical Cancer Screening	% of adults ages 21-64 who were recommended for and received routine cervical cancer screening using any of the following criteria: • Patients ages 21–64 who were recommended for routine cervical cancer screening and had cervical cytology, also known as a Pap test or Pap smear, within the last 3 years • Patients ages 30–64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years • Patients ages 30–64 who were recommended for routine cervical cancer screening and had a combined cervical cytology (also known as a Pap test or Pap smear)/high-risk human papillomavirus (hrHPV) test within the last 5 years
Preventive Care	CHL	Chlamydia Screening in Women	Chlamydia Screening	% of sexually active women ages 16-24 who were tested for chlamydia at least once in prior 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".*