

HEDIS® Provider Desk Reference

Measurement Year - 2019

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MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
PREVENTIVE AND SCREENING				
Adult BMI Assessment (ABA)	<p>Ages/Event: Patients 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit during the measurement year or the year prior to the measurement year.</p> <p>Product Lines: Commercial/Heath Exchange, Medicaid/CHP</p> <p>Timeframe: Prior Measurement Year - 2018 and/or Measurement Year - 2019</p>	<ul style="list-style-type: none"> Patients younger than 20 years of age should have height, weight, BMI percentile and date documented. Patients 20 years and older should have a BMI value, weight and date documented. <p>** The date of service must be during the measurement year OR the year prior. All measurements need to be from the same data source.</p>	<p>Female patients who have a diagnosis of pregnancy during the measurement year or the year prior to the measurement year.</p>	<ul style="list-style-type: none"> Calculate BMI at all well and sick visits. CPT II code 3008F BMI documented, use with applicable ICD 10 code. Refer to HEDIS Code Grid.
Breast Cancer Screening (BCS)	<p>Ages/Event: Female patients 50 – 74 years old</p> <p>Product Lines: Commercial/Health Exchange, Medicaid, Medicare</p> <p>Timeframe: On October 1, 2017 through December 31, 2019</p>	<ul style="list-style-type: none"> At least one mammogram to screen for breast cancer any time on or between October 1st two years prior to the measurement year and December 31 of the measurement year. 	<p>A history of bilateral mastectomy.</p>	<ul style="list-style-type: none"> Encourage screenings, provide scripts and follow up with patients. CPT II code 3014F screening mammography results documented and reviewed. Refer to HEDIS Code Grid.
Care for Older Adults (COA)	<p>Ages/Event: Patients 66 years or older.</p> <p>Product Lines: Medicare (SNP or MMP only)</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Patients who had each of the following during the measurement year: <ul style="list-style-type: none"> Advance care planning <ul style="list-style-type: none"> Documentation that a patient declined to discuss advance care planning is considered evidence that the provider initiated a discussion and meets criteria. Document in the medical record conversations with relatives or friends about life-sustaining treatment and end-of-life care. Medication review <ul style="list-style-type: none"> Complete a review of all patient medications, including prescription medications, OTC medications and herbal or supplemental therapies. A practitioner's signature is considered evidence that the medications were reviewed. Notation that the member is not taking any medication and the date when it was noted. Functional status assessment <ul style="list-style-type: none"> Notation that at least three of the following were assessed: <ul style="list-style-type: none"> Cognitive status. Ambulation status. Hearing, vision and speech (all three documented). Other functional independence such as exercise or the ability to perform a job. Notation that Activities of Daily Living (ADL) were assessed or that at least 5 out of 6 were assessed. Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least 4 of the 9 were assessed. Pain assessment <ul style="list-style-type: none"> Notation of one of the following: <ul style="list-style-type: none"> Documentation that the patient was assessed for pain Result of assessment using a standardized pain assessment tool. 		<ul style="list-style-type: none"> Complete during the annual well visit OR use every visit as an opportunity to perform assessments. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid. <p>The following does NOT meet the measure criteria:</p> <ul style="list-style-type: none"> Documentation that a provider asked the patient if an advance care plan was in place and the patient indicated a plan was not in place is not considered a discussion or initiation of a discussion. A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg). Notation alone of a pain management plan or pain treatment plan. Notation alone of screening for chest pain or documentation alone of chest pain.

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Cervical Cancer Screening (CCS)	<p>Ages/Event: Female patients 21 – 64 years old.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid</p> <p>Timeframe: Prior Measurement Year - 2015 Measurement Year - 2019</p>	<p>Women who were appropriately screened for cervical cancer as follows:</p> <ul style="list-style-type: none"> Female patients 21 – 64 years old who had a cervical cytology exam during the measurement year or the 2 years prior to the measurement year. Female patients 30 – 64 years old who had a cervical cytology exam and a human papillomavirus (HPV) test on the same date of service during the measurement year or the 4 years prior to the measurement year and were 30 years or older on the date of testing. 	<p>Documentation of a “vaginal pap smear” in conjunction with documentation of “hysterectomy.”</p>	<ul style="list-style-type: none"> Encourage screenings, provide scripts and follow up with patients. Request results of screenings performed by OB/GYN and document in the chart. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Childhood Immunization Status (CIS)	<p>Ages/Event: Patients who turn 2 years old during the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Immunizations completed on or before the child's 2nd birthday as follows: DTaP (4), PCV(4), Hep B (3), Hib (3), IPV (3), RV (2 or 3), VZV (1), Hep A (1), MMR (1), Influenza (2) <p>** The number in parentheses represents the number of vaccinations required for completion.</p>	<p>Contraindication for a specific vaccine.</p>	<ul style="list-style-type: none"> Use every office visit as an opportunity to vaccinate. For Medicaid patients, the vaccines in this measure are covered under the Vaccines for Children (VFC) program, therefore they will not be paid for; however, the codes should be submitted with a \$0 charge for compliance with quality measures. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid
Chlamydia Screening in Women (CHL)	<p>Ages/Event: Female patients 16 – 24 years old with evidence of sexual activity.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> At least one chlamydia test during the measurement year. 	<p>Evidence of a pregnancy test AND one of the following on or within 6 days of the pregnancy test:</p> <ul style="list-style-type: none"> Prescription for isotretinoin X-ray 	<ul style="list-style-type: none"> Chlamydia screening can be performed through a simple urine test, offer this as an option to your patients. Screen before prescribing birth control pills. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Colorectal Cancer Screening (COL)	<p>Ages/Event: Patients 50 – 75 years old.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid, Medicare</p> <p>Timeframes: - FOBT, gFOBT, FIT - 2019 - Sigmoidoscopy - 2015 through 2019 - Colonoscopy - 2010 through 2019 - CT Colonography - 2015 through 2019 - FIT-DNA - 2017 through 2019</p>	<p>One or more screenings for colorectal cancer as follows:</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT, gFOBT, FIT) annually. Flexible sigmoidoscopy during or the 4 years prior to the measurement year. Colonoscopy during or the 9 years prior to the measurement year. CT colonography during or the 4 years prior to the measurement year. FIT-DNA during or the 2 years prior to the measurement year. 	<p>History of colorectal cancer or total colectomy.</p>	<ul style="list-style-type: none"> Encourage screenings, provide scripts and follow up with patients. Cologuard is covered for all HCP members at this time. CPT II code 3017F colorectal cancer screening results documented and reviewed. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Immunizations for Adolescents (IMA)	<p>Ages/Event: Adolescents who turn 13 years old during the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> (1) dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays. (1) tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the patient's 10th and 13th birthdays. (2) human papillomavirus (HPV) vaccines on or between the patient's 9th and 13th birthdays with at least 146 days between the first and second dose of the HPV vaccine OR (3) human papillomavirus (HPV) vaccines with different dates of service on or between the patient's 9th and 13th birthdays. 	<p>Adolescents who had a contraindication for a specific vaccine.</p>	<ul style="list-style-type: none"> Use every office visit as an opportunity to vaccinate. For meningococcal, do not count meningococcal recombinant (serogroup B) (MenB) vaccines. Explore how best to approach the adolescent and family to improve immunization rates by addressing patient and parental concerns to heighten confidence in immunizations. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Lead Screening in Children (LSC)	<p>Ages/Event: Children who turn 2 years old during the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> At least 1 capillary OR venous lead blood test on or before the child's 2nd birthday. 		<ul style="list-style-type: none"> Regardless of history of living conditions or level of risk for lead poisoning, test all children. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<p>Ages/Event: Patients 3–17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<p>Evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity 	<p>Female patients who have a diagnosis of pregnancy during the measurement year.</p>	<ul style="list-style-type: none"> • Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source. • Either of the following meets criteria for BMI percentile: BMI percentile documented as a value (e.g. 85th percentile) or plotted on an age-growth chart. • CPT II code 3008F BMI documented, use with applicable ICD 10 code. Refer to HEDIS Code Grid.
RESPIRATORY CONDITIONS				
Appropriate Testing for Pharyngitis (CWP)	<p>Ages/Event: Children 3 years of age and older who had an outpatient visit, observation visit, telehealth visit or emergency department (ED) visit with only a diagnosis of pharyngitis and dispensed an antibiotic.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: July 1, 2018 through June 30, 2019</p>	<ul style="list-style-type: none"> • Received a group A streptococcus (strep) test in the seven-day period from three days prior to the diagnosis date through the three days after the diagnosis date. 	<p>Emergency department (ED) visits or observation visits that result in an inpatient stay.</p>	<ul style="list-style-type: none"> • Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. • Educate patient/parents or guardians on the difference between bacterial and viral infections and which conditions antibiotics can treat. • Submit claims/encounters with appropriate codes.
Asthma Medication Ratio (AMR)	<p>Ages/Event: Patients 5–64 years old who were identified as having persistent asthma during both the measurement year and the year prior to the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • Patients who have a medication ratio of 0.50 or more during the measurement year. <p>Note: This measure is based on pharmacy claims.</p>	<p>Patients who had no asthma controller medications dispensed during the measurement year.</p> <p>Evidence of Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis or Acute Respiratory Failure.</p>	<ul style="list-style-type: none"> • Prescribe a long-term controller medication as well as a short-term 'rescue' inhaler. • Educate patient/parents or guardian on use of asthma medications. • Consider automatic refills.
Medication Management for People With Asthma (MMA)	<p>Ages/Event: Patients 5–64 years old who were identified as having persistent asthma during both the measurement year and the year prior to the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • Patients who remained on an asthma controller medication for at least 50% of their treatment period. • Patients who remained on an asthma controller medication for at least 75% of their treatment period. <p>Note: This measure is based on pharmacy claims.</p>	<p>Patients who had no asthma controller medications dispensed during the measurement year.</p> <p>Evidence of Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis or Acute Respiratory Failure.</p>	<ul style="list-style-type: none"> • Educate patient/parents or guardian on use of asthma medications and importance of using asthma controller medications daily. • Use ICD 10 code Z13.83 encounter for screening for respiratory disorder NEC, if only asthma-like symptoms are present and not formally diagnosing asthma.
Pharmacotherapy Management of COPD Exacerbation (PCE)	<p>Ages/Event: Patients 40 years or older with an emergency department (ED) or acute inpatient discharge with a COPD exacerbation between January 1 and November 30 of the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid, Medicare</p> <p>Timeframe: January 1, 2019 through November 30, 2019</p>	<p>Dispensed appropriate medications as follows:</p> <ul style="list-style-type: none"> • A systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. • A bronchodilator (or there was evidence of an active prescription) within 30 days of the event. <p>Note: This measure is based on pharmacy claims.</p>		<ul style="list-style-type: none"> • For patients who were hospitalized, schedule an office visit within seven days of discharge. • Document in the medical record all discussions about the medication management of COPD, along with the proper use of inhalers and other medications.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	<p>Ages/Event: Patients 40 years or older with an outpatient, observation, emergency department (ED) or acute inpatient discharge with a new diagnosis of COPD OR newly active COPD between July 1 of the year prior to the measurement year and June 30 of the measurement year</p> <p>Product Lines: Commercial/Health Exchange, Medicaid, Medicare</p> <p>Timeframe: July 1, 2018 through June 30, 2019</p>	<ul style="list-style-type: none"> At least one claim/encounter for spirometry during the 730 days (2 years) prior to the earliest date of service through 180 days (6 months) after the earliest date of service. <p>Note: This measure is based on pharmacy claims.</p>		<ul style="list-style-type: none"> To ensure proper test performance, consider giving patients a descriptive information pamphlet on spirometry testing or showing them a demonstrational video before testing. When screening for COPD, use ICD 10 code Z13.83 to specify a diagnosis of encounter for screening for respiratory disorder NEC. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
CARDIOVASCULAR CONDITIONS				
Controlling High Blood Pressure (CBP)	<p>Ages/Event: Patients 18–85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled and had at least two visits on different service dates during the measurement year or year prior. Only one of the visits may be a telephone visit, an online assessment or a telehealth visit. Visit type need not be the same for the two visits.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: - HTN diagnosis - 2018 or 2019 - CBP - 2019</p>	<ul style="list-style-type: none"> The most recent BP reading during the measurement year on or after the date of the second diagnosis of hypertension. BP was adequately controlled (<140/90 mm Hg) during the measurement year. 	<p>Female patients with a diagnosis of pregnancy during the measurement year.</p>	<ul style="list-style-type: none"> Educate patients about the risk of uncontrolled blood pressure. If BP is high, take it again before the patient leaves the office and document all values. Do not round blood pressure readings. BP readings reported by or taken by the patient are not acceptable. BP readings from remote monitoring devices that are digitally stored and transmitted to the provider are acceptable. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	<p>Ages/Event: Patients 18 years and older who had an acute inpatient discharge with any diagnosis of AMI from July 1 of the year prior to the measurement year through June 30 of the measurement year</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: July 1, 2018 through June 30, 2019</p>	<ul style="list-style-type: none"> Received at least 135 days of persistent beta-blocker treatment during the six month period after discharge. <p>Note: This measure is based on pharmacy claims.</p>	<p>Evidence of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes/Vapors, Hypotension, heart block >1 degree or sinus bradycardia.</p> <p>A medication dispensing event indicative of a history of asthma. Intolerance or allergy to beta-blocker therapy.</p>	<ul style="list-style-type: none"> Ensure patients have a beta-blocker prescription (if not contraindicated), and that they are refilling it as prescribed. Consider a 90 day supply when appropriate. Educate patients on the importance of nutrition, exercise and smoking cessation.
Statin Therapy for Patients With Cardiovascular Disease (SPC)	<p>Ages/Event: Males 21–75 and females 40–75 years old, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD).</p> <p>Product Lines: Commercial/Health Exchange, Medicaid, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Dispensed at least one high-intensity or moderate-intensity statin medication and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. <p>Note: This measure is based on pharmacy claims.</p>	<p>Female patients with a diagnosis of pregnancy, underwent in vitro fertilization or were dispensed at least one prescription for clomiphene during the measurement year or year prior.</p> <p>Evidence of ESRD or Cirrhosis during the measurement year or year prior.</p> <p>Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.</p>	<ul style="list-style-type: none"> Prescribe at least 1 high-intensity or moderate-intensity statin medication during the measurement year to patient's diagnosed with ASCVD. Educate patients on the importance of statin medication adherence.

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DIABETES				
Comprehensive Diabetes Care (CDC)	<p>Ages/Event: Patients 18–75 years old who met any of the following criteria:</p> <ul style="list-style-type: none"> At least one acute inpatient encounter with a diagnosis of diabetes without telehealth At least two outpatient visits, observation visits, ED visits or nonacute inpatient encounter without telehealth on different dates of service with a diagnosis of diabetes. One of the two visits identified above can be a telehealth visit, telephone visit or online assessment with any diagnosis of diabetes. Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year. <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: - A1c labs - 2019 - Nephropathy - 2019 - BP - 2019 - Eye Exam - 2018 (negative only) and 2019</p>	<p>Patients who had each of the following:</p> <ul style="list-style-type: none"> Hemoglobin A1c (HbA1c) testing during the measurement year. HbA1c poor control (>9.0%) during the measurement year. HbA1c control (<8.0%) during the measurement year. HbA1c control (<7.0%) for a selected population during the measurement year. Screening or monitoring for diabetic retinal disease: <ul style="list-style-type: none"> A retinal or dilated eye exam performed by an optometrist or ophthalmologist in the measurement year. A negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the measurement year. Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year. A nephropathy screening or monitoring test or evidence of nephropathy during the measurement year. BP control (<140/90 mm Hg) the most recent BP reading taken during an outpatient visit, nonacute inpatient encounter or remote monitoring event. 	<p>Patients who had a diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</p>	<ul style="list-style-type: none"> HbA1c tests should be performed at least 2–4 times per year. Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Stress the importance of yearly eye exams for screening or monitoring for diabetic retinal disease. Patients with diabetes must have a screening nephropathy test or there must be evidence of medical attention to nephropathy during the measurement year. If BP is high, take it again before the patient leaves the office and document all values. Do not round blood pressure readings. BP readings reported by or taken by the patient are not acceptable. BP readings from remote monitoring devices that are digitally stored and transmitted to the provider are acceptable. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Statin Therapy for Patients With Diabetes (SPD)	<p>Ages/Event: Patients 40–75 years old identified as having diabetes during the measurement year or the year prior to the measurement year who do not have clinical atherosclerotic cardiovascular disease (ASCVD).</p> <p>Product Lines: Commercial/Health Exchange, Medicaid, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Dispensed at least one statin medication of any intensity during the measurement year and remained on a statin medication of any intensity for at least 80% of the treatment period. <p>Note: This measure is based on pharmacy claims.</p>	<p>Female patients with a diagnosis of pregnancy, underwent in vitro fertilization or were dispensed at least one prescription for clomiphene during the measurement year or year prior.</p> <p>Patients with cardiovascular disease during the year prior to the measurement year who were discharged from an inpatient setting with an MI or had CABG, PCI or any other revascularization procedure in any setting.</p> <p>Diagnosis and outpatient or telephone visit, online assessment or acute inpatient stay for ischemic vascular disease during both the measurement year and year prior.</p> <p>ESRD or Cirrhosis during the measurement year or year prior. Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.</p>	<ul style="list-style-type: none"> Speak to patients about the importance of establishing a medication schedule and adherence. Discuss with patients the reasons for medication non-adherence. Educate patients on the importance of nutrition and physical activity. Consider automatic refills.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
MUSCULOSKELETAL CONDITIONS				
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	<p>Ages/Event: Patients 18 years and older who were diagnosed with rheumatoid arthritis and had two of the following with different dates of service on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis:</p> <ul style="list-style-type: none"> An outpatient visit. A telephone visit. An online assessment. A nonacute inpatient discharge. <p>Product Lines: Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Patients who had at least one ambulatory prescription dispensed for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year. <p>Note: This measure is based on pharmacy claims.</p>	<p>A diagnosis of HIV any time during the patient's history through December 31 of the measurement year.</p> <p>Female patients with a diagnosis of pregnancy any time during the measurement year.</p>	<ul style="list-style-type: none"> Educate patients that they need to make at least (2) follow-up appointments with a rheumatology specialist per year after their initial diagnosis to monitor their rheumatoid arthritis (RA) and DMARD therapy. Only one of the two visits may be a telehealth visit, a telephone visit or an online assessment. Use ICD 10 code Z13.828 when screening or ruling out RA. CPT II code 4187F disease modifying anti-rheumatic drug therapy prescribed or dispensed for RA. Refer to HEDIS Code Grid.
Osteoporosis Management in Women Who Had a Fracture (OMW)	<p>Ages/Event: Female patients 67–85 years old who suffered a fracture and had at least one of the following:</p> <ul style="list-style-type: none"> An outpatient, observation or ED visit without a telehealth modifier. An acute or nonacute inpatient discharge. <p>Product Lines: Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Female patients who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. 	<p>Patients who had a BMD test during the 24 months prior to the earliest date of fracture.</p> <p>Patients who had a claim/encounter for osteoporosis therapy during the 12 months prior to the earliest date of fracture.</p> <p>Patients who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the earliest date of fracture.</p>	<ul style="list-style-type: none"> The post-fracture treatment period is six months - schedule fracture patients for a BMD test or prescribe an osteoporosis medication. Review the patient's medication history and document osteoporosis medications in the medical record. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
BEHAVIORAL HEALTH				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	<p>Ages/Event: Patients 18 years of age and older with schizophrenia or schizoaffective disorder.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Patients who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. <p>Note: This measure is based on pharmacy claims.</p>	<p>A diagnosis of dementia.</p> <p>Patient did not have at least two antipsychotic medication dispensing events.</p>	<ul style="list-style-type: none"> Coordinate care and treatment with the patient's behavioral health specialist, if appropriate. Educate your patients on the benefits of their medication and encourage patients to schedule follow-up visits. Consider automatic refills.
Antidepressant Medication Management (AMM)	<p>Ages/Event: Patients 18 years and older as of April 30 of the measurement year who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<p>Treatment with antidepressant medication as follows:</p> <ul style="list-style-type: none"> Acute Phase: at least 84 days (12 weeks). Continuation Phase: at least 180 days (6 months). <p>Note: This measure is based on pharmacy claims.</p>	<p>Patients who did not have a diagnosis of major depression during the 121-day period from 60 days prior to the earliest prescription dispensing date, through the earliest prescription dispensing date and the 60 days after the earliest prescription dispensing date.</p> <p>Patients who filled a prescription for an antidepressant medication 105 days prior to the earliest prescription dispensing date.</p>	<ul style="list-style-type: none"> Talk to your patients about the importance of continuing medications as prescribed and the risks of stopping their antidepressant medication before six months. Encourage patients to schedule follow-up visits. Consider prescribing a 90-day prescription when appropriate. Refer to a behavioral health specialist, if appropriate.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	Ages/Event: Patients 18–64 years old with schizophrenia or schizoaffective disorder and cardiovascular disease. Product Lines: Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who had an LDL-C test during the measurement year. 		<ul style="list-style-type: none"> Order a direct LDL if patient is not fasting to avoid a missed opportunity. Educate patient/parents or guardians on the importance of the screening and scheduling follow up visits to complete blood work. Maintain open communication with behavioral health practitioners to coordinate care. Submit claims/encounters with appropriate codes. Refer to HEDIS code grid.
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Ages/Event: Patients 18–64 years old with schizophrenia or schizoaffective disorder and diabetes. Product Lines: Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who had both an LDL-C test and an HbA1c test during the measurement year on the same or different dates of service. 	Patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year. Patients who had a diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year.	<ul style="list-style-type: none"> Order a direct LDL and A1c if patient is not fasting to avoid a missed opportunity. Review diabetes services needed at each office visit. Educate patient/parents or guardians on the importance of the screening and scheduling follow up visits to complete blood work. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Ages/Event: Patients 18–64 years old with schizophrenia, schizoaffective disorder or bipolar disorder. Product Lines: Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. 	A diagnosis of diabetes during the measurement year or the year prior. Patients who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or year prior to the measurement year.	<ul style="list-style-type: none"> Maintain open communication with behavioral health practitioners to coordinate care. Schedule a follow-up appointment to screen for diabetes. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Ages/Event: Patients 13 years and older of the date of the ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence. Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare Timeframe: Measurement Year - 2019	Patients who had a follow up visit for AOD as follows: <ul style="list-style-type: none"> A follow-up visit with any practitioner within 7 days after the ED visit. AND <ul style="list-style-type: none"> A follow-up visit with any practitioner within 30 days after the ED visit. 	Acute and nonacute admissions.	<ul style="list-style-type: none"> Follow-up visits that occur on the same day as the ED visit meet criteria. Link patient or parents/guardian to appropriate follow-up care to reduce future ED visits. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Ages/Event: Patients 6 years and older as of the date of the ED visit with a principal diagnosis of mental illness or intentional self-harm. Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare Timeframe: Measurement Year - 2019	Patients who had a follow-up visit for mental illness as follows: <ul style="list-style-type: none"> A follow-up visit with any practitioner within 7 days after the ED visit.. AND <ul style="list-style-type: none"> A follow-up visit with any practitioner within 30 days after the ED visit. 	Acute and nonacute admissions.	<ul style="list-style-type: none"> Follow-up visits that occur on the same day as the ED visit meet criteria. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Follow-Up After Hospitalization for Mental Illness (FUH)	<p>Ages/Event: Patients 6 years and older who had an acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: January 1, 2019 through December 1, 2019</p>	<p>Patients who had a follow-up visit with a mental health practitioner as follows:</p> <ul style="list-style-type: none"> A follow-up visit with a mental health practitioner within 7 days after discharge. <p>AND</p> <ul style="list-style-type: none"> A follow-up visit with a mental health practitioner within 30 days after discharge. 	Nonacute readmissions and direct transfers.	<ul style="list-style-type: none"> Make sure that the patient has two appointments with a behavioral health practitioner before they leave the facility: one within 7 days of discharge and another within 30 days. Visits that occur on the same date of discharge do not count. If the patient is a child or adolescent be sure to engage parents/guardian in the treatment plan at the time of discharge. Reiterate the importance of these follow-up appointments. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<p>Ages/Event: Children 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: March 1, 2018 through December 31, 2019</p>	<p>Reported as follows:</p> <ul style="list-style-type: none"> Initiation Phase: An outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the earliest prescription dispensing date for an ADHD medication. Continuation and Maintenance (C&M) Phase: At least two follow-up visits on different dates of service with any practitioner, from 31–300 days (9 months) after the earliest prescription dispensing date for an ADHD medication. 	Any diagnosis of narcolepsy.	<ul style="list-style-type: none"> Consider writing the initial prescription for a 30-day supply and schedule the follow-up visit to occur within two to three weeks before your patient leaves the office. Explain to the parents/guardian the importance of keeping this visit. During the first follow-up visit, discuss with the parents/guardian that the child have a minimum of two additional visits with a medical OR behavioral health practitioner within the next nine months for the continuation of their treatment. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	<p>Ages/Event: Children and adolescents 1–17 years old who had two or more antipsychotic prescriptions and had metabolic testing.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<p>Children and adolescents who had the following during the measurement year:</p> <ul style="list-style-type: none"> At least one test for blood glucose or HbA1c At least one test for LDL-C or cholesterol 		<ul style="list-style-type: none"> Order a direct LDL and A1c if patient is not fasting to avoid a missed opportunity. Educate parents/guardian about the appropriate health screenings for certain medication therapies. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
MEDICATION MANAGEMENT AND CARE COORDINATION				
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	<p>Ages/Event: Patients 18 years and older who have multiple high-risk chronic conditions who had an ED visit on or between January 1 and December 24 of the measurement year.</p> <p>Product Lines: Medicare</p> <p>Timeframe: January 1, 2019 through December 24, 2019</p>	<ul style="list-style-type: none"> A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. 	Acute and nonacute admissions.	<ul style="list-style-type: none"> Schedule a follow-up appointment for the patient within 7 days after the ED visit (total of 8 days). Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Medication Reconciliation Post-Discharge (MRP)	<p>Ages/Event: Patients 18 years and older who had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year.</p> <p>Product Lines: Medicare</p> <p>Timeframe: January 1, 2019 through December 1, 2019</p>	<ul style="list-style-type: none"> Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 total days). 	<p>A readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days),</p>	<ul style="list-style-type: none"> Medication reconciliation does not have to be completed in a face to face visit. Medication lists found in the discharge summary do not count as the medication reconciliation. It must state the discharge medications were reconciled with the current medications on the day of discharge. Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Transitions of Care (TRC)	<p>Ages/Event: Patients 18 years and older who had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year.</p> <p>Product Lines: Medicare</p> <p>Timeframe: January 1, 2019 through December 1, 2019</p>	<p>Patients who had each of the following:</p> <ul style="list-style-type: none"> Notification of inpatient admission. Receipt of discharge information. Patient engagement after inpatient discharge. Medication reconciliation post-discharge. 		<p>The medical record should show:</p> <ul style="list-style-type: none"> Documentation of receipt of notification of the inpatient admission on the day of admission or the following day. Documentation of receipt of discharge information on the day of discharge or the following day. Documentation of patient engagement after inpatient discharge (for example, office visits, home visits and telehealth) provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. Documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse within 31 days after discharge. Utilize Healthix to receive alerts on your patients. Submit claims/encounters with appropriate codes. Refer to HEDIS code grid.
OVERUSE/APPROPRIATENESS				
Appropriate Treatment for Upper Respiratory Infection (URI)	<p>Ages/Event: Patients 3 months of age and older who had an outpatient, observation, telehealth or ED visit and were given only a diagnosis of upper respiratory infection.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Children who were not dispensed an antibiotic prescription. 	<p>A competing diagnosis on or three days after the URI diagnosis.</p>	<ul style="list-style-type: none"> Review the absence of bacterial infection symptoms with the patient/parents or guardian and educate that antibiotics will not help with viral infections. Discuss the side effects of taking antibiotics.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	<p>Ages/Event: Patients 3 months of age and older who had at least one of the following and a diagnosis of acute bronchitis:</p> <ul style="list-style-type: none"> • An outpatient visit with or without a telehealth modifier. • A telephone visit, online assessment, observation visit or ED visit. <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • Patients who were not dispensed an antibiotic prescription. 	<p>A competing diagnosis during the period 30 days prior to the diagnosis of acute bronchitis through 7 days after the diagnosis of acute bronchitis.</p> <p>Any diagnosis for a comorbid condition during the 12 months prior to diagnosis of acute bronchitis.</p> <p>A new or refill prescription for an antibiotic medication was filled 30 days prior to the diagnosis of acute bronchitis or the prescription was active.</p>	<ul style="list-style-type: none"> • Discourage the use of antibiotics for routine treatment of uncomplicated acute bronchitis, unless clinically indicated. • Please note: Patients may be excluded from the measure with proper documentation and coding for co-morbid conditions and competing diagnoses.
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	<p>Ages/Event: Female patients 16–20 years old.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • Female patients who had a cervical cytology or an HPV test. 	<p>History of cervical cancer, HIV or immunodeficiency disorder.</p>	<ul style="list-style-type: none"> • The American College of Obstetricians & Gynecologists and the American Academy of Family Physicians do not recommend cervical cytology or HPV testing be performed on females age 16 to 20, unless they have a history of cervical cancer, HIV, or immunodeficiency disorder.
Non-Recommended PSA-Based Screening in Older Men (PSA)	<p>Ages/Event: Patients 70 years and older.</p> <p>Product Lines: Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • Male patients who had a PSA-based screening test performed during the measurement year. 	<p>Prostate cancer diagnosis.</p> <p>Dysplasia of the prostate during the measurement year or the year prior to the measurement year.</p> <p>A PSA test during the year prior to the measurement year, where laboratory data indicate an elevated result.</p> <p>Dispensed prescription for a 5-alpha reductase inhibitor during the measurement year.</p>	<ul style="list-style-type: none"> • The American Urological Association and U.S. Preventive Task Force does not recommend routine PSA screening for men over 70 or any man with less than a 10 to 15 years life expectancy.
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	<p>Ages/Event: Patients 65 years of age and older with at least one disease, condition or procedure in the measurement year or the year prior to the measurement year.</p> <p>Product Lines: Medicare</p> <p>Timeframe: Measurement Year - 2018 or 2019</p>	<ul style="list-style-type: none"> • Patients who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. <p>Note: This measure is based on pharmacy claims.</p>	<p>Diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder or seizure disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year.</p>	<ul style="list-style-type: none"> • Complete a medication review and reconciliation at each office visit.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Risk of Continued Opioid Use (COU)	<p>Ages/Event: Patients 18 years and older as of November 1 of the year prior to the measurement year who have a new episode of opioid use that puts them at risk for continued opioid use.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: November 1, 2018 through December 31, 2019</p>	<p>Patients whose new episode of opioid use:</p> <ul style="list-style-type: none"> • Lasts at least 15 days in a 30-day period. • Lasts at least 31 days in a 62-day period. <p>Note: This measure is based on pharmacy claims.</p>	<p>Evidence during the 12 months (1-year) prior to the earliest prescription dispensing date for an opioid medication through 61 days after of cancer or sickle cell disease.</p>	<ul style="list-style-type: none"> • Encourage patients to receive opioids only from one prescriber and at one pharmacy. • Educate patients on the risk of addiction.
Use of High-Risk Medications in Older Adults (DAE)	<p>Ages/Event: Patients 66 years and older.</p> <p>Product Lines: Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<p>Patients with:</p> <ul style="list-style-type: none"> ▪ At least one dispensing event for a high-risk medication during the measurement year. ▪ At least two dispensing events for the same high-risk medication during the measurement year. <p>Note: This measure is based on pharmacy claims.</p>		<ul style="list-style-type: none"> • Perform a review of your patient's prescription and over-the-counter medications. • Ask the patient if they understand what each of the drugs is for and discuss potential drug side effects.
Use of Imaging Studies for Low Back Pain (LBP)	<p>Ages/Event: Patients 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year who had at least one of the following and a principal diagnosis of uncomplicated low back pain:</p> <ul style="list-style-type: none"> • An outpatient visit with or without a telehealth modifier. • An observation or ED visit. • Osteopathic or chiropractic manipulative treatment, physical therapy visit, telephone visit or online assessment. <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • Patients that did not have an imaging study with a diagnosis of uncomplicated low back pain on the earliest eligible date of service or in the 28 days following the earliest eligible date of service. 	<p>Principal diagnosis of uncomplicated LBP during the 180 days (6 months) prior to the earliest date of service.</p> <p>Patients who had a diagnosis for which imaging is clinically appropriate: cancer, recent trauma, intravenous drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant or prolonged use of corticosteroid.</p>	<ul style="list-style-type: none"> • Discourage the use of imaging studies for LBP within 28 days of diagnosis, unless otherwise clinically indicated. • Rule out non-spinal causes of back pain such as urologic or GI pathology and pelvic disease.
Use of Opioids at High Dosage (HDO)	<p>Ages/Event: Patients 18 years and older who met both of the following criteria during the measurement year:</p> <ul style="list-style-type: none"> ▪ At least two or more opioid dispensing events on different dates of service. ▪ ≥15 total days covered by opioids. <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> ▪ Patients whose average MME (Milligram Morphine Equivalent) was ≥90 mg MME during the treatment period. <p>Note: This measure is based on pharmacy claims.</p>	<p>Evidence during the measurement year of cancer or sickle cell disease.</p>	<ul style="list-style-type: none"> • Talk to your patients about setting goals for pain management. • Educate patients and discourage the use of opioids with alcohol and discuss drug to drug interaction.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Use of Opioids From Multiple Providers (UOP)	Ages/Event: Patients 18 years and older who met both of the following criteria during the measurement year: <ul style="list-style-type: none"> ▪ At least two or more opioid dispensing events on different dates of service. ▪ ≥15 total days covered by opioids. Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare Timeframe: Measurement Year - 2019	Patients who received: <ul style="list-style-type: none"> • Opioids from four or more different prescribers during the measurement year. • Opioids from four or more different pharmacies during the measurement year. • Opioids from four or more different prescribers and four or more different pharmacies during the measurement year. Note: This measure is based on pharmacy claims.		<ul style="list-style-type: none"> • Encourage patients to receive opioids only from one prescriber and at one pharmacy. • Educate patients on the risk of addiction.
MEASURES COLLECTED THROUGH THE MEDICARE HEALTH OUTCOMES SURVEY (HOS)				
Fall Risk Management (FRM)	Ages/Event: Patients 65 years and older. Product Lines: Medicare Timeframe: Measurement Year - 2019	The two components of this measure assess different facets of fall risk management: <ul style="list-style-type: none"> • Discussing Fall Risk. • Managing Fall Risk. Note: This is a survey based measure.		<ul style="list-style-type: none"> • Talk with your patients about falling or problems with balance or walking. • Ask your patients if they have had a bone density test to check for osteoporosis. • Talk to you patients about medication-related falls or balance issues. • Document the discussion in the medical record.
Management of Urinary Incontinence in Older Adults (MUI)	Ages/Event: Patients 65 years and older. Product Lines: Medicare Timeframe: Measurement Year - 2019	The following components of this measure assess the management of urinary incontinence in older adults: <ul style="list-style-type: none"> • Discussing Urinary Incontinence. • Discussing Treatment of Urinary Incontinence. • Impact of Urinary Incontinence. Note: This is a survey based measure.		<ul style="list-style-type: none"> • Ask your patients if leaking of urine has changed their daily activities or is interfering with sleep. • Talk with your patients about the many ways to control or manage the leaking of urine, like bladder training exercises, medication and surgery. • Document the discussion in the medical record.
Osteoporosis Testing in Older Women (OTO)	Ages/Event: Female patients 65–85 years old. Product Lines: Medicare Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> • Female patients who report ever having received a bone density test to check for osteoporosis. Note: This is a survey based measure.		<ul style="list-style-type: none"> • Talk to your patients about osteoporosis and how this disorder makes bones weak and prone to fracture. • Ask your patients if they have had a bone density test to check for osteoporosis. • Document the discussion in the medical record.
Physical Activity in Older Adults (PAO)	Ages/Event: Patients 65 years and older. Product Lines: Medicare Timeframe: Measurement Year - 2019	The two components of this measure assess different facets of promoting physical activity in older adults: <ul style="list-style-type: none"> • Discussing Physical Activity. • Advising Physical Activity. Note: This is a survey based measure.		<ul style="list-style-type: none"> • Ask your patients if "In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?" • Document the discussion in the medical record.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
MEASURES COLLECTED THROUGH THE CAHPS HEALTH PLAN SURVEY				
Flu Vaccinations for Adults Ages 18–64 (FVA)	Ages/Event: Patients 18–64 years old who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H survey was completed. Product Lines: Commercial/Health Exchange, Medicaid/CHP Timeframe: July 1, 2019 through December 31, 219	<ul style="list-style-type: none"> Patients who received an influenza vaccination. <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> Educate patients regarding the importance of an annual flu vaccine. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Flu Vaccinations for Adults Ages 65 and Older (FVO)	Ages/Event: Patients 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed. Product Lines: Medicare Timeframe: July 1, 2019 through December 31, 219	<ul style="list-style-type: none"> Patients who received an influenza vaccination. <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> Offer annual flu shots when appropriate. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	Ages/Event: Patients 18 years and older. Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare Timeframe: Measurement Year - 2019	The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation: <ul style="list-style-type: none"> Advising Smokers and Tobacco Users to Quit Discussing Cessation Medications Discussing Cessation Strategies <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> Provide education and counseling to patients: <ol style="list-style-type: none"> Advising to quit smoking. Discuss and recommend cessation medications to help quit smoking. Discuss and provide education regarding smoking cessation strategies.
Pneumococcal Vaccination Status for Older Adults (PNU)	Ages/Event: Patients 65 years and older. Product Lines: Medicare Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who have ever received one or more pneumococcal vaccinations. <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> Educate patients that pneumonia is a common cause of illness and death in the elderly and persons with certain underlying conditions. Strongly encourage patients to get a pneumococcal vaccination when appropriate. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
ACCESS/AVAILABILITY OF CARE				
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Ages/Event: Patients 20 years and older. Product Lines: Commercial/Health Exchange, Medicaid, Medicare Timeframe: Measurement Year - 2019	Patients who had an ambulatory or preventive care visit during the measurement year as follows: <ul style="list-style-type: none"> Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year. Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year. 		<ul style="list-style-type: none"> Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Annual Dental Visit (ADV)	<p>Ages/Event: Patients 2–20 years old.</p> <p>Product Lines: Medicaid/CHP</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> Patients who had at least one dental visit during the measurement year. 		<ul style="list-style-type: none"> Educate patients or parents/guardian on the importance of an annual dental visit.
Children and Adolescents' Access to Primary Care Practitioners (CAP)	<p>Ages/Event: Patients 12 months–19 years old.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: - Children 12-24 months and 25 months-6 years: 2019 - Children 7-11 years and adolescents 12-19 years: 2018 or 2019</p>	<p>Patients who had a visit with a PCP as follows:</p> <ul style="list-style-type: none"> Children 12–24 months and 25 months–6 years who had one or more visits with a PCP during the measurement year. Children 7–11 years and adolescents 12–19 years who had one or more visits with a PCP during the measurement year or the year prior to the measurement year. 		<ul style="list-style-type: none"> Emphasize the importance of an annual well-child visit. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	<p>Ages/Event: Patients 13 years or older with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment through an:</p> <ul style="list-style-type: none"> outpatient visit telehealth intensive outpatient visit partial hospitalization detoxification visit ED visit observation visit acute or nonacute inpatient stay telephone visit online assessment <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<p>Patients who:</p> <ul style="list-style-type: none"> Initiation of AOD Treatment: Initiate AOD treatment within 14 days of the AOD abuse or dependence diagnosis. Engagement of AOD Treatment: Initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit. 		<ul style="list-style-type: none"> Schedule a follow-up visit within 14 days and at least two additional visits within 30 days, or refer immediately to a behavioral health practitioner when giving a diagnosis of alcohol or other drug dependence. Provide patients or parents/guardian with educational materials and resources that include information on the treatment process and options. Consider using screening tools or questions to identify substance abuse issues in patients. Refer to Health Care that Matters - Your Behavioral Health Screening Tools Pocket Reference. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Prenatal and Postpartum Care (PPC)	<p>Ages/Event: Female patients who delivered a live birth or who had two separate deliveries (different dates of service) on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe: October 8, 2018 through October 7, 2019</p>	<p>Patients who had:</p> <ul style="list-style-type: none"> Timeliness of Prenatal Care: A prenatal visit in the first trimester. Postpartum Care: A postpartum visit for a pelvic exam or postpartum care on or between 7 and 84 days after delivery. 		<ul style="list-style-type: none"> Discuss the importance of early prenatal care with all women of childbearing age and encourage patient to seek appropriate prenatal and postpartum care. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Ages/Event: Patients 1–17 years old who were dispensed a new prescription for an antipsychotic medication. Product Lines: Commercial/Health Exchange, Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who had documentation of psychosocial care with or without a telehealth modifier in the 121-day period from 90 days prior to the earliest prescription dispensing date through 30 days after the earliest prescription dispensing date. 	Diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder and either of the following: <ul style="list-style-type: none"> At least one acute inpatient encounter during the measurement year. At least two outpatient, intensive outpatient or partial hospitalization visits, with different dates of service during the measurement year. 	<ul style="list-style-type: none"> Refer patient for psychosocial care before prescribing an antipsychotic and ensure the patient receives psychosocial care within 30 days of initial antipsychotic prescription. Submit claims/encounters with appropriate codes.
UTILIZATION				
Adolescent Well-Care Visits (AWC)	Ages/Event: Patients 12–21 years old. Product Lines: Commercial/Health Exchange, Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. 		<ul style="list-style-type: none"> Emphasize the importance of an annual well-child visit. Use the opportunity to vaccinate. Use the opportunity to reinforce the importance of an annual dental visit. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Well-Child Visits in the First 15 Months of Life (W15)	Ages/Event: Patients who turned 15 months old during the measurement year. Product Lines: Commercial/Health Exchange, Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who had 6 or more well-child visits with a PCP during their first 15 months of life. 		<ul style="list-style-type: none"> Schedule well-child visits in advance. Use the opportunity to vaccinate. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Ages/Event: Patients 3–6 years old. Product Lines: Commercial/Health Exchange, Medicaid/CHP Timeframe: Measurement Year - 2019	<ul style="list-style-type: none"> Patients who had one or more well-child visits with a PCP during the measurement year. 		<ul style="list-style-type: none"> Emphasize the importance of an annual well-child visit. Use the opportunity to vaccinate. Use the opportunity to reinforce the importance of an annual dental visit. Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

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MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS				
Adult Immunization Status (AIS)	<p>Ages/Event:</p> <ul style="list-style-type: none"> • Denominator 1 and 2: Patients 19 years and older. • Denominator 3: Patients in Denominator 1 50 years of age and older at the start of the measurement period. • Denominator 4: Patients in Denominator 1 66 years of age and older as of the start of the measurement period. • Denominator 5: The total number of possible immunizations required for patients 19 years and older determined by their age at the start of the measurement period, calculated by IDSS. <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe:</p> <ul style="list-style-type: none"> - Influenza - July 1, 2018 through June 30, 2019 - Td/Tdap - 2010 through 2019 - Zoster - 2019 - Pneumococcal - 2019 - Composite - 2019 	<ul style="list-style-type: none"> • Influenza: Patients 19 years and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period. • Td/Tdap: Patients 19 years and older who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period. • Zoster: Patients 50 years of age and older at the start of the measurement period who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine anytime on or after the member's 50th birthday. • Pneumococcal: Patients 66 years of age and older as of the start of the measurement period who were administered both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60. • Composite: Actual number of required immunizations administered to patients 19 years and older, calculated by IDSS. 	<p>Prior anaphylactic reaction to the vaccine or its components any time during or before the measurement period.</p> <p>History of encephalopathy within seven days after a previous dose of a Td-containing vaccine.</p> <p>Active chemotherapy or a bone marrow transplant during the measurement period.</p> <p>History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the patient's history through the end of the measurement period.</p>	<ul style="list-style-type: none"> • Encourage patients to receive their vaccinations. • Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Depression Remission or Response for Adolescents and Adults (DRR)	<p>Ages/Event:</p> <p>Patients 12 years and older with a diagnosis of major depression or dysthymia that starts before and overlaps the intake period and a PHQ-9 score >9 during the intake period (IESD).</p> <p>Product Lines:</p> <p>Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe:</p> <p>Measurement Year - 2019</p>	<p>Patients with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score as follows:</p> <ul style="list-style-type: none"> • Follow-Up PHQ-9: A documented PHQ-9 score during the depression follow-up period. • Depression Remission: Achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of <5 recorded during the depression follow-up period. • Depression Response: A response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, recorded during the depression follow-up period. 	<p>Diagnosis of bipolar disorder, personality disorder, psychotic disorder or autism spectrum disorder at any time from the start of the intake period to the end of the measurement period.</p>	<ul style="list-style-type: none"> • Evaluate patient status, response to therapy and medication tolerance.
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	<p>Ages/Event:</p> <p>Patients 12 years and older.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe:</p> <p>January 1, 2019 through December 1, 2019</p>	<p>Patients who screened positive, evidence of the following:</p> <ul style="list-style-type: none"> • Depression Screening: Documentation of depression screening performed using an age-appropriate standardized instrument between January 1 and December 1 of the measurement period. • Follow-Up on Positive Screen: Received follow-up care on or 30 days after the date of the first positive screen (31 days total). 	<p>Diagnosis of Bipolar disorder during the measurement period or the year prior to the measurement period.</p> <p>Depression during the year prior to the measurement period.</p>	<ul style="list-style-type: none"> • Perform routine depression screenings during annual physical examinations such as wellness checks and sports physicals. • Consider performing depression screenings during office visits scheduled to address physical complaints known to occur with depression. • Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.
Prenatal Immunization Status (PRS)	<p>Ages/Event:</p> <p>Female patients.</p> <p>Product Lines:</p> <p>Commercial/Health Exchange, Medicaid/CHP</p> <p>Timeframe:</p> <p>Measurement Year - 2019</p>	<p>Percentage of deliveries in the measurement period in which female patients received:</p> <ul style="list-style-type: none"> • Influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date. • At least one Tdap vaccine during the pregnancy (including the delivery date). • Deliveries that met criteria for both an influenza vaccine and Tdap vaccine as noted above. 	<p>Deliveries less than 37 weeks of gestation.</p> <p>Prior anaphylactic reaction to the vaccine or its components any time during or before the measurement period.</p> <p>History of encephalopathy within seven days after a previous dose of a Td-containing vaccine.</p>	<ul style="list-style-type: none"> • Educate patients that many vaccines are safe for pregnant women and may prevent serious illness for their unborn child(ren). • Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid.

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORES
Unhealthy Alcohol Use Screening and Follow-Up (ASF)	<p>Ages/Event:</p> <ul style="list-style-type: none"> • Denominator 1: Patients 18 years and older. • Denominator 2: Patients in Numerator 1 with a positive finding for unhealthy alcohol use screening between January 1 and November 1 of the measurement period. <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: January 1, 2019 through November 1, 2019</p>	<ul style="list-style-type: none"> • Numerator 1 Unhealthy Alcohol Use Screening: Documented result for unhealthy alcohol use screening performed between January 1 and November 1 of the measurement period. • Numerator 2 Alcohol Counseling or Other Follow-up Care: Patients receiving Alcohol Counseling or Other Follow Up Care on or 60 days after the date of the first positive screen (61 days total). 	<p>Alcohol use disorder from January 1 the year prior to the measurement year to December 31 of the measurement year.</p> <p>History of dementia any time during the patient's history through the end of the measurement period.</p>	<ul style="list-style-type: none"> • Screen for unhealthy alcohol use and refer patients with alcohol dependence to a behavioral health practitioner. • Consider using screening tools or questions to identify unhealthy alcohol use in patients. • Refer to Health Care that Matters - Your Behavioral Health Screening Tools Pocket Reference • Educate and encourage hazardous drinkers that may or may not develop alcohol dependence to create a plan to change their behavior.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)	<p>Ages/Event:</p> <p>Patients 12 years and older with at least one interactive outpatient encounter during assessment periods:</p> <ul style="list-style-type: none"> • One (January 1–April 30) • Two (May 1–August 31) • Three (September 1–December 31) <p>with an overlapping diagnosis of major depression or dysthymia.</p> <p>Product Lines: Commercial/Health Exchange, Medicaid/CHP, Medicare</p> <p>Timeframe: Measurement Year - 2019</p>	<ul style="list-style-type: none"> • A PHQ-9 score in the patient's medical record during assessment periods one, two and three. 	<p>Diagnosis of bipolar disorder, personality disorder, psychotic disorder or autism spectrum disorder any time during the measurement period.</p>	<ul style="list-style-type: none"> • The PHQ-9 assessment can occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal. • Consider using screening tools or questions to identify depression symptoms in patients. • Refer to Health Care that Matters - Your Behavioral Health Screening Tools Pocket Reference