

# Clinical quality requirements

Category	Measure Name	Population	Population health priority	NQF #
Pediatric Health (4)	Well-Child Visits in the First 15 Months of Life	Pediatrics		1392
	Well-Child visits in the 3rd, 4th, 5th, 6th years of life	Pediatrics		1516
	Adolescent Well-Care Visits	Pediatrics		HEDIS AWC
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents	Pediatrics	Obesity, physical activity, nutrition	0024
Women's Health (5)	Timeliness of prenatal care	Adults	Infant Mortality	1517
	Live Births Weighing Less than 2,500 grams	Adults	Infant Mortality	N/A
	Postpartum care	Adults	Infant Mortality	1517
	Breast Cancer Screening	Adults	Cancer	2372
	Cervical cancer screening	Adults	Cancer	0032
Adult Health (7)	Adult BMI Assessment	Adults	Obesity	HEDIS ABA
	Controlling high blood pressure <sup>1</sup>	Adults	Heart Disease	0018
	Medication management for people with asthma	Both		1799
	Statin Therapy for patients with cardiovascular disease	Adults	Heart Disease	HEDIS SPC
	Comprehensive Diabetes Care: HgA1c poor control (>9.0%)	Adults	Diabetes	0059
	Comprehensive diabetes care: HbA1c testing	Adults	Diabetes	0057
Behavioral Health (4)	Comprehensive diabetes care: eye exam	Adults	Diabetes	0055
	Antidepressant medication management	Adults	Mental Health	0105
	Follow up after hospitalization for mental illness	Both	Mental Health	0576
	Preventive care and screening: tobacco use: screening and cessation intervention	Both	Substance Abuse	0028
	Initiation of alcohol and other drug dependence treatment	Adults	Substance Abuse	0004

**Measures will evolve over time**

- Measures will be refined based on learnings from initial roll-out
- Hybrid measures that require EHR may be added to the list of core measures
- Hybrid measures may replace some core measures
- Reduction in variability in performance between different socioeconomic demographics may be included as a CPC requirement

Note: All CMS metrics in relevant topic areas were included in list except for those for which data availability poses a challenge (e.g., certain metrics requiring EHR may be incorporated in future years)

## Well-Child Visits in the First 15 Months of Life

NQF #: 1392

Description	Timing	Denominator definition	Numerator definition	Exclusions
The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: 6+ visits	<p>Continuous enrollment: 31 days–15 months of age.            [Calculate 31 days of age by adding 31 days to the child's date of birth. Calculate the 15-month birth-day as the child's first birthday plus 90 days]</p> <p>Allowable gap: 1 month gap in coverage</p> <p>Anchor date: Day the child turns 15 months old</p>	<p>Members who:</p> <ul style="list-style-type: none"> <li>▪ Are 15 months old during the measurement year</li> <li>▪ Meet continuous enrollment / allowable gap / anchor date</li> </ul>	Percentage of members receiving 6 or more well-child visits, on different dates of service, with a PCP during their first 15 months of life	n/a

Description	Timing	Denominator definition	Numerator definition	Exclusions
The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year	<p>Continuous enrollment: the measurement year</p> <p>Allowable gap: 1 month gap in coverage</p> <p>Anchor date: Dec 31 of measurement year</p>	<p>Members who:</p> <ul style="list-style-type: none"> <li>▪ Are 3-6 years old as of Dec 31 of the measurement years</li> <li>▪ Meet continuous enrollment / allowable gap / anchor date</li> </ul>	At least one well-child visit with a PCP during the measurement year	n/a

Description	Timing	Denominator definition	Numerator definition	Exclusions
The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	<p>Continuous enrollment: The measurement year</p> <p>Allowable gap: 1 month gap in coverage</p> <p>Anchor date: Dec 31 of measurement year</p>	<p>Members who:</p> <ul style="list-style-type: none"> <li>▪ Are 12-21 years old as of Dec 31 of the measurement year</li> <li>▪ Meet continuous enrollment / allowable gap / anchor date</li> </ul>	At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	n/a

# Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

NQF #: 0024

## Description

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year

## Timing

Continuous enrollment:  
The measurement year

Allowable gap: 1 month gap in coverage

Anchor date: Dec 31 of measurement year

## Denominator definition

Members who:

- Are 3-17 years as of December 31 of the measurement year
- Meet continuous enrollment / allowable gap / anchor date
- Had an outpatient visit (using VS) during the measurement year with a PCP or OB/GYN

## Numerator definition

- BMI percentile: had during measurement year

## Exclusions

- Members who are pregnant during measurement year

# Timeliness of prenatal care

NQF #: 1517

## Description

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following:

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization

## Timing

Continuous enrollment: 43 days prior to delivery through 56 days after delivery

Allowable gap: None

Anchor date: date of delivery

## Denominator definition

Members who:

- Meet continuous enrollment / allowable gap / anchor date
- Delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year

## Numerator definition

A prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy

## Exclusions

n/a

## Live births weighing &gt;2,500 grams

CDC

DRAFT

Description	Timing	Denominator definition	Numerator definition	Exclusions
The percentage of women who delivered live births less than 2,500 grams during the reporting year <sup>1</sup>	Calendar year Continuous enrollment: NA  Allowable gap: NA  Anchor date: NA	Number of resident live births during the reporting year	Number of resident live births less than 2,500 grams in the denominator. Data from the Vital Statistics file will be used to determine birth weight	<ul style="list-style-type: none"> <li>▪ All deliveries whose admission date (first date of service) is not during the reporting year)</li> <li>▪ Multiple births</li> </ul>

<sup>1</sup> Due to data lag, a trailing 12 months of data (Q1-Q3 of performance year, Q4 of previous year) will be used for scoring this metric

## Post-partum care

NQF #: 1517

Description	Timing	Denominator definition	Numerator definition	Exclusions
<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following:</p> <ul style="list-style-type: none"> <li>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery</li> </ul>	<p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery</p> <p>Allowable gap: None</p> <p>Anchor date: Date of delivery</p>	<p>Members who:</p> <ul style="list-style-type: none"> <li>Meet continuous enrollment / allowable gap / anchor date</li> <li>Delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year</li> </ul>	<p>Postpartum Care: A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery</p>	<p>n/a</p>

## Breast Cancer Screening

NQF #: 2372

**Description**

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer

**Timing**

Continuous enrollment: October 1 two years prior to the measurement year through December 31 of the measurement year

Allowable gap:

- 1 month gap in coverage during each full calendar year of continuous enrollment
- No gaps in enrollment are allowed from October 1 two years prior to the measurement year through December 31 two years prior to the measurement year

Anchor date: Dec 31 of measurement year

**Denominator definition**

Women 52–74 years as of December 31 of the measurement year and meet continuous enrollment / allowable gap / anchor date

**Numerator definition**

One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year

**Exclusions**

Bilateral mastectomy any time during the member's history through December 31 of the measurement year

## Cervical Cancer Screening

NQF #: 0032

**Description**

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

**Timing**

Continuous enrollment: the measurement year

Allowable gap: 1 month gap in coverage

Anchor date: Dec 31 of measurement year

**Denominator definition**

Women 21-64 years as of December 31 of the measurement year and meet continuous enrollment / allowable gap / anchor date

**Numerator definition**

- Screened for cervical cancer using either of the following criteria:
  - Cervical cytology performed every 3 years.
  - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years
- OR women 30–64 years of age who had cervical cytology (Cervical Cytology Value Set) and a human papillomavirus (HPV) test (HPV Tests Value Set) with service dates four or less days apart during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests

**Exclusions**

- Hysterectomy with no residual cervix
- Cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year

**Description**

The percentage of members 18–74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year

**Timing**

Continuous enrollment:  
The measurement year and the year prior to the measurement year

Allowable gap: 1 month gap in coverage

Anchor date: Dec 31 of measurement year

**Denominator definition**

Members who:

- Are 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
- Meet continuous enrollment/ allowable gap/ anchor date
- Had an outpatient visit (using VS) during the measurement year or year prior

**Numerator definition**

- Members  $\geq 21$  on date of service, then BMI during the measurement year or year prior
- Members  $< 21$  on date of service, BMI percentile during the measurement year or year prior

**Exclusions**

Members who are pregnant during measurement year or year prior

# Controlling High Blood Pressure

NQF #: 0018

Description	Timing	Denominator definition	Numerator definition	Exclusions
<p>Members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Members 18–59 years of age whose BP was &lt;140/90 mm Hg</li> <li>▪ Members 60–85 years of age with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg</li> <li>▪ Members 60–85 years of age without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg</li> </ul>	<p>Continuous enrollment: The measurement year</p> <p>Allowable gap: 1 month gap in coverage</p> <p>Anchor date: Dec 31 of measurement year</p>	<p>Members who are:</p> <ul style="list-style-type: none"> <li>▪ 18-85 years old as of Dec 31 of measurement year</li> <li>▪ Meet cont enroll/ allowable gap/ anchor date</li> <li>▪ Have outpatient visit with diagnosis of HTN during first 6 months of year, with the members most recent PCP (or not if no PCP)</li> <li>▪ Have assigned a diabetic or not diabetic flag</li> </ul>	<p>Members in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Members 18–59 years of age as of December 31 of the measurement year whose BP was &lt;140/90 mm Hg.</li> <li>▪ Members 60–85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg.</li> <li>▪ Members 60–85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was &lt;150/90 mm Hg</li> </ul>	<p>Certain exclusions on BP reading (location, co-diagnosis)</p>

## Medication Management for People With Asthma

NQF #: 1799

Description	Timing	Denominator definition	Numerator definition	Exclusions
Members 5–85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period	<p>Continuous enrollment: The measurement year and the year prior to the measurement year</p> <p>Allowable gap: 1 month gap in coverage</p> <p>Anchor date: Dec 31 of measurement year</p>	<p>Members who:</p> <ul style="list-style-type: none"> <li>▪ Are age 5-85 during measurement year</li> <li>▪ Meet Continuous enrollment/ allowable gap / anchor date</li> <li>▪ Have persistent asthma (either: 1) ED visit with principal dx of asthma, 2) acute inpatient visit w principal dx of asthma, 3) <math>\geq 4</math> outpatient or observation visits with diff dates of service plus any dx of asthma plus <math>\geq 2</math> asthma med dispensing events, 4) <math>\geq 4</math> asthma med dispensing events [caveated for step 2 if have leukotriene modifiers])</li> </ul>	Members who achieved a PDC <sup>1</sup> of at least 75% for their asthma controller medications during the measurement year	<ul style="list-style-type: none"> <li>▪ No asthma controller meds dispensed during the measurement year</li> <li>▪ Any diagnosis at any point through Dec 31 of measurement year for: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions from fumes/vapors, cystic fibrosis, acute respiratory failure</li> </ul>

1 Proportion of days covered

# Statin Therapy for Patients With Cardiovascular Disease

## Description

Males 21–75 and females 40–75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high or moderate-intensity statin medication during the measurement year

## Continuous enrollment

Continuous enrollment: The measurement year and the year prior to the measurement year

Allowable gap: 1 month gap in coverage

Anchor date: Dec 31 of measurement year

## Denominator definition

Members who:

- 21-75 (male) or 40-75 (female) years old as of Dec 31 of measurement year
- Meet continuous enrollment / allowable gap / anchor date
- Either
  - 1) discharged from inpatient setting with MI or CABG or any setting with PCI or revascularization, OR
  - 2) IVD diagnosis in outpatient or acute inpatient setting in measurement year and year prior
- Applied exclusions

## Numerator definition

Members who had at least one dispensing event for a high or moderate-intensity statin medication during the measurement year

## Exclusions

- Pregnancy
- IVF
- One prescription for clomiphene
- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy or rhabdomyolysis

## Comprehensive Diabetes Care: HbA1c poor control

NQF #: 0059

**Description**

Members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control (>9.0%)

**Timing**

Continuous enrollment:  
The measurement year

Allowable gap: 1 month  
gap in coverage

Anchor date: Dec 31 of  
measurement year

**Denominator definition**

Members who:

- 18-75 years old as of Dec 31 of measurement year
- Meet continuous enrollment / allowable gap / anchor date
- Have diabetes (based on claims and or pharmaceutical data)

**Numerator definition**

The member is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is ≤9.0%

**Exclusions**

No diagnosis of diabetes during year and year prior and had diagnosis of gestational or steroid induced diabetes

# Comprehensive Diabetes Care: HbA1c testing

NQF #: 0057

## Description

Members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c testing performed

## Timing

Continuous enrollment:  
The measurement year

Allowable gap: 1 month  
gap in coverage

Anchor date: Dec 31 of  
measurement year

## Denominator definition

Members who:

- 18-75 years old as of Dec 31 of measurement year
- Meet continuous enrollment / allowable gap / anchor date
- Have diabetes (based on claims and or pharma)

## Numerator definition

Most recent HbA1c level was tested in the measurement year

## Exclusions

No diagnosis of diabetes during year and year prior and had diagnosis of gestational or steroid induced diabetes

# Comprehensive Diabetes Care: eye exam

NQF #: 0055

Description	Timing	Denominator definition	Numerator definition	Exclusions
Members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal)	Continuous enrollment: The measurement year  Allowable gap: 1 month gap in coverage  Anchor date: Dec 31 of measurement year	Members who: <ul style="list-style-type: none"> <li>▪ 18-75 years old as of Dec 31 of measurement year</li> <li>▪ Meet continuous enrollment / allowable gap / anchor date</li> <li>▪ Have diabetes (based on claims and or pharma)</li> </ul>	Eye exam (retinal) was performed	No diagnosis of diabetes during year and year prior and had diagnosis of gestational or steroid induced diabetes

# Anti-depressant Medication Management

NQF #: 0105

## Description

Members 18+ who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. The following rate is used:

- Effective Acute Phase Treatment. Members who remained on an antidepressant medication for at least 84 days (12 weeks)

## Timing

Continuous enrollment: 105 days prior to the IPSD<sup>1</sup> through 231 days after the IPSD where the IPSD is the earliest prescription dispensing date for an antidepressant medication during the Intake Period (intake period=12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year)

Allowable gap: 1 month gap in coverage

Anchor date: IPSD<sup>1</sup>

## Denominator definition

Members who:

- 18 years and older as of April 30 of the measurement year
- Meet continuous enrollment / allowable gap / anchor date
- Have a major diagnosis of depression in any setting during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD
- Don't have negative medication history

## Numerator definition

At least 84 days (12 weeks) of continuous treatment with antidepressant medication beginning on the IPSD through 114 days after the IPSD (115 total days). Continuous treatment allows gaps in medication treatment up to a total of 30 days during the 115-day period

## Exclusions

No diagnosis of major depression in any setting

# Follow-Up After Hospitalization for Mental Illness

NQF #: 0576

Description	Timing	Denominator definition	Numerator definition	Exclusions
Discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days of discharge	<p>Continuous enrollment: Date of discharge through 30 days after discharge</p> <p>Allowable gap: None</p> <p>Anchor date: None</p>	<p>Members who are:</p> <ul style="list-style-type: none"> <li>▪ 6+ years old as of the date of discharge</li> <li>▪ Meet continuous enrollment / allowable gap / anchor date</li> <li>▪ Have acute inpatient discharge with principal diagnosis of mental illness between Jan 1 and Dec 1 of measurement year (exclude readmissions as counted discharges)</li> </ul>	An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days, on or after discharge date	Readmissions

# Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention

NQF #: 0028

Description	Timing	Denominator definition	Numerator definition	Exclusions
Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user	Continuous enrollment: 6 months  Allowable gap: 45 days during measurement year  Anchor date: None	All patients aged 18 years or older as of Dec 31 of the measurement year seen for at least two visits or at least one preventive visit during the measurement period	Patients who were screened for tobacco use at least once during the two-year measurement period AND who received tobacco cessation counseling intervention if identified as a tobacco user	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy)

# Initiation of Alcohol and Other Drug Dependence Treatment

Description	Timing	Denominator definition	Numerator definition	Exclusions
The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis	<p>Continuous enrollment: 60 days (2 months) prior to the IESD through 44 days after the IESD (105 total days)<sup>1</sup></p> <p>Allowable gap: None</p> <p>Anchor date: None</p>	<p>Members who are:</p> <ul style="list-style-type: none"> <li>▪ 13 years and older as of December 31 of the measurement year</li> <li>▪ Meet continuous enrollment / allowable gap / anchor date</li> <li>▪ Had a new episode of AOD during the intake period (Jan 1–Nov 15 of the measurement year)</li> <li>▪ Did not have negative diagnosis history</li> </ul>	Initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the IESD	n/a

<sup>1</sup> IESD defined as Index Episode Start Date. The earliest date of service for an inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or ED encounter during the Intake Period with a diagnosis of AOD