2016 HEDIS® Measures and Specifications

The National Committee for Quality Assurance (NCQA) has updated the Healthcare Effectiveness Data and Information Set (HEDIS®) measures for 2016. Please review care provided to UnitedHealthcare Community Plan members for compliance with these updates. Measures impacting the overall Centers for Medicare & Medicaid Services' Star Rating for the health plan are noted with a blue star within the document.

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Children and Adolescents			
Childhood immunizations (CIS) *On or before 2nd birthday*	Percentage who were immunized with: • 4 Diphtheria, tetanus and acellular pertussis (DTaP) • 3 Polio (IPV) • 1 Measles, mumps and rubella (MMR) • 3 H influenza type B (HiB) • 3 Hepatitis B (HepB) • 1 Chicken pox (VZV) • 4 Pneumococcal conjugate (PCV) • 1 Hepatitis A (HepA) • 2 or 3 Rotavirus (RV) • 2 Influenza (flu) **Documentation** A note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization including the name and date prepared by an authorized health care provider or agency **Common Documentation Findings:** • Immunization after 2nd birthday • No record in primary care physician (PCP) file when immunized elsewhere • No documentation of contraindication, allergy or immunization refusal • No documentation that the first HepB immunization was given at birth/hospital	Commercial, Medicaid (Hybrid)	**DTaP Current Procedural Terminology (CPT):** 90698, 90700, 90721, 90723 **IPV CPT:** 90698, 90713, 90723 **MMR CPT:** 90707, 90710 **MR CPT:** 90708 **Measles CPT:** 90705 **Mumps CPT:** 90704 **Rubella CPT:** 90706 **HiB CPT:** 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748 **HepB CPT:** 90723, 90740, 90744, 90747, 90478 **HepB Healthcare Common Procedure Coding System (HCPCS):** G0010 **Newborn HepB Administered ICD-10 Procedure Coding System (ICD-10-PCS):** 3E0234Z **VZV CPT:** 90710, 90716 **PCV CPT:** 90669, 90670 **PCV HCPCS:** G0009 **HepA CPT:** 90633 **RV (2-dose schedule) CPT:** 90681 **RV (3-dose schedule) CPT:** 90680 **Influenza CPT:** 90630, 90655, 90657, 90661, 90662, 90673,90685 **Influenza HCPCS:** G0008

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Measure	Reported Data		Line of Business (Collection Method)	Coding/Compliance Details
Adolescent Immunization Status (IMA) *On or before 13th birthday*	Percentage who were immunized with BOTH: • Meningococcal vaccine on or between 11th and 13th birthdays • Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or tetanus and diphtheria toxoids vaccine (Td) on or between 10th and 13th birthdays **Documentation:** A note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization including the name and date prepared by an authorized health care provider or agency **Common Documentation Findings:** • Immunization outside of required timeline • No record in PCP file when immunized elsewhere • No documentation of immunization refusal		Commercial, Medicaid (Hybrid)	**Meningococcal CPT:** 90733, 90734 **Diphtheria CPT:** 90719 **Tetanus CPT:** 90703 **Tdap CPT:** 90715 **Td CPT:** 90714, 90718
HPV for Female Adolescents *On or between 9th and 13th birthdays*	Percentage who had at least three doses of human papillomavirus (HPV) vaccination with different dates of service, on or between the 9th and 13th birthdays **Documentation:** A note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization including the name and date prepared by an authorized health care provider or agency **Common Documentation Findings:** • Immunization outside of required timeline • No record in PCP file when immunized elsewhere • No documentation of immunization refusal		Commercial, Medicaid (Hybrid)	**HPV CPT:** 90649, 90650, 90651
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34) *Ages 3-6*	Percentage who had one or more well-care visits with a PCP during the measurement year	**Documentation:** All well-care documentation must include a dated visit note with PCP provider type that includes: • Health and developmental history (physical and mental) • Physical exam • Health education or anticipatory guidance **Common Documentation Findings:** • Missed opportunity to document and code well-care during problem-oriented visit • No documented health education or anticipatory guidance	Commercial, Medicaid (Hybrid)	*Please document and code age-appropriate preventive care or general medical exam for full administrative compliance.* **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439 **and/or** **ICD-10 Clinical Modification (CM):** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
Adolescent Well-Care Visits (AWC) *Ages 12-21*	Percentage who had one or more well-care visits with a PCP or OB/GYN during the measurement year			
Well-Child Visits in the First 15 Months of Life (W15) *Ages 0-15 months*	Percentage who had the recommended minimum of six well-care visits by the age of 15 months			

UnitedHealthcare Community Plan

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Lead Screening in Children (LSC) *On or before 2nd birthday*	Percentage who had one or more capillary or venous lead blood tests on or before 2nd birthday **Documentation:** The record must include both of the following: • Date the test was performed • Result or finding **Common Documentation Findings:** • Lead risk assessment recorded without venous blood or capillary test • Testing outside of measure timeline • No documentation of blood lead screening history or result	Medicaid (Hybrid)	**CPT:** 83655 **Logical Observation Identifiers Names and Codes (LOINC):**10368-9,10912-4,14807-2,17052-2, 25459-9, 27129-6, 32325-2, 5671-3, 5674-7, 77307-7 *Blood lead testing is required at 12 and 24 months for TennCare members.*
Chlamydia Screening (CHL) *Women ages 16-24 with documentation of being sexually active*	Percentage who had at least one test for chlamydia during the measurement year **Administrative Documentation:** • Laboratory or pathology claim indicating chlamydia or chlamydia screening	Commercial, Medicaid (Administrative)	Sexual activity identified by claims (e.g., obstetric, pregnancy or pharmacy contraceptive claims)

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Children and Adolescents' Access to Primary Care Practitioners (CAP) *Ages 12 months – 19 years*	• Ages 12-24 months and 25 months – 6 years: Percentage who had a yearly visit with a PCP • Ages 7-19: Percentage who had a visit with a PCP during the measurement year or the year prior to the measurement year	Commercial, Medicaid (Administrative)	**Outpatient Visits** • **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 • **Uniform Bill (UB) Revenue:** 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Consultation Services** • **CPT:** 99241, 99242, 99243, 99244, 99245 **Home Services** • **CPT:** 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 **Preventive Medicine** • **CPT:** 99381, 99382, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99401, 99402, 99403, 00404, 99411, 99412, 99420, 99429 • **HCPCS:** G0402, G0438, G0439, G0463, T1015 **General Medical Exams:** • **ICD-10-CM:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.82, Z02.83, Z02.89, Z02.9

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC) *Ages 3-17*	Percentage who had an outpatient visit during the measurement year with documented evidence of: • Height, weight and body mass index (BMI) percentile (ranking based on CDC BMI-for-age growth chart) • Counseling for nutrition • Counseling for physical activity **Documentation:** **BMI Percentile** • Dated height, weight and BMI percentile during the measurement year from same data source **Counseling for Nutrition Dated in Measurement Year** • Discussion of current nutrition behavior (e.g., eating or diet habits) • Checklist indicating nutrition was addressed • Counseling or referral for nutrition education • Documented face-to-face delivery of nutrition educational materials • Anticipatory guidance for nutrition • Weight or obesity counseling **Counseling for Physical Activity Dated in Measurement Year** • Discussion of current physical activity behavior (e.g., exercise routine, participation in sports activities, exam for sports participation) • Checklist indicating physical activity was addressed • Counseling or referral for physical activity counseling • Documented face-to-face delivery of physical activity educational materials • Anticipatory guidance for physical activity • Weight or obesity counseling **Common Documentation Findings:** • BMI value documented is not percentile based on height, weight, age and gender • Well-care documentation does not include activity or nutrition counseling • BMI percentile plotted on BMI growth chart but not easily tracked to date • Anticipatory guidance does not specify topic	Commercial, Medicaid (Hybrid)	**BMI Percentile** • **ICD-10-CM:** Z68.51, Z68.52, Z68.53, Z68.54 **Nutrition Counseling** • Dietary counseling and surveillance **ICD-10-CM:** Z71.3 **Counseling for Physical Activity** • Face-to-face behavioral counseling for obesity **HCPCS:** G0447 • Exercise classes, non-physician provider **HCPCS:** S9451 **Additional Nutritional Counseling Codes** • Medical nutrition therapy **CPT:** 97802, 97803, 97804 **HCPCS:** G0270, G0271 • Face-to-face behavioral counseling for obesity **HCPCS:** G0447 • Weight management class, non-physician provider **HCPCS:** S9449 • Nutritional counseling, dietician **HCPCS:** S9470 • Nutrition classes, non-physician provider **HCPCS:** S9452

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Adult			
Adults' Access to Preventive/ Ambulatory Health Services (AAP) *Ages 20 and older*	• Percentage of Medicaid and Medicare members who had an ambulatory or preventive care visit in the measurement year • Percentage of Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years before the measurement year **Administrative Documentation:** Claims for ambulatory or preventive care	Commercial, Medicaid, Medicare (Administrative)	**Outpatient Visits** • **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 • **UB Revenue:** 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Consultation Services** • **CPT:** 99241, 99242, 99243, 99244, 99245 **Home Services** • **CPT:** 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 **Preventive Medicine** • **CPT:** 99385 999386, 99387, 99395, 99396, 99397, 99401 99402, 99403, 99404, 99411, 99412, 99420, 99429 • **HCPCS:** G0402, G0438, G0439 G0463, T1015 **General Medical Exams** • **ICD-10-CM:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.82, Z02.83, Z02.89, Z02.9 **Other Ambulatory Visits:** • **CPT:** 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99309, 99310, 99315 ,99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 • **HCPCS:** S0620, S0621 • **UB Revenue:** 0524, 0525

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details

Adult BMI Assessment (ABA)
Ages 18-74
★
	Percentage who had an outpatient visit during the measurement year or year prior
	
	Documentation:
	• Documentation must indicate the dated weight/height and BMI value from the same data source.
	  • Members younger than age 20 on the date of service must have height, weight and BMI percentile recorded (e.g., 85th percentile) or documented on an age-growth chart.
	  • Members ages 20 or older on the date of service must have BMI value and weight documented.
	
	Common Documentation Findings:
	• Height and/or weight documented without BMI calculation
	• BMI documented as a value for members younger than age 20
	• BMI ranges documented
		Commercial, Medicaid, Medicare (Hybrid)	**BMI Value**
			• **ICD-10-CM:** Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45
			BMI Percentile
			• **ICD-10-CM**: Z68.51, Z68.52, Z68.53, Z68.54
			Outpatient Visits
			• **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215
			Consultation Services
			• **CPT**: 99241, 99242, 99243, 99244, 99245
			Home Services
			• **CPT:** 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
			Preventive Medicine
			• **CPT**: 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429
			Work-Related/Disability Evaluation
			• **CPT:** 99455, 99456
			• **HCPCS:** G0402, G0438, G0439, G0463, T1015
			• **UB Revenue:** 510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

Non-Recommended PSA-Based Screening in Older Men (PSA) *Ages 70 and older*	Percentage who are screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening; ***a lower rate for this measure indicates better performance*** **Administrative Documentation:** Claim detail including PSA laboratory screening with date of service in the measurement year	Medicare (Administrative)	PSA laboratory code

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Colorectal Cancer Screening (COL) *Ages 50-75* ★	Percentage who had: • Fecal occult blood test (FOBT) in measurement year • Flexible sigmoidoscopy in measurement year or up to four years prior • Colonoscopy in measurement year or up to nine years prior **Administrative Documentation:** One of the following: • Claims in measurement year indicating multiple specimen or processed FOBT testing • Claims for flexible sigmoidoscopy in measurement year or up to four years prior • Claims for colonoscopy in measurement year or up to nine years prior **Documentation:** One of the following: • Dated completion of FOBT in the measurement year and/or with requisite number of sample returns if a number of returns is indicated • Documentation of completed flexible sigmoidoscopy in medical history in the measurement year or up to four years prior • Documentation of completed colonoscopy in the measurement year or up to nine years prior	Commercial, Medicare (Hybrid)	No documented result is required on medical record review if the testing is documented within the medical history. If this is unclear, a result is required. Compliance is determined by the appropriate CPT or HCPCS coded claim within the measurement period for the respective test. **FOBT** • Peroxidase activity (e.g., guaiac); three cards or single triple card for consecutive collection **CPT:** 82270 • Fecal hemoglobin determination by Immunoassay; one to three simultaneous determinations **CPT:** 82274 **HCPCS:** G0328 **Flexible Sigmoidoscopy** • **CPT:** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350 • **HCPCS**: G0104 **Colonoscopy** • **CPT:** 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398 • **HCPCS:** G0105, G0121

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) *Ages 18 and older*	Percentage who were hospitalized and discharged with a diagnosis of acute myocardial infarction from July 1 of the year prior to the measurement year to June 30 of the current measurement year, and who received persistent beta-blocker treatment for six months after discharge **Administrative Documentation:** Ongoing prescription or dispensing events to supply coverage for beta blocker therapy on discharge day and 179 days thereafter	Commercial, Medicaid, Medicare (Administrative)	Compliance determined using pharmacy dispensing data
Controlling High Blood Pressure (CBP) *Ages 18-85* ★	Percentage who had a diagnosis of hypertension and had blood pressure adequately controlled during the measurement year based on the following criteria: • Ages 18-59: Less than 140/90 mm Hg • Ages 60-85 with diabetes: Less than 140/90 mm Hg • Ages 60-85 without diabetes: Less than 150-90 mm Hg **Documentation:** • Recorded diagnosis of hypertension any time or before June 30 of the measurement year **AND** • Last recorded BP in the measurement year: o Ages 18-59: Less than 140/90 mm Hg o Ages 60-85 with diabetes: Less than 140/90 mm Hg o Ages 60-85 without diabetes: Less than 150-90 mm Hg **Common Documentation Findings:** • Diagnosis date of hypertension is not clearly documented • Rechecks of elevated blood pressure not documented	Commercial, Medicaid, Medicare (Hybrid)	***Requires medical records review*** Members are identified from outpatient claims with a hypertension diagnosis between Jan. 1 and June 30 of measurement year • **ICD-10-CM**: I10 Members with diabetes comorbidity are identified administratively using claims data.
Statin Therapy for Patients with Cardiovascular Disease (SPC) *Men ages 21-75* *Women ages 40-75*	Percentage identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates were reported: • Received statin therapy – Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year • 80 percent statin adherence – Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the period between the year's first dispensing event and the remainder of the calendar year	Commercial, Medicaid, Medicare (Administrative)	Members are identified as having cardiovascular disease using claims data. Compliance is determined using pharmacy claims dispensing events for statin therapy.

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Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
DMARD Therapy for Rheumatoid Arthritis (ART) *Ages 18 and older* ★	Percentage diagnosed with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) **Administrative Documentation:** Claims for outpatient or non-acute inpatient discharge with diagnosis of rheumatoid arthritis and receiving ambulatory administration or pharmacy dispensing event for DMARD in the measurement year	Commercial, Medicaid, Medicare (Administrative)	**Rheumatoid Arthritis:** • **ICD-10-CM:** M05-M06 Category Includes members with at least two outpatient and/or non-acute inpatient discharges with ANY diagnosis of rheumatoid arthritis Jan. 1- Nov. 30 of the measurement year Compliance is demonstrated using claims, encounter or pharmacy dispensing data documenting DMARD prescription/ administration during the year.

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details

Comprehensive Diabetes Care (CDC)
Ages 18-75
★
	Percentage of members with diabetes (Type I and Type 2) who had each of the following on a yearly basis:
	• Blood pressure less than 140/90 mm Hg
	• Hemoglobin A1c (HbA1c) testing
	• HbA1c poor control (greater than 9.0 percent)
	• HbA1c control (less than 8.0 percent)
	• HbA1c control (less than 7.0 percent*)
	• Retinal eye exam
	• Medical attention for nephropathy
	
	Documentation:
	Blood Pressure Measurement
	• Latest documented blood pressure within the measurement year <140/90
	
	Hemoglobin A1c Testing
	• Claim for HgA1c testing with date of service in measurement year **OR** medical record documentation of HgA1c testing date of service in the measurement year
	
	HbA1c Control ★
	• Claim, administrative report or medical record documentation of most recent HbA1c result in measurement year with specific value greater than 9.0 percent, less than 8.0 percent, or less than 7.0 percent*
	
	Retinal Eye Exam ★
	• Claim for comprehensive eye exam in the measurement year or medical record documentation of exam findings with result documented in the measurement year or year prior.
	
	Medical Attention for Nephropathy ★
	• Claim or medical record documentation with dated service in the measurement year indicating:
	  o Medical attention for nephropathy or nephrological care
	  o Urinalysis or microalbumin urine screen in measurement year
	  o Documented prescription of angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) in measurement year
	
	**Required exclusions exist for less than 7.0 percent measurement for members with certain clinical or diagnostic history*
		Commercial, Medicaid, Medicare (Hybrid)	**Diabetes**
			Members identified using specified claims, encounter or pharmacy data documenting or indicating diabetes during the measurement year and/or the year prior to the measurement year
			BP Measurement
			Systolic CPT Category II:
			• 3074F Most recent <130
			• 3075F Most recent 130-139
			• 3077F Most recent ≥ 140
			Diastolic CPT Category II:
			• 3078F Most recent <80
			• 3079F Most recent 80-89
			• 3080F Most recent ≥ 90
			HbA1c Testing
			CPT: 83036, 83037
			CPT Category II:
			• 3044F Most recent <7.0
			• 3045F Most recent 7.0-9.0
			• 3046F Most recent >9.0
			Diabetic Retinal Screening
			CPT Category II:
			• 3072F Negative retinal screen in prior year
			• 2022F Dilated retinal exam interpreted by ophthalmologist or optometrist documented and reviewed
			Nephropathy Screening
			• CPT Category II
			• 3060F Positive microalbumin test documented and reviewed*
			• 3061F Negative microalbumin test documented and reviewed*
			• 3062F Positive Microalbumin Test*
			• 3066F Documentation of treatment for Nephropathy (dialysis, chronic renal failure, nephrology care)*
			• Dispensing event for ACE or ARB in measurement year
			**Administrative claims render the member compliant for nephropathy screening. These are supplemental documentation codes.*

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Statin Therapy for Patients with Diabetes (SPD) *Ages 40-75*	Percentage of members with diabetes who do not have clinical ASCVD who met the following criteria. Two rates are reported: • Received statin therapy – Members who were dispensed at least one statin medication of any intensity during the measurement year • 80 percent statin adherence – Members who remained on a statin medication of any intensity for at least 80 percent of the interim of the year's first dispensing event throughout the remainder of the calendar year.	Commercial, Medicaid, Medicare (Administrative)	Members are identified as having cardiovascular disease via claims data. Compliance is determined through pharmacy claims dispensing events for statin therapy.
Annual Monitoring for Patients on Persistent Medications (MPM) *Ages 18 and older*	Percentage who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year, and had at least one therapeutic monitoring event for the therapeutic agent during the measurement year. Three separate rates and a total rate are reported: • Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • Digoxin • Diuretics • Total rate (the sum of the three numerators divided by the sum of the three denominators)	Commercial, Medicaid, Medicare (Administrative)	Eligibility and compliance are determined using pharmacy dispensing events and annual laboratory monitoring. Tests do not have to be performed with the same date of service as long as all are completed within the measurement year: **Digoxin** • Digoxin level, serum potassium and creatinine **ACE/ARB/Diuretics** • Serum potassium and creatinine **Digoxin Level** • **CPT:** 80162 • **LOINC:** 10535-3, 3563-4 **Serum Creatinine AND Serum Potassium** • **Laboratory Panel:** 80047, 80048, 80050, 80053, 80069 • Both serum creatinine and potassium in the measurement year

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Use of Imaging Studies For Low Back Pain (LBP) *Ages 18-50*	Percentage with a primary diagnosis of low back pain who did NOT have an imaging study (plain X-ray, magnetic resonance imaging (MRI) or computerized tomography (CT) scan) within 28 days of the diagnosis **Administrative Documentation:** No claims indicating imaging during 28 days after diagnosis	Commercial, Medicaid (Administrative)	**Low Back Pain Diagnoses:** • **ICD-10-CM:** M46.46, M46.47, M46.48, M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S

<table>
<tr><th>Measure</th><th>Reported Data</th><th>Line of Business (Collection Method)</th><th>Coding/Compliance Details</th></tr>
<tr><td colspan="4">Respiratory Health</td></tr>
<tr><td>Asthma Medication Ratio (AMR)
Ages 5-85</td><td>Percentage identified as having persistent asthma who had a ratio of 0.50 or greater for Units of Asthma Controller Medication to Total Asthma Medications during the measurement year

<u>Administrative Documentation</u>:

<table>
<tr><td rowspan="10">Total Asthma Medications</td><td colspan="2">Asthma Controller Medications</td></tr>
<tr><td>Description</td><td>Prescriptions</td></tr>
<tr><td>Anti-asthmatic combinations</td><td>Dyphylline-guaifenesin
Guaifenesin-theophylline</td></tr>
<tr><td>Antibody inhibitor</td><td>Omalizumab</td></tr>
<tr><td>Inhaled steroid combinations</td><td>Budesonide-formoterol
Fluticasone-salmeterol
Mometasone-formoterol</td></tr>
<tr><td>Inhaled corticosteroids</td><td>Beclomethasone
Budesonide
Ciclesonide
Flunisolide
Fluticasone CFC free
Mometasone
Triamcinolone</td></tr>
<tr><td>Leukotriene modifiers</td><td>Montelukast
Zafirlukast
Zileuton</td></tr>
<tr><td>Mast cell stabilizers</td><td>Cromolyn</td></tr>
<tr><td>Methylxanthines</td><td>Aminophylline
Dyphylline
Theophylline</td></tr>
<tr><td colspan="2">Asthma Reliever Medications</td></tr>
<tr><td>Description</td><td>Prescriptions</td></tr>
<tr><td>Short-acting, inhaled beta-2 agonists</td><td>Albuterol
Levalbuterol
Pinbuterol</td></tr>
</table>
</td><td>Commercial, Medicaid, Medicare (Administrative)</td><td>Members identified with claims meeting one of these criteria during measurement year and year prior:
At least one acute inpatient encounter with a principal diagnosis of asthma
At least one emergency department encounter with a principal diagnosis of asthma
At least four outpatient encounters or observation encounters on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events; visit type does not need to be the same for the four visits
At least four asthma medication dispensing events
Persistent asthma diagnoses qualify members with indicated encounter history:
ICD-10-CM : J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
Measure Exclusions:
Members with no dispensing events for asthma controller/ reliever medications within the measurement year and certain administrative claims history indicating any of the following: emphysema, chronic obstructive pulmonary disease (COPD), obstructive chronic bronchitis, certain chronic respiratory conditions, cystic fibrosis and acute respiratory failure</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Reported Data</th><th>Line of Business (Collection Method)</th><th>Coding/Compliance Details</th></tr>
<tr>
<td>Medication Management for People with Asthma (MMA)
Ages 5-85</td>
<td>Percentage identified as having persistent asthma and dispensed appropriate medications that they remained on until the end of the measurement year (the treatment period). Two rates are reported based on a ratio of Days Covered by Controller Medication to Days in the Treatment Period:
• Percentage who remained on medication for 50 percent of the treatment period
• Percentage who remained on medication for 75 percent of the treatment period

<u>Administrative Documentation:</u>
<table>
<tr><th colspan="2">Asthma Controller Medications</th></tr>
<tr><th>Description</th><th>Prescriptions</th></tr>
<tr><td>Anti-asthmatic combinations</td><td>Dyphylline-guaifenesin
Guaifenesin-theophylline</td></tr>
<tr><td>Antibody inhibitor</td><td>Omalizumab</td></tr>
<tr><td>Inhaled steroid combinations</td><td>Budesonide-formoterol
Fluticasone-salmeterol
Mometasone-formoterol</td></tr>
<tr><td>Inhaled corticosteroids</td><td>Beclomethasone
Budesonide
Ciclesonide
Flunisolide
Fluticasone CFC free
Mometasone
Triamcinolone</td></tr>
<tr><td>Leukotriene modifiers</td><td>Montelukast
Zafirlukast
Zileuton</td></tr>
<tr><td>Mast cell stabilizers</td><td>Cromolyn</td></tr>
<tr><td>Methylxanthines</td><td>Aminophylline
Dyphylline
Theophylline</td></tr>
</table>
</td>
<td>Commercial, Medicaid, Medicare (Administrative)</td>
<td>Members with persistent asthma are identified using the same criteria as the AMR measure.
Asthma Diagnoses:
• ICD-10-CM: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
Measure Exclusions:
Members with no dispensing events for asthma controller medications within the measurement year and certain administrative claims history indicating any of the following: emphysema, COPD, obstructive chronic bronchitis, certain chronic respiratory conditions, cystic fibrosis and acute respiratory failure</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis (CWP)
Ages 3-18</td>
<td>Percentage diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode

<u>Administrative Documentation:</u>
Outpatient or emergency department encounter with sole diagnosis of pharyngitis receiving group A strep test and dispensed an antibiotic within three days of diagnosis</td>
<td>Commercial, Medicaid (Administrative)</td>
<td>Pharyngitis Diagnoses:
• ICD-10-CM: J02.0, J02.8, J02.9, J3.00, J3.01, J3.80, J3.81, J3.90, J3.91
Group A Streptococcus Test:
• CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
• LOINC:11268-0, 17656-0, 18481-2, 31971-5, 49610-9,
• 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1,
• 6559-9, 68954-7</td>
</tr>
</table>

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Appropriate Treatment for Children with Upper Respiratory Infection (URI) *Ages 3 months – 18 years*	Percentage diagnosed with URI and NOT dispensed an antibiotic prescription **Administrative Documentation:** Outpatient or emergency department encounter with sole diagnosis of URI, and negative medication and diagnosis history, NOT dispensed an antibiotic on or within three days after the URI diagnosis	Commercial, Medicaid (Administrative)	**URI Diagnoses:** • **ICD10-CM:** J00, J06.0, J06.9
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) *Ages 18-64*	Percentage with a diagnosis of acute bronchitis who were NOT dispensed an antibiotic prescription **Administrative Documentation:** Outpatient or emergency department encounter with diagnosis of acute bronchitis **NOT** dispensed an antibiotic on or within three days of the diagnosis	Commercial, Medicaid (Administrative)	**Acute Bronchitis:** • **ICD-10-CM**: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9
Pharmacotherapy Management of COPD Exacerbation (PCE) *Ages 40 and older*	Percentage with a diagnosis of COPD who had an acute inpatient discharge or emergency room encounter between Jan. 1 and Nov. 30 of the measurement year, and were dispensed appropriate medications. Two rates are reported: • Percentage dispensed a systemic corticosteroid within 14 days of the event • Percentage dispensed a bronchodilator within 30 days of the event **Administrative Documentation:** Claims with an acute inpatient discharge or emergency department encounter with a principal diagnosis of COPD for members who have: • Current prescription or dispensing event for a systemic corticosteroid within 14 days of discharge or emergency department encounter • Current prescription or dispensing event for a bronchodilator within 30 days of discharge or emergency department encounter	Commercial, Medicaid, Medicare (Administrative)	Bronchodilator and corticosteroid coverage and dispensing events are determined using pharmacy claims data. Emergency department encounters or acute member discharges are determined by any of the following listed as primary diagnosis: **COPD:** • **ICD-10-CM**: J44.0, J44.1, J44.9 **Chronic Bronchitis:** • **ICD-10-CM:** J41.0, J41.1, J41.8, J42 **Emphysema:** • **ICD-10-CM:** J43.0, J43.1, J43.2, J43.8, J43.9
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) *Ages 40 and older*	Percentage with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis **Administrative Documentation:** Claims for spirometry testing two years prior to six months after new or recurrent outpatient, inpatient or emergency department COPD diagnosis after a two-year negative diagnosis history	Commercial, Medicaid, Medicare (Administrative)	**COPD:** • **ICD-10-CM:** J44.0, J44.1, J44.9 **Chronic Bronchitis:** • **ICD-10-CM:** J41.0, J41.1, J41.8, J42 **Emphysema:** • **ICD-10-CM:** J43.0, J43.1, J43.2, J43.8, J43.9 **Spirometry:** • **CPT:** 94010, 94014, 94015, 94016, 94060, 94075, 94375, 94620

UnitedHealthcare Community Plan

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Women			
Cervical Cancer Screening (CCS) *Ages 21-64*	Percentage of women who were appropriately screened for cervical cancer using either of the following criteria: • Women ages 21-64 who had a pap smear every three years • Women ages 30-64 who had pap smear/HPV co-testing on the same date of service performed every five years **Documentation:** • Claim for pap smear and/or HPV cotesting with date of service in the specified interval related to member age • Documentation of date of pap smear within the specified interval related to member's age with documented result • Dated pap smear report with date of service in the specified interval **Common Documentation Findings:** • Dated pap smear history without documented result • No PCP documentation of pap smear history or result	Commercial (Administrative), Medicaid (Hybrid)	Biopsies are not considered as compliant for this measure because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening. **Cervical Cytology:** • **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 • **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 • **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, • 47527-7, 47528-5 • **UBREV:** 0923 **HPV Testing:** • **CPT:** 87620, 87621, 87622, 87624, 87625 • **LOINC:** 21440-3, 30167-1, 38372-9, 42481-2, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0
Breast Cancer Screening (BCS) *Ages 50-74* ★	Percentage who had at least one mammogram on or between Oct. 1 two years prior to the measurement year and Dec. 31 of the current measurement year **Administrative Documentation:** Claims for one or more mammograms with a date of service between Oct. 1 two years prior to current year and Dec. 31 of current year	Commercial, Medicaid, Medicare (Administrative)	This measure evaluates primary screening. Breast biopsies, breast ultrasounds or MRIs are not considered for compliance as they are not appropriate methods for primary breast cancer screening. **Mammography:** • **CPT:** 77055, 77056, 77057 • **HCPCS:** G0202, G0204, G0206 • **UBREV:** 0401, 0403

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) *Ages 16-20*	Percentage who were screened unnecessarily for cervical cancer; ***a lower rate for this measure indicates better compliance and a lower rate of members unnecessarily screened for cervical cancer*** **Administrative Documentation:** Members who have claims for a cervical cancer screening are considered compliant for the measure	Commercial, Medicaid (Administrative)	
Osteoporosis Management in Women Who Had a Fracture (OMW) *Ages 67-85* ★	Percentage who suffered a fracture and had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture **Administrative Documentation:** Claims documenting a bone mineral density testing or dispensing event for an osteoporosis management prescription within six months of the date of service for the claim indicating fracture	Medicare (Administrative)	Members who have bone mineral density testing within 24 months of documented fracture and/or an ongoing prescription for osteoporosis management at the time of fracture are not included
Chlamydia Screening (CHL) *Women ages 16-24 with documentation of being sexually active*	Percentage who had at least one test for chlamydia during the measurement year **Administrative Documentation:** Laboratory or pathology claim indicating chlamydia or chlamydia screening	Commercial, Medicaid (Administrative)	Sexual activity identified by claims (e.g., obstetric, pregnancy or pharmacy contraceptive claims)

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Frequency of Ongoing Prenatal Care (FPC)	Percentage who delivered a live birth on or between Nov. 6 of the year prior to the measurement year and Nov. 5 of the current measurement year, and who received the expected number of prenatal care visits; rates are reported by the percentage of expected visits • American Congress of Obstetricians and Gynecologists (ACOG) recommends that women with an uncomplicated pregnancy receive visits every four weeks for the first 28 weeks of pregnancy, every two to three weeks until 36 weeks of pregnancy, and weekly thereafter **Administrative Documentation:** Claims indicating a visit with practitioner for prenatal care as associated with prenatal lab work, ultrasound or pregnancy diagnosis **Medical Record Documentation**: Dated encounter with an OB/GYN or prenatal practitioner or PCP that lists pregnancy as the and documents one of following: • Basic obstetric exam with evidence of either fetal heart tones, pelvic with obstetric observations or fundal height measure • Dated encounter associated with prenatal laboratory, screening laboratory or ultrasound • Last menstrual period or estimated date of delivery documentation associated with obstetric history/risk assessment	Medicaid (Hybrid)	*Applicable date of service CPT Category II code submission with supporting documentation at each prenatal encounter or itemized on global billing may render the member compliant for prenatal visits without necessary medical record reviews.* As applicable, please include the following on claim/encounter submissions. **First Prenatal Visit:** • **CPT Category II** o 0500F: First prenatal visit with obstetric care provider with last menstrual period entered in field on claim o 0501F: Prenatal flow sheet recorded at first prenatal visit including blood pressure, weight, urine protein, and fundal height, fetal heart tones or estimated date of delivery **Subsequent Prenatal Visit:** • **CPT Category II:** 0502F **Additional Standalone Prenatal Visit Codes:** • Home visit for prenatal monitoring and assessment **CPT:** 99500 • Prenatal Care At-Risk Enhanced Services **HCPCS:** H1000, H1001, H1002, H1003, H1004

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Prenatal and Postpartum Care (PPC)	Percentage who had delivered a live birth on or between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year and: • Had one prenatal visit in first 12 weeks or 42 days of joining UnitedHealthcare Community Plan • Had one visit between 21 and 56 days after delivery **Documentation:** A dated prenatal encounter in the first trimester or within 42 days of enrollment with obstetric, prenatal care or PCP provider that lists pregnancy diagnosis and documentation that includes one of the following: • Basic obstetric exam with evidence of either fetal heart tones, pelvic with obstetric observations or fundal height measure • Dated encounter associated with prenatal laboratory, screening laboratory or ultrasound • Last menstrual period or estimated date of delivery documentation associated with obstetric history/risk assessment **AND** A dated note indicating a postpartum visit occurred that includes one of the following: • Pelvic exam • Evaluation of weight, blood pressure, breasts and abdomen • Notation of "postpartum care," "PP care," "PP check," "6- week check" or preprinted "postpartum care" form **Common Documentation Finding:** • Incision check for post C-section does not constitute a postpartum visit.	Commercial, Medicaid (Hybrid)	*Applicable date of service CPT Category II code submission with supporting documentation at each prenatal encounter or itemized on global billing may render the member compliant for prenatal visits without necessary medical record reviews.* As applicable, please include on claim/encounter submissions: **First Prenatal Visit:** • **CPT Category II** o 0500F: First prenatal visit with obstetric care provider with last menstrual period entered in field on claim o 0501F: Prenatal flow sheet recorded at first prenatal visit including blood pressure, weight, urine protein, and fundal height, fetal heart tones or estimated date of delivery **Subsequent Prenatal Visit:** • **CPT Category II:** 0502F **Additional Standalone Prenatal Visit Codes:** • Home visit for prenatal monitoring and assessment **CPT:** 99500 • Prenatal Care At-Risk Enhanced Services **HCPCS:** H1000, H1001, H1002, H1003, H1004 **Postpartum Care:** • **CPT:** 57170, 58300, 59430, • **CPT Category II:** 0503F • **HCPCS:** G0101 **Home Visit Postnatal Assessment/Follow-Up Care:** • **CPT:** 99501 • **ICD10-CM:** Z0.411, Z0.419, Z01.42, Z30.430, Z39.1, Z39.2 **Any postpartum visit with cervical cytology qualifier or bundled service in which claim specifies date of postpartum visit/care**

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Behavioral Health			
Care for Older Adults (COA) *Ages 66 or older* ★	Percentage who had each of the following during the measurement year: • Advance care planning • Medication review • Functional status assessment • Pain screening **<u>Documentation</u>:** **Advance Care Planning** One of the following: • Copy of executed advance care plan included in the medical record • Dated note that advance care plan was discussed • Dated notation member that member previously executed an advance care plan **Medication Review** ★ One of the following: • Dated review of a medication list by a prescribing practitioner or clinical pharmacist in the measurement year; a signed note including the medication list is considered evidence of review • Dated notation that member takes no medications **Functional Status Assessment** ★ One of the following: • Activities of daily living (ADL) or instrumental activities of daily living (IADL) assessment or completion of functional status assessment tool noted in the measurement year • Dated notation of three or more of following: o Cognitive status o Ambulation status o Hearing, vision and speech (i.e., sensory ability) o Other functional independence (e.g., exercise, ability to perform job) **Pain Screening** ★ One of the following: • Documentation of pain assessment that may include positive or negative findings for pain • Result of assessment using a standardized pain assessment tool	Special Needs Plan (SNP) (Hybrid)	*Please code the visit and documentation supported CPT Category II code selection for each review component for full administrative compliance.* **Advance Care Plan:** • **CPT**: 99497 • **CPT Category II:** 1157F, 1158F • **HCPCS:** S0257 **Medication Review:** *Medication list and medication review are both required* • Medication List o **CPT Category II:** 1159F o **HCPCS:** G8427 • Medication Review o **CPT:** 90863, 99605, 99606 o **CPT Category II:** 1160F **Transitional Care Management Services:** • Medication review with medication reconciliation in the measurement year o **CPT:** 99495- within 14 days of discharge o **CPT:** 99496- within 7 days of discharge **Functional Status Assessment:** • **CPT Category II:** 1170F **Pain Screening:** • **CPT Category II:** 1125F, 1126F

UnitedHealthcare® Community Plan

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) *Ages 65 or older*	Percentage with evidence of an underlying disease, condition or health concern and dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis Diseases, conditions or health concerns include: • A history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents • Dementia and a prescription for tricyclic antidepressants or anticholinergic agents • Chronic renal failure and prescription for non-aspirin • NSAIDs or COX-2 selective NSAIDs **Administrative Documentation:** • Claims/dispensing events between Jan. 1 of year prior to current year and Dec. 1 of current year	Medicare (Administrative)	Fully administrative measure calculating the percentage of members with any of listed diagnoses on contraindicated medication
Medication Reconciliation Post-Discharge (MRP) *Ages 18 or older*	• Percentage for whom medications were reconciled on or within 30 days of an acute or non-acute hospital discharge	Medicare, SNP (Hybrid)	*Please code the visit within required timeline after discharge, with documentation supporting CPT Category II code, for full administrative compliance during outpatient encounter.* **Transitional Care Management Services:** Medication review with medication reconciliation in the measurement year • **CPT:** 99495 within 14 days of discharge • **CPT**: 99496 within seven days of discharge • **CPT Category II:** 1111F

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Use of High-Risk Medications in the Elderly (DAE) *Ages 66 or older*	• Percentage who received at least one high-risk medication • Percentage who received at least two different high-risk medications **Administrative Documentation:** • Dispensing events for high-risk medication during the measurement year	Medicare (Administrative)	Fully administrative measure calculating the percentage of members receiving high-risk medication **Any Prescription in Measurement Year:** • Anticholinergics • Antithrombotics • Cardiovascular • CNS • Pain medications • Endocrine • Non-skeletal muscle relaxants **More than 90 Days Supply:** • Anti-infectives • Non-benzodiazepine hypnotics **Average Daily Dose Criteria:** • Central alpha agonists • Certain cardiovascular • Tertiary tricyclic antidepressants
Follow-Up Care for Children Prescribed ADHD Medication (ADD) *Ages 6 (as of March 1 of the year before the measurement year) to 12 (as of Feb. 28 of the measurement year)*	• Initiation phase: Percentage who had one visit within 30 calendar days of an Attention Deficit Hyperactivity Disorder (ADHD) dispensing event • Continuation phase: Percentage who remained on the medication for at least 210 days and, in addition to the visit in the initiation phase, had a least two follow-up visits within 270 days (nine months) after the initiation phase ended	Commercial, Medicaid (Administrative)	**Follow-Up Visit:** Any outpatient, intensive outpatient or partial hospitalization follow-up visit meets the criteria. **Complete Compliance:** One follow-up visit within 30-days of initial prescription dispensing event **AND** Dispensed prescription covering 210 days (seven months) AND at least two additional follow-up visits within 270 days (nine months) after initiation phase ends

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Antidepressant Medication Management (AMM) *Ages 18 and older*	Percentage diagnosed with major depression and newly treated with antidepressant medication, and remained on an antidepressant medication treatment. Two rates are reported: • Effective Acute Phase Treatment: Percentage who remained on an antidepressant medication for at least 84 days (12 weeks) • Effective Continuation Phase Treatment: Percentage who remained on an antidepressant medication for at least 180 days (six months) **Administrative Documentation:** Claims dispensing events during the measurement period	Commercial, Medicaid, Medicare (Administrative)	**Major Depression:** • **ICD-10-CM:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9
Follow-Up After Hospitalization for Mental Illness (FUH) *Ages 6 and older*	Percentage hospitalized for treatment of selected mental health disorders and had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: • Percentage who received follow-up within 30 days of discharge • Percentage who received follow-up within seven days of discharge	Commercial, Medicaid, Medicare (Administrative)	Follow-up within the specified timeframe must be with a mental health practitioner.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	Percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following: • Initiation of AOD treatment: Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis • Engagement of AOD Treatment: Initiated treatment and had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	Commercial, Medicaid, Medicare (Administrative)	Encounter data supporting specified treatment and additional services with AOD diagnosis within specified measure timeframe
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) *Ages 1-17*	Percentage who were on two or more concurrent antipsychotic medications; ***a lower rate indicates better performance*** **Administrative Documentation:** Dispensing events of concurrent antipsychotic medications covering at least 90 consecutive days in the measurement year	Commercial, Medicaid (Administrative)	Compliance is calculated using pharmacy dispensing events.

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) *Ages 1-17*	Percentage who had two or more antipsychotic prescriptions and had metabolic testing **Administrative Documentation:** Claims documenting BOTH during the measurement year: • Blood glucose OR HgbA1c • Serum cholesterol OR low-density lipoprotein (LDL) level	Commercial, Medicaid (Administrative)	Members with two or more antipsychotic medication dispensing events of the same or different medications within the measurement year **Blood Glucose Tests:** • **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HgA1c Tests:** • **CPT:** 83036, 83037 • **CPT Category II:** 3044F, 3045F, 3046F • **LOINC:** 17856-6, 4548-4, 4549-2 **Cholesterol Tests Other than LDL:** • **CPT:** 82465, 83718, 84478 • **LOINC:** 2085-9, 2093-3, 2571-8, 5932-9 **LDL Tests:** • **CPT:** 80061, 83700, 83701, 83704, 83721 • **CPT Category II:** 3048F, 3049F, 3050F
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) *Ages 1-17*	Percentage who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment **Administrative Documentation:** Claim for psychosocial care within 90 days prior to and 30 days after initial prescription event between Jan. 1 and Dec. 1 of measurement year	Commercial, Medicaid (Administrative)	Includes members in specified age range with a new prescription for antipsychotic AND with four months of a negative antipsychotic medication dispensing event before initial dispensing event between Jan. 1 and Dec. 1 of measurement year Excludes those for whom first-line antipsychotic therapy may be appropriate
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) *Ages 18-64*	Percentage with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	Medicaid (Administrative)	Compliance determined using pharmacy and laboratory claims **Blood Glucose Tests:** • **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HgA1c tests:** • **CPT:** 83036, 83037 • **CPT Category II:** 3044F, 3045F, 3046F • **LOINC:** 17856-6, 4548-4, 4549-2

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) *Ages 18-64*	Percentage with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year	Medicaid (Administrative)	Compliance determined using pharmacy and laboratory claims **HgA1c Tests** • **CPT:** 83036, 83037 • **CPT Category II:** 3044F, 3045F, 3046F • **LOINC:** 17856-6, 4548-4, 4549-2 **LDL Tests** • **CPT:** 80061, 83700, 83701, 83704, 83721 • **CPT Category II:** 3048F, 3049F, 3050F • **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) *Ages 18-64*	Percentage with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year	Medicaid (Administrative)	Compliance determined using laboratory claims **LDL Tests:** • **CPT:** 80061, 83700, 83701, 83704, 83721 • **CPT Category II:** 3048F, 3049F, 3050F • **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) *Ages 19-64 during the measurement year*	Percentage with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period	Medicaid (Administrative)	Compliance determined using pharmacy claims

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Survey Measures			
CAHPS Health Plan Survey 5.0H, Adult Version (CPA)	Four global rating questions reflect overall satisfaction: • Rating of all health care • Rating of health plan • Rating of personal doctor • Rating of specialist seen most often Seven composite scores summarize responses in key areas: • Claims processing (Commercial only) • Customer service • Getting care quickly • Getting needed care • How well doctors communicate • Shared decision making • Plan information on costs (Commercial only) Question Summary Rates: • Health promotion and education • Coordination of care	Commercial, Medicaid, Medicare (Survey)	
CAHPS Health Plan Survey 5.0H, Child Version (CPC)	Four global rating questions reflect overall satisfaction: • Rating of all health care • Rating of health plan • Rating of personal doctor • Rating of specialist seen most often Five composite scores summarize responses in key areas: • Customer service • Getting care quickly • Getting needed care • How well doctors communicate • Shared decision making Question Summary Rates: • Health promotion and education • Coordination of care	Commercial, Medicaid (Survey)	
Children with Chronic Conditions (CCC)	• Access to prescription medicines • Access to specialized services • Family centered care: Getting needed information • Family centered care: Personal doctor who knows child • Coordination of care for children with chronic conditions	Commercial, Medicaid (Survey)	

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Aspirin Use and Discussion (ASP)	Aspirin Use: • Percentage of women ages 56-79 with at least two risk factors for heart disease • Percentage of men ages 46-65 with at least one risk factor for heart disease • Percentage of men ages 66-79 regardless of risk factors Discussing Aspirin Risks and Benefits: • Percentage of women ages 56-79 and men ages 46-79 who discussed the risk/benefits of using aspirin with a doctor or health provider	Commercial, Medicaid, Medicare (Survey)	
Fall Risk Management (FRM) ★	• **Discussion of Fall Risks:** Percentage of Medicare members ages 75 and older, or ages 65-74 with balance or walking problems or a fall in the past 12 months, 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 Falls Risks:** Percentage of Medicare members ages 65 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 fall risk intervention from their current practitioner	Medicare (Survey)	
Osteoporosis Testing in Older Women (OTO) *Ages 65-85*	Percentage of Medicare members who report ever having received a bone density test to check for osteoporosis	Medicare (Survey)	

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Physical Activity in Older Adults (PAO) *Ages 65 and older* ★	• **Discussing Physical Activity:** Percentage who had a doctor's visit in the past 12 months and spoke with a doctor or other health care provider about their level of exercise or physical activity • **Advising Physical Activity:** Percentage who had a doctor's visit in the past 12 months and received advice to start, increase or maintain their level of exercise or physical activity	Medicare (Survey)	
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	Percentage of adults ages 18 and older who are current smokers or tobacco users who received cessation advice during the measurement year on the following: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Commercial, Medicaid, Medicare (Survey)	
Pneumonia Vaccine (PNU) *Ages 65 and older*	Percentage of Medicare members ages 65 and older, as of Jan. 1 of the measurement year, who have ever received a pneumococcal vaccine	Medicare (Survey)	
Flu Vaccinations for Adults (FVA) *Ages 18-64*	Percentage who received an influenza vaccination between July 1 of the measurement year and the date on which the CAHPS 5.0H survey was completed	Commercial, Medicaid (Survey)	

Measure	Reported Data	Line of Business (Collection Method)	Coding/Compliance Details
Flu Vaccinations for Older Adults (FVO) *Ages 65 and older* ★	Percentage who received an influenza vaccination between July 1 of the measurement year and the date on which the Medicare CAHPS survey was completed	Medicare (Survey)	
Management of Urinary Incontinence in Older Adults (MUI) *Ages 65 and older*	• Discussing urinary incontinence: Percentage of Medicare members who reported having a problem with urine leakage in the past six months and discussed their urine leakage problem with a health care provider • Discussing treatment of urinary incontinence: Percentage of Medicare members who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem • Impact of urinary incontinence: Percentage of Medicare members who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or frequently interfered with their sleep	Medicare (Survey)	

Please contact a UnitedHealthcare Clinical Quality Practice Consultant if you have questions. Thank you.

