



# AETNA

# HEDIS REFERENCE TOOL

## HRT

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

The HEDIS Reference Tool serves educational purposes and may not encompass all details about HEDIS Measures. The content within this document is sourced from the National Committee for Quality Assurance (NCQA) Technical Specifications for HEDIS Measures. Its primary aim is to equip providers and their affiliates with a comprehensive grasp of HEDIS measures and associated information.



## What is HEDIS®?

### What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) comprises standardized performance metrics established by the National Committee for Quality Assurance (NCQA) to assess, report, and benchmark quality within healthcare plans. NCQA formulates HEDIS® measures through a committee composed of purchasers, consumers, health plans, healthcare providers, and policymakers.

### HEDIS Scores:

The significance of scores lies in their role within the evolving landscape of healthcare quality standards. With state and federal healthcare systems shifting towards quality-driven practices, HEDIS rates hold increasing importance for both healthcare plans and individual practitioners. State healthcare purchasers utilize compiled HEDIS rates to assess the effectiveness of health insurance providers in enhancing preventive health initiatives for their members. Additionally, these scores are employed to gauge the efficacy of preventive care efforts at the physician level. Ultimately, HEDIS scores play a pivotal role in determining the rates for incentive programs that reward providers and practices with enhanced premiums.

### Strategies to Enhance HEDIS Performance:

- Ensure the prompt and accurate submission of claim/encounter data for all services provided.
- Document services in the relevant section of the medical or electronic health record, ensuring alignment with the date of service and any pertinent results.
- Utilize CPT II billing codes to optimize scores for laboratory work, screenings, and tests.
- Deliver timely and suitable healthcare services, including scheduling annual wellness appointments and providing necessary preventative screenings based on gender, age, and medical condition.
- Proactively reach out to members overdue for care, arrange necessary services, and offer telehealth consultations when face-to-face appointments are not viable.
- Participate in existing initiatives and health plan programs to leverage available resources.
- Maintain up-to-date provider information to facilitate efficient communication exchanges.



- **Electronic Clinical Data Systems (ECDS)** – Healthcare organizations utilize Electronic Clinical Data Systems (ECDS) to consolidate diverse data sources, offering comprehensive insights into the healthcare services rendered to their clientele. Eligible data sources for ECDS reporting encompass Electronic Health Records, Health Information Exchange, and Registries, among others.
- **Medical Record Data** – The information taken directly from a member’s medical record to validate services rendered that weren’t captured through medical or pharmacy claims/encounters, or supplemental data.
- **Required Exclusion** – Members are excluded from the denominator of a measure based on specific diagnoses and/or procedures documented in their claims, encounters, or pharmacy data. This exclusion is implemented during the creation of the measure denominator within certified HEDIS software after processing the claims data.

#### **Proportion of Days Covered (PDC):**

According to the Pharmacy Quality Alliance (PQA), the PDC is the preferred method to measure medication adherence. The PDC is the percent of days in the measurement period covered by prescription claims for the same medication or another in its therapeutic category. The Medication Possession Ratio (MPR) is based on the sum of dispensed ‘days supplied’ over a period, whereas PDC is based on evaluation of available supply for each individual day in the period.



## Line of Business/Product line

**Line of Business (LOB):** Identifies the reporting population

- **Commercial:** Health insurance coverage by employer sponsored insurance, private company, or entity, not by the government.
- **Dual Special Needs Plans (D-SNP):** Type of Medicare Advantage plan that covers hospitalization, outpatient medical care, and prescriptions; the costs of the plan are covered by federal and state funds. D-SNPs are for members who are eligible for both Medicare and Medicaid.
- **Individual & Family Plans (IFP):** is a policy that individuals can purchase independently to cover their medical expenses, including doctor visits, hospitalization, and prescription drugs.
- **Medicaid:** Medicaid is a joint federal and state program designed to offer healthcare coverage to eligible individuals. While each state administers its own Medicaid program, they must adhere to federal regulations set by the government. Moreover, the federal government contributes a minimum of fifty percent of the funding required for Medicaid programs across states.
- **Medicare:** A federal system of health insurance for people over 65 years of age and for people with disabilities.
- **Medicare Star:** The Star Ratings system, established by the Centers for Medicare & Medicaid Services (CMS), evaluates Medicare Advantage (Part C) and prescription drug (Part D) plans on a five-star scale, where 1 indicates the lowest score and 5 signifies the highest rating. These assessments primarily assess the quality of health plans in terms of customer satisfaction and healthcare delivery. The overarching objective of the Star Ratings system is to enhance care quality and promote better health outcomes among Medicare beneficiaries. Furthermore, this rating system aligns with CMS's mission to enhance accountability in healthcare delivery by healthcare professionals, hospitals, and other providers.



The content in the HEDIS HRT is subject to modifications in line with directives from the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), as well as state regulations and suggestions. It is advisable to consult the relevant agency for further billing guidance to ascertain the eligibility of codes before submission. The provided list of codes is not exhaustive and remains susceptible to alterations, deletions, or removals. This document does not serve as a substitute for professional coding standards, and additional codes that fulfill exclusion criteria or ensure numerator compliance may be necessary.

## HEDIS<sup>®</sup> Measures A-Z

The table below facilitates navigation to the relevant HEDIS measure page, offering a breakdown of the lines of businesses associated with each measure.

Acronym	HEDIS Measure	Medicare	Medicaid	Commercial	Dual-SNP	IFP	Medicare Star	Page
<b>AAB</b>	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	♥	♥	♥		♥		7
<b>AAP</b>	Adults' Access to Preventive/ Ambulatory Health Services	♥	♥	♥				8
<b>ACP</b>	Advanced Care Planning	♥			♥			9
<b>ADD-E</b>	Follow-up Care for Children Prescribed ADHD Medication		♥	♥				10
<b>AMM</b>	Antidepressant Medication Management	♥	♥	♥	♥	♥		11
<b>AMR</b>	Asthma Medication Ratio		♥	♥		♥		12
<b>APM-E</b>	Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication		♥	♥				12

<b>Acronym</b>	<b>HEDIS Measures</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Commercial</b>	<b>Dual-SNP</b>	<b>I/P</b>	<b>Medicare Star</b>	<b>Page</b>
<b>BCS-E</b>	Breast Cancer Screening	♥	♥	♥		♥	♥	13-14
<b>BPD</b>	Blood Pressure Control for Patients with Diabetes	♥	♥	♥			♥	14-15
<b>CBP</b>	Controlling High Blood Pressure	♥	♥	♥	♥	♥	♥	15-16
<b>CCS</b>	Cervical Cancer Screening		♥	♥		♥		17
<b>CHL</b>	Chlamydia Screening in Women		♥	♥		♥		17
<b>CIS</b>	Childhood Immunization Status		♥	♥		♥		18
<b>COA</b>	Care for Older Adults	♥			♥		♥	19-20
<b>COL-E</b>	Colorectal Cancer Screening	♥	♥	♥	♥	♥	♥	21-22
<b>COU</b>	Risk of Continued Opioid Use	♥	♥	♥				23
<b>CWP</b>	Appropriate Testing for Pharyngitis	♥	♥	♥				24
<b>EDU</b>	Emergency Department Utilization	♥		♥				24
<b>EED</b>	Eye Exam for Patients with Diabetes	♥	♥	♥		♥	♥	25-26
<b>FMC</b>	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	♥					♥	26
<b>FUA</b>	Follow-Up After Emergency Department Visit for Substance Use	♥	♥	♥				27
<b>FUH</b>	Follow-up After Hospitalization for Mental Illness	♥	♥	♥	♥	♥		27
<b>FUI</b>	Follow-up after high-intensity care for substance use disorder	♥	♥	♥				28
<b>FUM</b>	Follow-Up After Emergency Department Visit for Mental Illness	♥	♥	♥				28
<b>GSD</b>	Glycemic Status Assessment for Patients with Diabetes – <i>Formerly HBD</i>	♥	♥	♥		♥	♥	29
<b>HBD</b>	Hemoglobin A1c (HbA1c) Control for Patients with Diabetes – <i>Forward GSD</i>	♥	♥	♥		♥	♥	29
<b>HDO</b>	Use of Opioids at High Dosage	♥	♥	♥				30
<b>IMA</b>	Immunizations for Adolescents		♥	♥		♥		30
<b>KED</b>	Kidney Health Evaluation for Patients with Diabetes	♥	♥	♥			♥	31-32

<b>Acronym</b>	<b>HEDIS Measures</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Commercial</b>	<b>Dual-SNP</b>	<b>IFP</b>	<b>Medicare Star</b>	<b>Page</b>
<b>LBP</b>	Use of Imaging Studies for Low Back Pain	♥	♥	♥		♥		32-33
<b>LSC</b>	Lead Screening in Children		♥					33
<b>OMW</b>	Osteoporosis Management in Women Who Had a Fracture	♥			♥			35-36
<b>PBH</b>	Persistence of Beta-Blocker Treatment After a Heart Attack	♥	♥	♥	♥			36-37
<b>PCE</b>	Pharmacotherapy Management of COPD Exacerbation	♥	♥	♥	♥			38
<b>PCR</b>	Plan All Cause Readmission	♥	♥	♥	♥	♥	♥	38
<b>POD</b>	Pharmacotherapy for opioid use disorder	♥	♥	♥				39
<b>PPC</b>	Prenatal and Postpartum Care		♥	♥	♥	♥		39
<b>SAA</b>	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	♥	♥	♥				40-41
<b>SMD</b>	Diabetes Monitoring for People with Diabetes and Schizophrenia		♥					41
<b>SNS-E</b>	Social Need Screening and Intervention	♥	♥	♥				42
<b>SPC</b>	Statin Therapy for Patients with Cardiovascular Disease	♥	♥	♥	♥		♥	43-44
<b>SPD</b>	Statin Therapy for Patients with Diabetes	♥	♥	♥	♥		♥	44-45
<b>SSD</b>	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		♥					46
<b>TRC</b>	Transition of Care	♥			♥		♥	47
<b>UOP</b>	Use of Opioids from Multiple Providers	♥	♥	♥				48
<b>URI</b>	Appropriate treatment for Upper Respiratory Infection	♥	♥	♥		♥		49
<b>W30</b>	Well-Child Visits in the First 30 Months of Life		♥	♥		♥		49
<b>WCC</b>	Weight Assessment and Counseling for Nutrition/Physical Activity for Children/Adolescents		♥	♥		♥		50
<b>WCV</b>	Child and Adolescent Well-Care Visits		♥	♥				50
➤	Medication Adherence for Diabetes Medications		♥			♥	♥	34
➤	Medication Adherence for Hypertension (RAS antagonists)		♥			♥	♥	34
➤	Medication Adherence for Cholesterol (Statins)		♥			♥	♥	35

# Aetna HEDIS<sup>®</sup> Reference Tool

HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>AAB</b> – Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</p> <ul style="list-style-type: none"> <li>• 3 months of age and older</li> </ul>	<p>Member diagnosed with acute bronchitis/bronchiolitis and not prescribed antibiotics</p> <p><i>*Supplemental data may not be used for this measure, except for required exclusions.</i></p>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> Begins on July 1 of the year prior to the measurement year and ends June 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services during the measurement year</li> <li>• Members who died any time during the measurement year</li> </ul>	<p>Claims data only: Dispensing of an antibiotic</p> <p>Acute bronchitis, unspecified: <a href="#">J20.3</a></p> <p>Exclusion: Comorbid conditions</p> <p>Human immunodeficiency virus (HIV): <a href="#">B20</a></p> <p>Inpatient stay: <a href="#">0100</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>AAP</b> – Adults’ Access to Preventive/ Ambulatory Health Services</p> <ul style="list-style-type: none"> <li>20 years of age and older</li> </ul>	<p>Members who had an ambulatory or preventive care visit</p> <p>The organization reports three separate percentages for each product line</p> <ul style="list-style-type: none"> <li><i>Medicare and Medicaid</i> members during the measurement year who had an ambulatory or preventive care visit</li> <li><i>Commercial</i> members during the measurement year or two years prior had an ambulatory or preventive care visit</li> </ul>	<p><b>Requirements:</b> Date of service required and appropriate code</p> <p><b>Service date range:</b></p> <ul style="list-style-type: none"> <li><i>Medicaid and Medicare</i> – measurement year</li> <li><i>Commercial</i> – measurement year and the two years prior to the measurement year</li> </ul> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data only:</p> <p>Any one of the following: Ambulatory visits: <a href="#">99401</a></p> <p>Other ambulatory visits: <a href="#">99402</a></p> <p>Telephone visit: <a href="#">99442</a></p> <p>E-visits/virtual: <a href="#">99422</a></p>

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<p><b>ACP</b> – Advanced Care Planning</p> <ul style="list-style-type: none"> <li>66 years of age and older</li> </ul>	<p>Documentation or discussion about preferences for resuscitation, life-sustaining treatment and end of life care</p> <ul style="list-style-type: none"> <li>Include members 66–80 years of age as of December 31 of the measurement year who meet any of the following criteria: <ul style="list-style-type: none"> <li>Advanced illness on at least two different dates of service.</li> <li>Dispensed dementia medication</li> <li>Frailty during the measurement year</li> <li>Received palliative care or had an encounter for palliative care anytime during the measurement year</li> </ul> </li> <li>Include members 81 years of age and older who had advance care planning during the measurement year</li> </ul>	<p><b>Requirements:</b> Date of service required and appropriate code</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Advance care planning:  CPT: <a href="#">99497</a>, <a href="#">99483</a>  CPT-CAT-II: <a href="#">1123F</a>, <a href="#">1124F</a>, <a href="#">1157F</a>, <a href="#">1158F</a></p>

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<p><b>ADD-E</b>– Follow-up Care for Children Prescribed ADHD Medication</p> <ul style="list-style-type: none"> <li>6–12 years of age</li> </ul>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p><b>Two phases reported:</b></p> <ol style="list-style-type: none"> <li><i>Initiation phase:</i> The percentage of members with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase</li> <li><i>Continuation and Maintenance Phase:</i> The percentage of members with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days <i>after</i> the initiation phase ended</li> </ol>	<p><b>Requirements:</b> Visit service dates, place of service code and provider type or exclusion code</p> <p><b>Service date range:</b> Begins on March 1 of the year prior to the measurement year and ends the last calendar day of February of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with a diagnosis of narcolepsy anytime during their history through December 31 of the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Electronic Clinical Data Systems (ECDS)</p> <p>BH outpatient: <a href="#">99213</a></p> <p>Health and behavior assessment or intervention: <a href="#">96156</a>, <a href="#">96158</a>, <a href="#">96159</a>, <a href="#">96164</a>, <a href="#">96165</a></p> <p>Telephone visit: <a href="#">99442</a></p> <p>E-visits/virtual: <a href="#">99422</a> (<i>Phase 2 only</i>)</p> <p>Exclusions:</p> <p>Narcolepsy: <a href="#">G47.411</a></p> <p>Hospice encounter: <a href="#">G9473</a></p>

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<p><b>AMM</b> – Antidepressant Medication Management</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>Members treated with antidepressant medication, diagnosed with major depression, and remained on antidepressant medication treatment</p> <p><b>Two rates are reported:</b></p> <ol style="list-style-type: none"> <li><i>Effective Acute Phase Treatment:</i> Members that stayed on an antidepressant medication for at least 84 days (12 weeks)</li> <li><i>Effective Continuation Phase Treatment:</i> Members that stayed on an antidepressant medication for at least 180 days (6 months)</li> </ol>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> May 1 of the year prior to the measurement year to April 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who did not have an encounter with the diagnosis of major depression during the 121-day period from 60 days prior to the Index prescription start date (IPSD) through IPSD, and 60 days after IPSD</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data: Dispensing of antidepressant medication</p> <p>Exclusion: N/A</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>AMR</b> – Asthma Medication Ratio</p> <ul style="list-style-type: none"> <li>5–64 years of age</li> </ul>	<p>Members identified as having persistent asthma and had 0.50 or greater ratio of controller medications to total asthma medications during the measurement year</p>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who had a diagnosis from the respiratory diseases with different treatment approaches than asthma's value set: emphysema, COPD, chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure</li> <li>Members who had no asthma controller medication dispensed during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data: Dispensing of asthma controller medication</p> <p><i>Exclusions:</i></p> <p>COPD: <a href="#">J44.9</a></p> <p>Emphysema: <a href="#">J43.9</a></p> <p>Cystic fibrosis: <a href="#">E84.9</a></p> <p>Acute respiratory failure: <a href="#">J96.00</a></p>
<p><b>APM-E</b> – Metabolic Monitoring for Children and Adolescents on Antipsychotics</p> <ul style="list-style-type: none"> <li>1–17 years of age</li> </ul>	<p>Children and adolescents who had two or more antipsychotic prescriptions and received metabolic testing</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>Blood glucose testing</li> <li>Cholesterol testing</li> <li>Blood glucose testing and cholesterol testing</li> </ol>	<p><b>Requirements:</b> Have both a blood glucose test or HbA1C and a cholesterol test or LDL w/cholesterol. Can be on different dates of service or on the same date of service</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Electronic Clinical Data Systems (ECDS)</p> <p>Glucose test: <a href="#">82947</a></p> <p>HbA1C test: <a href="#">83036</a> CPTII: <a href="#">3044F, 3046F, 3051F, 3052F</a></p> <p>LDL test: <a href="#">80061, 83721</a> CPTII: <a href="#">3048F, 3049F, 3050F</a></p>

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<p><b>BCS-E</b> – Breast Members Cancer Screening</p> <ul style="list-style-type: none"> <li>50–74 years of age</li> </ul>	<p>Members who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer</p>	<p><b>Requirements:</b> Mammogram(s) or exclusion code and service date</p> <p><b>Service date range:</b> Measurement year plus prior 15 months</p> <ul style="list-style-type: none"> <li>October 1 <i>two years prior</i> to the measurement period through the end of the measurement period</li> </ul> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members who have died any time during the measurement period.</li> <li>Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member’s history through the end of the measurement period</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member’s history through the end of the measurement period</li> <li><i>Medicare</i> members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an institutional SNP (I-SNP) any time during the measurement year</li> <li>Living long-term in an institution any time during the measurement period, as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> </ul>	<p>Electronic Clinical Data Systems (ECDS)</p> <p>Mammography: <a href="#">77067</a>, <a href="#">77061</a>, <a href="#">77062</a>, <a href="#">77065</a>, <a href="#">77066</a>,</p> <p>Mammography LOINC:  Bilateral: <a href="#">26175-0</a>  Left: <a href="#">26347-5</a>  Right: <a href="#">26348-3</a></p> <p>Exclusions:</p> <p>History of bilateral mastectomy: <a href="#">Z90.13</a></p> <p>Bilateral mastectomy: <a href="#">OHTV0ZZ</a></p> <p>Gender dysphoria: <a href="#">19318</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>BCS-E continued</i>		<ul style="list-style-type: none"> <li>Members 66 years of age and older with BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>– Frailty. At least two indications of frailty with different dates of service during the measurement period.</li> <li>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul> </li> </ul>	
<p><b>BPD</b> – Blood Pressure Control for Patients with Diabetes</p> <ul style="list-style-type: none"> <li>18-75 years of age</li> </ul>	<p>Members with a diagnosis of type 1 or type 2 diabetes whose blood pressure is adequately controlled (&lt;140/90 mm Hg)</p>	<p><b>Requirements:</b> <i>Most recent</i> systolic and diastolic blood pressure reading and service date</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who have died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members receiving palliative care any time during the measurement year</li> <li>Members who had an encounter for palliative care any time during the measurement year</li> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>• Enrolled in an institutional SNP (I-SNP) any time during the measurement year</li> <li>• Living long-term in an institution any time during the measurement year as identified by the LTI</li> </ul> </li> </ul>	<p>Systolic B/P:  3075F: 130-139 mm Hg  3074F: &gt;130 mm Hg  3077F: ≥ 140 mm Hg</p> <p>Diastolic B/P:  3079F: &lt; than 90 (80-89 mm Hg)  3078F: &lt; than 80 mm Hg  3080F: ≥ 90 mm Hg</p> <p>Exclusions:  Acute inpatient: 99221, 99222, 99223, 99231, 99232</p> <p>Frailty encounter: 99504, 99509</p> <p>Encounter for palliative care: Z51.5</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>BPD continued</i>		<p>flag in the Monthly Membership Detail Data File</p> <ul style="list-style-type: none"> <li>Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the measurement year</li> <li>Advanced Illness. Either of the following during the measurement period or the year prior to the measurement year: <ul style="list-style-type: none"> <li>Advanced illness on at least two different dates of service</li> <li>Dispensed dementia medication</li> </ul> </li> </ul> </li> </ul>	
<p><b>CBP</b> – Controlling High Blood Pressure</p> <ul style="list-style-type: none"> <li>18–85 years of age</li> </ul>	<p>Members with a diagnosis of hypertension (HTN) and adequately controlled blood pressure (&lt;140/90 mm HG)</p>	<p><b>Requirements:</b> <i>Most recent</i> systolic and diastolic blood pressure reading and service date or exclusion code</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with evidence of ESRD, dialysis, nephrectomy, or kidney transplant any time during the member’s history</li> <li>Members with a diagnosis of pregnancy anytime during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had an encounter for palliative</li> </ul>	<p>Systolic B/P:  <b>3075F:</b> 130-139 mm Hg  <b>3074F:</b> &gt; 130 mm Hg  <b>3077F:</b> ≥ 140 mm Hg</p> <p>Diastolic B/P:  <b>3079F:</b> &lt; than 90 (80-89 mm Hg)  <b>3078F:</b> &lt; than 80 mm Hg  <b>3080F:</b> ≥ 90 mm Hg</p> <p>Exclusions:  End stage renal disease: <b>N18.6</b>  Kidney transplant: <b>50360</b></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><i>CBP continued</i></p>		<p>care anytime during the measurement year</p> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an institutional SNP (I-SNP) any time during the measurement year</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>• Members 66–80 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>– Frailty. At least two indications of frailty with different dates of service during the measurement period</li> <li>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul> </li> <li>• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year</li> </ul>	

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>CCS</b> – Cervical Cancer Screening</p> <ul style="list-style-type: none"> <li>Women 21-64 years of age</li> </ul>	<p>Members who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> <li>21–64 years of age who had cervical cytology performed within the last three years</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>30–64 years of age who had within the past five years either cervical high-risk human papillomavirus testing</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>	<p><b>Requirements:</b> Pap and/or HPV test or exclusion code and service date</p> <p><b>Service date range:</b> Measurement year plus prior four years contingent upon screening</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through the end of measurement year</li> <li>Members who have died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had an encounter for palliative care anytime during the measurement year</li> <li>Members with sex assigned at birth of a male at any time in members history</li> </ul>	<p>Cervical cytology: <a href="#">88175</a> -or- High risk HPV test: <a href="#">87624</a></p> <p>Cervical smear – negative: <a href="#">269958004</a></p> <p>Exclusion: <a href="#">58291</a></p> <p>Hysterectomy with no residual cervix: <a href="#">58291, 57530</a></p>
<p><b>CHL</b>– Chlamydia Screening in Women</p> <ul style="list-style-type: none"> <li>Women 16–24 years of age</li> </ul>	<p>Sexually active women who had at least one chlamydia test during the measurement year</p>	<p><b>Requirements:</b> Test code and service date</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Chlamydia lab test: <a href="#">87110</a></p> <p>Exclusion: Pregnancy tests: <a href="#">81025</a> (If paired with a retinoid medication list code or diagnostic radiology code)</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>CIS</b> – Childhood Immunization Status</p> <ul style="list-style-type: none"> <li>Children 2 years of age</li> </ul>	<p>Members who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> <li>Four diphtheria, tetanus, and acellular pertussis (DTaP)</li> <li>Three polio (IPV)</li> <li>Three hepatitis B (Hep B)</li> <li>One measles, mumps, and rubella (MMR)</li> <li>Three haemophilus influenza type B (HIB)</li> <li>One chicken pox (VZV)</li> <li>Four pneumococcal conjugates (PCV)</li> <li>One hepatitis A (Hep A)</li> <li>Two or three rotaviruses (RV)</li> <li>Two influenza vaccines (Flu)</li> </ul> <p>For documented history of illness or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member's second birthday</p>	<p><b>Requirements:</b> Vaccine code or exclusion code and service date</p> <p><b>Service date range:</b> Child's birth up to two years of age</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members who had a contraindication to a childhood vaccine on or before their second birthday</li> </ul>	<p>Anaphylactic reaction due to vaccination, initial encounter: <a href="#">T80.52XA</a></p> <p>Anaphylactic reaction due to vaccination, subsequent encounter: <a href="#">T80.52XD</a></p> <p>Human immunodeficiency virus [HIV]: <a href="#">B20 ICD10CM</a></p> <p>Post tetanus vaccination encephalitis: <a href="#">192710009 SNOMED</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>COA</b> – Care for Older Adults – Medication review <i>Special Needs Plans Only</i></p> <ul style="list-style-type: none"> <li>66 years of age and older and part of the Dual-Eligible Special Needs Population</li> </ul>	<p>Members who had a medication review (MR) documented within the measurement year</p>	<p><b>Requirements:</b> Codes, service dates, provider type (prescribing practitioner or clinical pharmacist) and the presence of a medication list in the medical record. Transitional care management services during the measurement year meets criteria</p> <ul style="list-style-type: none"> <li>Do not include services provided in an acute inpatient setting</li> </ul> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Medication list documented in medical record: <a href="#">1159F</a></p> <p>Review of all medications by a prescribing practitioner or clinical pharmacist: <a href="#">1160F</a></p> <p>Medication reconciliation encounter: <a href="#">99496</a></p> <p>Transitional care: <a href="#">99496</a></p> <p>Exclusions: Acute inpatient: <a href="#">99223</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>COA</b> – Care for Older Adults – Functional Status Assessment <i>Special Needs Plans Only</i></p> <ul style="list-style-type: none"> <li>66 years of age and older and part of the Dual-Eligible Special Needs Population</li> </ul>	<p>Members who had a functional status assessment (FSA) documented within the measurement year</p>	<p><b>Requirements:</b> Codes and service dates</p> <ul style="list-style-type: none"> <li>Do not include services provided in an acute inpatient setting</li> </ul> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Functional status assessment: 99483, 1170F</p> <p>Exclusions: Acute inpatient: 99223</p>
<p><b>COA</b> – Care for Older Adults – Pain Assessment <i>Special Needs Plans Only</i></p> <ul style="list-style-type: none"> <li>66 years of age and older and part of the Dual-Eligible Special Needs Population</li> </ul>	<p>Members who had a pain assessment (PA) documented within the measurement year</p>	<p><b>Requirements:</b> Codes and service dates</p> <ul style="list-style-type: none"> <li>Do not include services provided in an acute inpatient setting</li> </ul> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Pain assessment: 1125F, 1126F</p> <p>Exclusions: Acute inpatient: 99223</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>COL-E</b>– Colorectal Cancer Screening</p> <ul style="list-style-type: none"> <li>45–75 years of age</li> </ul>	<p>Members who had appropriate screening for colorectal cancer as defined by one of the following:</p> <ul style="list-style-type: none"> <li>Fecal occult blood test (FOBT) during the measurement year</li> <li>Colonoscopy during the measurement year or nine years prior</li> <li>Flexible sigmoidoscopy during the measurement year or four years prior</li> <li>CT colonography during the measurement year or four years prior</li> <li>Stool DNA (sDNA) during the measurement year or two years prior</li> </ul>	<p><b>Requirements:</b> Test or exclusion code and service date</p> <p><b>Service date range:</b> Measurement year plus prior nine years contingent upon screening</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who had colorectal cancer or a total colectomy any time during the member’s history through December 31 of the measurement period</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had an encounter for palliative care anytime during the measurement year</li> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an institutional SNP (I-SNP) anytime during the measurement year</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>Members 66 years of age and older by the end of the measurement period, with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:</li> </ul>	<p>Electronic Clinical Data Systems (ECDS)</p> <p><i>Any one of the following:</i></p> <p>FOBT: <a href="#">82270</a>, <a href="#">82274</a>  sDNA FIT lab test: <a href="#">81528</a>  LOINC: <a href="#">77353-1</a></p> <p>Flexible sigmoidoscopy: <a href="#">45330</a></p> <p>Colonoscopy: <a href="#">45378</a></p> <p>CT colonography: <a href="#">74262</a></p> <p>Exclusion:  Colorectal cancer: <a href="#">C18.0</a>  Total colectomy: <a href="#">44150</a>, <a href="#">44151</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><i>COL continued</i></p>		<ul style="list-style-type: none"> <li>- Frailty. At least two indications of frailty with different dates of service during the measurement period</li> <li>- Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:               <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul>	

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>COU</b> – Risk of continued opioid use</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>The percentage of members who have a new episode of opioid use that puts them at risk for continued opioid use</p> <p><b>Two rates reported:</b></p> <ol style="list-style-type: none"> <li>1. Within a 30-day period at least 15 days of prescribed opioids</li> <li>2. Within a 62-day period at least 31 days of prescribed opioids</li> </ol> <p><i>*Supplemental data can be used for only required exclusions</i></p>	<p><b>Requirements:</b> Prescription claims only</p> <p><b>Service date range:</b> 12-month period starting November 1 of the year prior to the measurement year and ending on October 31 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who had cancer or sickle cell disease any time during the 365 days prior to the index prescription start date (IPSD) through 61 days after the IPSD</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members receiving palliative care any time during the measurement year</li> <li>Members who had an encounter for palliative care any time during the measurement year</li> </ul>	<p>Claims data:</p> <p>Pharmacy claims only</p> <p>Sickle cell anemia: <a href="#">D57.00</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>CWP</b> – Appropriate Testing for Pharyngitis</p> <ul style="list-style-type: none"> <li>3 years of age and older</li> </ul>	<p>The percentage of episodes where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode</p>	<p><b>Requirements:</b> Test code and service date</p> <p><b>Service date range:</b> July 1 of the year prior to the measurement year to June 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Group A strep tests: <a href="#">87070</a>, <a href="#">87071</a>, <a href="#">87081</a>, <a href="#">87430</a>, <a href="#">87650</a>, <a href="#">87651</a>, <a href="#">87652</a>, <a href="#">87880</a></p> <p>Streptococcus (presence) by rapid immunoassay: <a href="#">78012-2</a></p> <p>Streptococcus pyogenes antigen assay: <a href="#">122121004</a></p>
<p><b>EDU</b> – Emergency Department Utilization</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>The risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year</p> <p><i>*Supplemental data can be used for only required exclusions</i></p>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> The year prior to the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> </ul>	<p>Claims data:</p> <p>ED visit: <a href="#">99281</a></p> <p>ED procedure: <a href="#">10004</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>EED</b> – Eye Exam for Patients with Diabetes</p> <ul style="list-style-type: none"> <li>18-75 years of age</li> </ul>	<p>Members with a diagnosis of type 1 or type 2 diabetes who had a retinal eye exam performed during the measurement year or a negative retinal eye exam year prior</p>	<p><b>Requirements:</b> Diabetic Eye Exam or exclusion code, provider specialty in optometry or ophthalmology, retinopathy status and service date or a bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year</p> <p><b>Service date range:</b> Measurement year plus prior year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who have died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had an encounter for palliative care anytime during the measurement year</li> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an institutional SNP (I-SNP) any time during the measurement year</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the measurement year</li> </ul> </li> </ul>	<p>Any of the following: Diabetes mellitus w/o complications: <a href="#">E10.9</a></p> <p>Diabetic retinal screening: <a href="#">67028</a>, <a href="#">67030</a>, <a href="#">67031</a>, <a href="#">67036</a>, <a href="#">67039</a>, <a href="#">67040</a></p> <p>Eye exam w/retinopathy: <a href="#">2022F</a>, <a href="#">2024F</a>, <a href="#">2026F</a></p> <p>Eye exam w/o retinopathy: <a href="#">2023F</a>, <a href="#">2025F</a>, <a href="#">2033F</a></p> <p>Diabetic retinal Screening: <a href="#">92227</a>, <a href="#">92228</a></p> <p>Unilateral eye enucleation: <a href="#">65091</a>, <a href="#">65093</a>, <a href="#">65101</a>, <a href="#">65110</a> (Two DOS or bilateral modifier included)</p> <p>Outpatient, telehealth, and acute inpatient and nonacute inpatient: <a href="#">99222</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>EED continued</i>		<ul style="list-style-type: none"> <li>- Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:               <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul>	
<p><b>FMC</b> – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions</p> <ul style="list-style-type: none"> <li>• 18 years of age and older</li> </ul>	<p>Members with multiple high-risk chronic conditions who visited the emergency department (ED) and who had a follow-up visit on the day of discharge or seven days after discharge (total of eight days)</p> <p><b>Two or more eligible high-risk chronic conditions:</b></p> <ul style="list-style-type: none"> <li>• COPD/asthma/unspecified bronchitis</li> <li>• Alzheimer’s disease and related disorders</li> <li>• Chronic kidney disease</li> <li>• Major depression/dysthymic disorder</li> <li>• Chronic heart failure/heart failure diagnosis</li> <li>• Myocardial infarction</li> <li>• Atrial fibrillation</li> <li>• Stroke/transient ischemic attack</li> </ul>	<p><b>Requirements:</b> <i>Two or more</i> eligible high-risk chronic conditions diagnosed <b>prior to the ED visit</b> during the measurement year or year prior to the measurement year and a documented/claims coded follow-up visit within seven days post discharge or on discharge date</p> <p><b>Service date range:</b> Members need to have reached 18 years or older on the date of an ED visit which occurs on or between January 1 and December 24 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services during the measurement year</li> <li>• Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Outpatient, ED, telehealth and nonacute inpatient: <a href="#">98966</a></p> <p>BH outpatient: <a href="#">99078</a></p> <p>Transitional care: <a href="#">99496</a></p> <p>Care management: <a href="#">99489</a></p> <p>Case management: <a href="#">99366</a></p> <p>Exclusion: Inpatient stay: <a href="#">0100</a>, <a href="#">0101</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>FUA</b> – Follow-Up After Emergency Department Visit for Substance Use</p> <ul style="list-style-type: none"> <li>13 years of age and older</li> </ul>	<p>Members who visited the emergency department (ED) with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was follow-up</p> <p><b>Two rates are reported:</b></p> <ol style="list-style-type: none"> <li>Follow-up visit within 30 days of the ED visit (31 total days)</li> <li>Follow-up within seven days of the ED visit (eight total days)</li> </ol>	<p><b>Requirements:</b> Diagnosis of SUD or any diagnosis of drug overdose and ED visit code and date of service</p> <p><b>Service date range:</b> January 1 through December 1 of the measurement year; the member being 13 years or older on the date of the visit</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Substance induced disorders (SUD): <a href="#">F10.90</a></p> <p>Follow-up visit: <a href="#">98960</a></p> <p>Interactive outpatient encounter: <a href="#">90791</a></p> <p>Outpatient, ED, telephone, acute inpatient and nonacute inpatient: <a href="#">99221</a></p> <p>Online assessment: <a href="#">99421</a></p> <p>Telephone visit: <a href="#">99442</a>, <a href="#">99422</a></p> <p>Exclusions: N/A</p>
<p><b>FUH</b> – Follow-up After Hospitalization for Mental Illness</p> <ul style="list-style-type: none"> <li>6 years of age and older</li> </ul>	<p>Members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider</p> <p><b>Two rates are reported:</b></p> <ol style="list-style-type: none"> <li>Follow-up within 30 days after discharge</li> <li>Follow-up within 7 days after discharge</li> </ol>	<p><b>Requirements:</b> Acute inpatient discharge with a diagnosis of mental illness or intentional self-harm</p> <p><b>Service date range:</b> January 1 through December 1 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Visit setting unspecified: <a href="#">90791</a></p> <p>ECT: <a href="#">90870</a></p> <p>BH outpatient: <a href="#">99078</a></p> <p>Telephone visit: <a href="#">99442</a></p> <p>Online assessment: <a href="#">99421</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>FUI</b> – Follow-up after high-intensity care for substance use disorder</p> <ul style="list-style-type: none"> <li>13 years of age and older</li> </ul>	<p>Members who have had an acute inpatient hospitalizations, residential treatments or withdrawal management visits for a diagnosis of substance use disorder that result in a follow-up visit or service for substance use disorder</p> <p><b>Two rates reported:</b></p> <ol style="list-style-type: none"> <li>Within 30 days after visit or discharge member received a follow-up for substance use disorder</li> <li>Within 7 days after visit or discharge member received follow-up for substance use disorder</li> </ol>	<p><b>Requirements:</b> After an episode of substance use disorder a visits or event within 7 days and 30 days with any practitioner with diagnosis of substance use disorder</p> <p><b>Service date range:</b> January 1 through December 1 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Substance induced disorders (SUD): <a href="#">F10.90</a></p> <p>Visit setting unspecified: <a href="#">90791</a></p> <p>BH outpatient: <a href="#">99078</a></p> <p>Telephone visit: <a href="#">99442</a></p> <p>Online assessment: <a href="#">99421</a></p>
<p><b>FUM</b> – Follow-Up After Emergency Department Visit for Mental Illness</p> <ul style="list-style-type: none"> <li>6 years of age and older</li> </ul>	<p>Emergency department visits with a principal diagnosis of mental illness or intentional self-harm and had a follow-up visit for mental illness</p> <p><b>Two rates are reported</b></p> <ol style="list-style-type: none"> <li>Follow-up visits within 30 days (31 total days)</li> <li>Follow-up visits within seven days (eight total days)</li> </ol>	<p><b>Requirements:</b> Date of service and diagnosis of mental health disorder required for all submitted data. Outpatient, partial hospitalization, community health, telehealth or ECT (POS required for ECT)</p> <p><b>Service date range:</b> January 1 through December 1 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Visit setting unspecified: <a href="#">90791</a></p> <p>ECT: <a href="#">90870</a></p> <p>BH outpatient: <a href="#">99078</a></p> <p>Telephone visit: <a href="#">99442</a></p> <p>Online assessment: <a href="#">99421</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>GSD</b> – Glycemic Status Assessment for Patients with Diabetes *Formerly HBD</p> <ul style="list-style-type: none"> <li>18-75 years of age</li> </ul>	<p>Members with a diagnosis of diabetes type 1 or type 2 whose <b>most recent</b> glycemic status hemoglobin A1c (HbA1c) <b>or</b> glucose management indicator (GMI) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>Glycemic Status &lt;8.0%</li> <li>Glycemic Status &gt;9.0%</li> <li>HbA1c poor control &gt;9.0%</li> <li>HbA1c control &lt;8.0%</li> </ul>	<p><b>Requirements:</b> Most recent HbA1c test <b>or</b> GMI results and result date</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members who had an encounter or receiving palliative care anytime during the measurement year</li> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>Members 66 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the measurement year</li> <li>Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> <li>Advanced illness on at least two different dates of service</li> <li>Dispensed dementia medication</li> </ul> </li> </ul> </li> </ul>	<p>Claims data:</p> <p>Diabetes: E10.9, E10.10</p> <p>HbA1c: 83036: HbA1c Lab Test 3044F: HbA1c &lt; 7.0% 3046F: HbA1c &gt; 9.0% 3051F: HbA1c ≥ 7.0% and &lt; 8.0% 3052F: HbA1c ≥ to 8.0% and ≤ 9.0%</p> <p>Exclusion:</p> <p>Hospice encounter: 0115</p> <p>CPT CATII modifier: 1P, 2P, 3P, 8P</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>HDO</b> – Use of opioids at high dosage</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>Members who for 15 days or greater received prescription opioids at a high dosage during the measurement year</p> <p><i>*Supplemental data can be used for only required exclusions</i></p>	<p><b>Requirements:</b> Two or more events with opioid dispensed on two different dates of service and were given for 15 or greater total days Dosing stats (average morphine milligram equivalent dose [MME] ≥90)</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who had at least one of the following any time within the measurement year: cancer, sickle cell disease, received or had an encountered for palliative care</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Pharmacy claims only</p> <p>Hb-sickle cell disease with crisis, unspecified: <a href="#">D57.00</a></p> <p>Hospice care management: <a href="#">385765002</a></p>
<p><b>IMA</b>–Immunizations for Adolescents</p> <ul style="list-style-type: none"> <li>Adolescents turning 13 years of age</li> </ul>	<p>Percentage of adolescents who had the following vaccinations by their 13<sup>th</sup> birthday:</p> <ul style="list-style-type: none"> <li>One dose of meningococcal vaccine between the 11<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>One tetanus, diphtheria, toxoids and acellular pertussis (Tdap) vaccine between the 10<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>Completed the human papillomavirus (HPV) vaccine series between the 9<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>- If two doses, there must be 146 days between the first and second dose of the HPV vaccine</li> </ul>	<p><b>Requirements:</b> Vaccine code and service date or anaphylaxis due to vaccine for specific indicators</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Tdap vaccine procedure: <a href="#">90715</a></p> <p>Meningococcal vaccine procedure: <a href="#">90734</a></p> <p>HPV Vaccine Procedure: <a href="#">90649</a></p> <p>Anaphylaxis caused by diphtheria and tetanus vaccine: <a href="#">SNOMED 428281000124107</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>KED</b> – Kidney Health Evaluation for Patients with Diabetes</p> <ul style="list-style-type: none"> <li>18–85 years of age</li> </ul>	<p>Members with diabetes (type 1 or type 2) who received both of the following during the measure year:</p> <p>Estimated glomerular filtration rate (eGFR) -and- Urine albumin-creatinine ratio (uACR)</p> <p>– Both a quantitative urine albumin test <b>and</b> a urine creatinine test <b>with service dates four days or less apart</b></p>	<p><b>Requirements:</b> eGFR and uACR test code and result date</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with evidence of ESRD</li> <li>Members who had dialysis</li> <li>Members who have died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had an encounter for palliative care anytime during the measurement year</li> <li>Medicare Members 66 years of age and older as of December 31 of the measurement year who meet either of the following <ul style="list-style-type: none"> <li>Enrolled in an institutional SNP (I-SNP) any time during the measurement year</li> <li>Living long-term in an institution anytime during the measurement year as identified by the LTI flag in the Monthly membership Detail Data File</li> </ul> </li> <li>Members 66-80 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the measurement year</li> </ul> </li> </ul>	<p>eGFR: 80047 -and- Quantitative urine albumin and urine creatinine lab test: 82043, 82570</p> <p><i>Exclusions:</i></p> <p>ESRD: N18.6 Dialysis: 39.95</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>KED continued</i>		<ul style="list-style-type: none"> <li>- Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:               <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> <li>• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year</li> </ul>	
<p><b>LBP</b> – Use of Imaging Studies for Low Back Pain</p> <ul style="list-style-type: none"> <li>• 18–75 years of age</li> </ul>	<p>Members diagnosed with low back pain and did not have an imaging study, X-ray, MRI or CT scan within 28 days of the diagnosis</p> <p><i>*Supplemental data can be used for only required exclusions for this measure</i></p>	<p><b>Requirements:</b> An imaging study with a diagnosis of uncomplicated low back pain on the Index episode start date (IESD) or in the 28 days following the IESD</p> <p><b>Service date range:</b> January 1 through December 31 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members diagnosed with cancer, recent trauma, intravenous drug use, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, osteoporosis, fragility fracture, lumbar surgery or spondylopathy</li> <li>• Members who have died during the measurement year</li> <li>• Members in hospice or using hospice services during the measurement year</li> <li>• Members receiving palliative care anytime during the measurement year</li> <li>• Members who had an encounter for palliative care anytime during the measurement year</li> <li>• Members 66 years of age and older as of</li> </ul>	<p>Claims Data:</p> <p><i>Exclusion only:</i></p> <p>Malignant neoplasm: <a href="#">C41.2</a></p> <p>Trauma: <a href="#">S12.000A</a></p> <p>IV drug abuse: <a href="#">F11.10</a></p> <p>Neurological impairment: <a href="#">G83.4</a></p> <p>HIV: <a href="#">B20</a></p> <p>Spinal infection: <a href="#">M46.48</a></p> <p>Organ transplants other than kidney: <a href="#">32854</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>LBP continued</i>		<p>December 31 of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:</p> <ul style="list-style-type: none"> <li>- Frailty. At least two indications of frailty with different dates of service during the measurement year.</li> <li>- Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service.</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul>	
<p><b>LSC</b> – Lead Screening in Children</p> <ul style="list-style-type: none"> <li>• Before second birthday</li> </ul>	<p>Children who had one or more lead blood test for lead poisoning by their second birthday.</p>	<p><b>Requirements:</b> One capillary or venous blood lead screening test for all children <i>before</i> their second birthday. A lead risk questionnaire does not count</p> <p><b>Service date range:</b> Birth to second birthday</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services during the measurement year</li> <li>• Members who have died during the measurement year</li> </ul>	<p>Lead screening: <a href="#">83655</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>Medication Adherence for Diabetes Medications</b></p> <ul style="list-style-type: none"> <li>Part D members 18 years of age and older with at least 2 fills of a non-insulin diabetes medication</li> </ul>	<p>The percent of Medicare Part D beneficiaries with a prescription for non-insulin diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication</p> <p><i>*May not use supplemental data for this measure</i></p>	<p><b>Requirements:</b> Prescription claims only</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with ESRD diagnosis or dialysis treatment</li> <li>One or more prescriptions for insulin</li> <li>Members in hospice or using hospice services during the measurement year</li> </ul>	<p>Claims data only:</p> <p>Part D claim for diabetes medication</p>
<p><b>Medication Adherence for Hypertension (RAS antagonists)</b></p> <ul style="list-style-type: none"> <li>Part D members 18 years of age and older with at least 2 fills of a RAS antagonist medication</li> </ul>	<p>The percent of Medicare Part D beneficiaries with a prescription for a RAS antagonist medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication</p> <p><i>*May not use supplemental data for this measure</i></p>	<p><b>Requirements:</b> Prescription claims only</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with ESRD diagnosis or dialysis treatment</li> <li>One or more prescriptions for sacubitril/valsartan</li> <li>Members in hospice or using hospice services during the measurement year</li> </ul>	<p>Claims data only:</p> <p>Part D claim for RAS antagonist medication</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>Medication Adherence for Cholesterol (Statins)</b></p> <ul style="list-style-type: none"> <li>Part D members 18 years of age and older with at least 2 fills of a statin medication</li> </ul>	<p>The percent of Medicare Part D beneficiaries with a prescription for a statin medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication</p> <p><i>*May not use supplemental data for this measure</i></p>	<p><b>Requirements:</b> Prescription claims only</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with ESRD diagnosis or dialysis treatment</li> <li>Members in hospice or using hospice services during the measurement year</li> </ul>	<p>Claims data only:</p> <p>Part D claim for statin medication</p>
<p><b>OMW – Osteoporosis Management in Women Who Had a Fracture</b></p> <ul style="list-style-type: none"> <li>Women 67–85 years of age</li> </ul>	<p>Women who had a fracture and either a bone mineral density (BMD) test or received a prescription to treat osteoporosis after six months of the fracture</p> <p>Excludes fractures to the metatarsals and metacarpals, fingers, toes, face, and skull</p> <p><b>Intake period:</b> July 1 of the year prior to the measurement year to June 30 of the measurement year. The intake period is used to capture the first fracture</p> <p>Remove episode dates where any of the following are met:</p> <ul style="list-style-type: none"> <li>Members who had a BMD test during the 730 days prior to the episode date</li> <li>Members who had a claim/encounter for osteoporosis</li> </ul>	<p><b>Requirements:</b> Test, prescription and service date</p> <p><b>Service date range:</b> Six months after fracture</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members who had a palliative care encounter or who received palliative care any time during the intake period though the end of the measurement year</li> <li>Members 67 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>Living long-term in an institution any time during the intake period through the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> </ul>	<p>BMD test: <a href="#">77080</a></p> <p>Osteoporosis medication therapy: <a href="#">J3489</a></p> <p>Long-acting osteoporosis medications: <a href="#">J0897</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><i>OMW Continued</i></p>	<p>therapy during the 365 days prior to the episode date</p> <ul style="list-style-type: none"> <li>Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days prior to the episode date</li> </ul>	<ul style="list-style-type: none"> <li>Members 67–80 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the intake period through the end of the measurement year</li> <li>Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> <li>Advanced illness on at least two different dates of service</li> <li>Dispensed dementia medication</li> </ul> </li> </ul> </li> <li>Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty during the intake period through the end of the measurement year</li> </ul>	
<p><b>PBH</b> – Persistence of Beta-Blocker Treatment After a Heart Attack</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>The percentage of members 18 years of age and older during the measurement year who:</p> <ul style="list-style-type: none"> <li>Were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) <ul style="list-style-type: none"> <li>- and-</li> </ul> </li> <li>Received persistent beta- blocker treatment for six months after discharge</li> </ul>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> Begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with a diagnosis that indicates a contraindication to beta-blocker therapy any time during the member’s history through the end of the continuous enrollment period</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data: Dispensing of a beta blocker medication</p> <p><i>Exclusions:</i> Adverse beta antagonist: <a href="#">T44.7X5A</a></p> <p>Beta blocker contraindications: <a href="#">I95.9</a></p> <p>Asthma: <a href="#">493.90</a></p> <p>COPD: <a href="#">J44.9</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>PBH Continued</i>		<ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:               <ul style="list-style-type: none"> <li>- Enrolled in an institutional SNP (I-SNP) anytime during the measurement year</li> <li>- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>• Members 66–80 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:               <ul style="list-style-type: none"> <li>- Frailty. At least two indications of frailty with different dates of service any time on or between July 1 of the year prior to the measurement year and the end of the measurement year</li> <li>- Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year:                   <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul> </li> <li>• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during any time on or between July 1 of the year prior to the measurement year and the end of the measurement year</li> </ul>	

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<p><b>PCE</b> – Pharmacotherapy Management of COPD Exacerbation</p> <ul style="list-style-type: none"> <li>40 years or older as of January 1 of the measurement year</li> </ul>	<p>Members with a COPD exacerbation who had an acute inpatient discharge or ED visit were dispensed the appropriate medications</p> <p><b>Two rates are reported:</b></p> <ol style="list-style-type: none"> <li>Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event</li> <li>Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event</li> </ol>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> Begins on January 1 of the measurement year through November 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data: Dispensing of a systemic corticosteroid and bronchodilator</p> <p>Chronic obstructive pulmonary diseases (COPD): J41.0 Emergency department (ED): 99281, 99282, 99285</p> <p>Nonacute Inpatient Stay: 0022, 0024, 0118</p>
<p><b>PCR</b> – Plan All Cause Readmission</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>The number of acute inpatient and observation stays followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission</p> <p><i>*Supplemental data may not be used for this measure, except for required exclusions.</i></p>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> January 1 through December 1 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> </ul>	<p>Claims data only:</p> <p>Observation Stay: UBREV0760 UBREV0762 UBREV0769</p> <p>Surgery procedure: 00210</p> <p>Exclusion: Outpatient, ED, acute inpatient and nonacute inpatient: 99304</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>POD –</b> Pharmacotherapy for opioid use disorder</p> <ul style="list-style-type: none"> <li>16 years of age and older</li> </ul>	<p>Pharmacotherapy events with new opioid use disorder (OUD) for 180 days or more and a new OUD pharmacotherapy event</p>	<p><b>Requirements:</b> Pharmacy claims only</p> <p><b>Service date range:</b> 12-month period beginning July 1 of the year prior to the measurement year and ends on Jun 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Pharmacy claims</p>
<p><b>PPC –</b> Prenatal and Postpartum Care</p> <ul style="list-style-type: none"> <li>The percentage of deliveries of live births</li> </ul>	<p>Delivery of a live birth on or between October 8 of the year prior and October 7 of the measurement year. The measure assesses the following facets of prenatal and postpartum care:</p> <p><i>Timeliness of prenatal care:</i> Evaluates deliveries with a prenatal care visit in the first trimester or within 42 days of enrollment. The first trimester is defined as 280–176 days prior to delivery</p> <ul style="list-style-type: none"> <li><i>Postpartum care:</i> Deliveries with a postpartum visit on or between 7–84 days after delivery</li> <li>Women are counted twice if they had two separate deliveries (different dates of service) between October 8 of the year prior and October 7 of the measurement year</li> </ul>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> October 8 of the year prior to the measurement year and October 7 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p><i>Any one of the following:</i></p> <p>Prenatal bundled services: <a href="#">59400</a></p> <p>Standalone prenatal visits: <a href="#">99500</a>, <a href="#">0500F</a>, <a href="#">0501F</a>, <a href="#">0502F</a></p> <p>Prenatal visits: <a href="#">99442</a></p> <p>Telephone visit: <a href="#">99442</a> (with pregnancy dx)</p> <p>Online assessment: <a href="#">99421</a> (with pregnancy dx)</p> <p><i>with-</i></p> <p><i>Any one of the following:</i></p> <p>Postpartum visit: <a href="#">0503F</a></p> <p>Cervical cytology: <a href="#">88175</a></p> <p>Postpartum bundled services: <a href="#">59400</a></p> <p>Exclusion:</p> <p>Non-live births: <a href="#">Z37.1</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>SAA</b> – Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period</p>	<p><b>Requirements:</b> Prescription claims only</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with a diagnosis of dementia</li> <li>Members who did not have at least two antipsychotic medication dispensing events</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an institutional SNP (I-SNP) anytime during the measurement year</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>Members 66-80 years of age as of December 31 of the measurement year with BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the measurement year</li> <li>Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> <li>Advanced illness on at least two different dates of service.</li> <li>Dispensed dementia medication.</li> </ul> </li> </ul> </li> </ul>	<p>Claims data:</p> <p>Schizophrenia: <a href="#">F20.0</a> Schizophrenia: <a href="#">58214004</a></p> <p>Exclusions:</p> <p>Dementia: <a href="#">52448006</a> Dementia: <a href="#">F01.50</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><i>SAA Continued</i></p>		<ul style="list-style-type: none"> <li>Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year</li> </ul>	
<p><b>SMD</b> – Diabetes Monitoring for People with Diabetes and Schizophrenia</p> <ul style="list-style-type: none"> <li>18-64 years of age</li> </ul>	<p>Members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test</p>	<p><b>Requirements:</b> HbA1c and LDL-C test and result on the same or different dates of service</p> <ul style="list-style-type: none"> <li>The member must have both tests to be included in the numerator</li> </ul> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>Diabetes: <a href="#">E10.9</a>, <a href="#">E10.10</a></p> <p>Telephone Visits: <a href="#">99441</a>, <a href="#">99442</a></p> <p>Schizophrenia, unspecified: <a href="#">F20.9</a></p> <p>Schizophreniform disorder: <a href="#">F20.81</a></p> <p>HbA1c:</p> <p><a href="#">83036</a>: HbA1c Lab Test</p> <p><a href="#">3044F</a>: HbA1c &lt; 7.0%</p> <p><a href="#">3046F</a>: HbA1c &gt; 9.0%</p> <p><a href="#">3051F</a>: HbA1c ≥ to 7.0% and &lt; 8.0%</p> <p><a href="#">3052F</a>: HbA1c ≥ to 8.0% and ≤ 9.0%</p> <p>LDL-C:</p> <p><a href="#">80061</a>: LDL-C Lab Test</p> <p><a href="#">3048F</a>: LDL-C &lt; 100 mg/dL</p> <p><a href="#">3049F</a>: LDL-C 100-129 mg/dL</p> <p><a href="#">3050F</a>: LDL-C ≥ to 130 mg/dL</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>SNS-E</b> – Social Need Screening and Intervention</p> <p>Age Stratification:</p> <ul style="list-style-type: none"> <li>• ≤17</li> <li>• 18-64</li> <li>• 65+</li> </ul>	<p>Members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, <b>and</b> received a corresponding intervention if they screened <b>positive</b>.</p> <p><b>Food Screening :</b></p> <ul style="list-style-type: none"> <li>- Positive for food insecurity and food Intervention received within 30 days of positive screen (31 days total)</li> </ul> <p><b>House Screening:</b></p> <ul style="list-style-type: none"> <li>- Positive for housing instability, homelessness, or housing inadequacy and housing Intervention received within 30 days of positive screen (31 days total)</li> </ul> <p><b>Transportation Screening:</b></p> <ul style="list-style-type: none"> <li>- Positive for transportation insecurities and transportation Intervention received within 30 days of positive screen (31 days total)</li> </ul>	<p><b>Requirements:</b> A positive screen with a prespecified instrument and a corresponding intervention</p> <p><b>Service date range:</b> Measurement year</p> <ul style="list-style-type: none"> <li>• Insecurity screen findings between January 1 and December 1 of the measurement period</li> <li>• Interventions must be received within 30 days post positive screen (31 days total)</li> </ul> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members who use hospice services or elect to use a hospice benefit any time during the measurement period.</li> <li>• Members who died any time during the measurement period.</li> <li>• <i>Medicare</i> members 66 years of age and older by the end of the measurement period who meet either of the following: <ul style="list-style-type: none"> <li>- Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.</li> <li>- Living long-term in an institution any time during the measurement period</li> </ul> </li> </ul>	<p>Electronic Clinical Data Systems</p> <p>Transportation insecurity procedures: <a href="#">96156</a>, <a href="#">96160</a></p> <p>Housing instability procedures: <a href="#">96156</a>, <a href="#">96160</a></p> <p>Food insecurity procedures: <a href="#">96156</a>, <a href="#">96160</a></p> <p>Homelessness procedures: <a href="#">96156</a>, <a href="#">96160</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>SPC</b> – Statin Therapy for Patients with Cardiovascular Disease</p> <ul style="list-style-type: none"> <li>Males 21–75 years of age and females 40–75 years of age</li> </ul>	<p>Percentage of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ol style="list-style-type: none"> <li>Received statin therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication in the measurement year</li> <li>Statin adherence 80 percent: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period</li> </ol>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> Measurement year</p> <ul style="list-style-type: none"> <li>The period of time beginning on the Index prescription start date (IPSD) through the last day of the measurement year</li> </ul> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with a diagnosis of pregnancy, IVF, dispensed prescription for clomiphene, ESRD, Dialysis, cirrhosis in the measurement year or year prior to the measurement year</li> <li>Members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members receiving palliative care anytime during the measurement year</li> <li>Members who had an encounter for palliative care anytime during the measurement year</li> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an institutional SNP (I-SNP) anytime during the measurement year</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> </ul>	<p>Claims data:</p> <p>Dispensing of one high or moderate intensity statin medication</p> <p>Exclusions:</p> <p>ESRD: <a href="#">N18.6</a></p> <p>Pregnancy: <a href="#">O00.0</a></p> <p>Cirrhosis: <a href="#">K74.60</a></p> <p>Muscle pain and disease: <a href="#">M79.1</a></p> <p>IVF In-vitro fertilization pregnancy: <a href="#">10231000132102</a></p> <p>Encounter for palliative care: <a href="#">Z51.5</a></p> <p>Dialysis procedure: <a href="#">90935, 90937, 90945, 90947, 90997, 90999, 99512</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<i>SPC Continued</i>		<ul style="list-style-type: none"> <li>Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded:               <ul style="list-style-type: none"> <li>Frailty. At least two indications of frailty with different dates of service during the measurement year</li> <li>Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:                   <ul style="list-style-type: none"> <li>Advanced illness on at least two different dates of service</li> <li>Dispensed dementia medication</li> </ul> </li> </ul> </li> </ul>	
<p><b>SPD</b> – Statin Therapy for Patients with Diabetes</p> <ul style="list-style-type: none"> <li>40–75 years of age</li> </ul>	<p>Percentage of members with diabetes who do <b>not</b> have clinical atherosclerotic cardiovascular disease (ASCVD) and meet these criteria:</p> <p><b>Two rates are reported:</b></p> <ol style="list-style-type: none"> <li>Received statin therapy: Members who were dispensed at least one statin of any intensity during the measurement year</li> <li>Statin adherence 80 percent: Members who remained on a statin of any intensity for at least 80% of the treatment period</li> </ol>	<p><b>Requirements:</b> No special requirements</p> <p><b>Service date range:</b> Measurement year</p> <ul style="list-style-type: none"> <li>The period of time beginning on the Index prescription start date (IPSD) through the last day of the measurement year</li> </ul> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with one of the following in the during the year prior to the measurement year: MI, CABG, PCI or another revascularization</li> <li>Members with one of the following during the measurement year and year prior: outpatient visit, telephone visit, e-visit or virtual visit, acute inpatient encounter, or inpatient discharge with IVD diagnosis</li> <li>Members with a diagnosis of pregnancy, IVF, dispensed prescription for clomiphene, ESRD, Dialysis or cirrhosis in the measurement year or year prior to the measurement year</li> <li>Members with myalgia, myositis, myopathy, or</li> </ul>	<p>Claims data:</p> <p>Dispensing of one high, moderate, or low intensity statin medication</p> <p>Exclusions:</p> <p>MI: <a href="#">I21.9</a></p> <p>CABG: <a href="#">02100J3</a></p> <p>PCI: <a href="#">0270466</a></p> <p>Pregnancy: <a href="#">000.0</a></p> <p>ESRD: <a href="#">N18.6</a></p> <p>Cirrhosis: <a href="#">K74.60</a></p> <p>Muscle pain and disease: <a href="#">M79.1</a></p> <p>Dialysis procedure: <a href="#">90935, 90937, 90945, 90947, 90997, 90999, 99512</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><i>SPD Continued</i></p>		<p>rhabdomyolysis during the measurement year</p> <ul style="list-style-type: none"> <li>• Members who have died during the measurement year</li> <li>• Members in hospice or using hospice services during the measurement year</li> <li>• Members receiving palliative care anytime during the measurement year</li> <li>• Members who had an encounter for palliative care anytime during the measurement year</li> <li>• <i>Medicare</i> members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an institutional SNP (I-SNP) anytime during the measurement year</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File</li> </ul> </li> <li>• Members 66 years of age and older by the end of the measurement year with BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> <li>– Frailty. At least two indications of frailty with different dates of service during the measurement year</li> <li>– Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: <ul style="list-style-type: none"> <li>• Advanced illness on at least two different dates of service</li> <li>• Dispensed dementia medication</li> </ul> </li> </ul> </li> </ul>	<p>IVF In-vitro fertilization pregnancy: 10231000132102</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>SSD</b> – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</p> <ul style="list-style-type: none"> <li>18–64 years of age</li> </ul>	<p>Members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year</p>	<p><b>Requirements:</b> One diabetic screening code and service date for members diagnosed with schizophrenia or bipolar disorder that are taking antipsychotic medications</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who had no antipsychotic medication dispensed during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> <li>Members with a diagnosis of diabetes in the measurement year or year prior <ul style="list-style-type: none"> <li><i>Claim/encounter data:</i> Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year</li> <li><i>Pharmacy data:</i> Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year</li> </ul> </li> </ul>	<p>Diabetes: E10.9, E10.10 Schizophrenia, unspecified: F20.9 Bipolar disorder: 13746004</p> <p>Telephone visits: 99441, 99442 Visit setting unspecified: 90791, 90792</p> <p>Glucose test: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1c: 83036: HbA1c Lab Test 3044F: HbA1c &lt; 7.0% 3046F: HbA1c &gt; 9.0% 3051F: HbA1c ≥ to 7.0% and &lt; 8.0% 3052F: HbA1c ≥ to 8.0% and ≤ 9.0%</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>TRC</b> – Transition of Care</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>Members who had a discharge and require the following:</p> <ul style="list-style-type: none"> <li><i>Notification of inpatient admission</i> – documentation of receipt of notification of inpatient admission on day of admission through 2 days after admission</li> <li><i>Receipt of discharge information</i> – documentation of discharge information on the day of discharge through 2 days after discharge</li> <li><i>Patient engagement after inpatient discharge</i> – documentation of patient engagement provided within 30 days after discharge</li> <li><i>Medication reconciliation post-discharge</i> – documentation of medication reconciliation on the date of discharge through 30 days after discharge</li> </ul>	<p><b>Requirements:</b> Code, provider type, inpatient admission date, discharge date and service date</p> <p>Members who have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p><i>Any one of the following:</i></p> <p>Outpatient: <a href="#">99213</a></p> <p>E-visits/virtual: <a href="#">99422</a></p> <p>Telephone visit: <a href="#">99442</a></p> <p>Transitional care: <a href="#">99496</a></p> <p>Medication reconciliation encounter or intervention: <a href="#">99483</a>, <a href="#">1111F</a></p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>UOP</b> – Use of opioids from multiple providers</p> <ul style="list-style-type: none"> <li>18 years of age and older</li> </ul>	<p>The percentage of members receiving prescription opioids for greater than 15 days from multiple providers during the measurement year</p> <p><b>Three rates reported:</b></p> <ol style="list-style-type: none"> <li>Prescriptions for opioids from four or more different prescribers during the measurement year</li> <li>Prescriptions for opioids from four or more different pharmacies during the measurement year</li> <li>Prescription for opioids from four or more different prescribers <b>and</b> four or more different pharmacies during the measurement year</li> </ol> <p><i>*May not use supplemental data for this measure, except required exclusions</i></p>	<p><b>Requirements:</b> Pharmacy claims only</p> <p><b>Service date range:</b> The measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data only: Pharmacy claims only</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>URI</b> – Appropriate treatment for Upper Respiratory Infection</p> <ul style="list-style-type: none"> <li>3 months of age and older</li> </ul>	<p>Members with a diagnosis of upper respiratory infection who were not dispensed an antibiotic</p> <p><i>*May not use supplemental data for this measure, except required exclusions</i></p>	<p><b>Requirements:</b> Submit all diagnoses on claims if more than one diagnosis is present when prescribing antibiotics</p> <p><b>Service date range:</b> July 1 of the year prior to the measurement year and ends on June 30 of the measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Claims data:</p> <p>N/A</p>
<p><b>W30</b> – Well-Child Visits in the First 30 Months of Life</p> <ul style="list-style-type: none"> <li>Children who turned 15-30 months of age</li> </ul>	<p>Children in the measurement year who had the following number of well-child visits with a primary care physician</p> <ul style="list-style-type: none"> <li>Children who turned 15 months old during the measurement year: <ul style="list-style-type: none"> <li>6 or more well-child visits</li> </ul> </li> <li>Children who turned 30 months old during the measurement year: <ul style="list-style-type: none"> <li>2 or more well-child visits</li> </ul> </li> </ul>	<p><b>Requirements:</b> Visit code, provider type and service date</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p><i>One or more of the following codes per visit:</i></p> <p>Well child checks: 99381, 99382, 99383, 99384, 99385, 99461</p>

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HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
<p><b>WCC</b> – Weight Assessment and Counseling for Nutrition/Physical Activity for Children/Adolescents</p> <ul style="list-style-type: none"> <li>3–17 years of age</li> </ul>	<p>Evidence an outpatient visit, or telehealth visit during the measurement year with a primary care physician or ob/gyn, which includes counseling for nutrition and physical activity and BMI percentile documentation</p>	<p><b>Requirements:</b> Visit code, provider type and service date</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members diagnosed with pregnancy during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Nutrition counseling: 97802</p> <p>Physical activity counseling: Z71.82</p> <p>Nutrition: Z71.3.</p> <p>BMI percentile: Z68.52</p> <p>Exclusion: 000.0</p>
<p><b>WCV</b> – Child and Adolescent Well-Care Visits</p> <ul style="list-style-type: none"> <li>3–21 years of age</li> </ul>	<p>Members with a visit to a primary care physician (PCP) or an ob/Gyn practitioner for at least one comprehensive well-care visit during the measurement year</p>	<p><b>Requirements:</b> Well-care visit with a PCP (does not have to be with assigned PCP) or ob/gyn including the following: A health history, physical development history, mental development history, physical exam, and health education/anticipatory guidance</p> <p><b>Service date range:</b> Measurement year</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services during the measurement year</li> <li>Members who have died during the measurement year</li> </ul>	<p>Well child checks: 99381, 99382, 99383, 99384, 99385, 99461</p>

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### Learn more about this chart

- Electronic supplemental data via data integration team: The comments in the “measure requirements” column identify what is needed to submit supplemental data files electronically. Refer to guidelines and data specs: Aetna Standard HEDIS MY2024 Supplemental Data Reference Guide.xlsx. Contact your engagement manager or HEDIS representative for more details.
- DataLink Evoke360 uploading charts (Medicare measures ONLY): Contact your engagement manager or HEDIS representative for more details.

The above information is not a complete list of services for this measure. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org). HEDIS 2024 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

\*FOR COMMONLY USED CODES: Codes are not all inclusive.

\*FOR SUPPLEMENTAL DATA: Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods

# Appendix

## HEDIS<sup>®</sup> Terms

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### Measurement Year

In many cases, it is the current year January 1 – December 31 a service was rendered, and data collected from this timeframe is reported during the reporting year.

### Reporting Year

The reporting year is the year after the measurement year. The service dates are from the measurement year, which is usually, the year prior. In some cases, the service dates may go back more than one year.

### Denominator

The number of members who qualify for the measure criteria based on NCQA technical specifications.

### Numerator

The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.

### Collection Methods

- **Administrative** – Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.
- **Hybrid** – Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters, and medical record data. In some cases, health plans use auditor approved supplemental data for the numerator.

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\*FOR SUPPLEMENTAL DATA: Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods