

MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Well-Child Visits: 0–30 Months (W30)</b>	0–30 months	<p>Children who turn 30 months of age should have 8 or more well-child visits on or before turning 30 months old (visits must be at least 14 days apart) with a PCP provider. Two rates are reported:</p> <ol style="list-style-type: none"> <li>6 or more visits should be completed on or before the child turns 15 months of age.</li> <li>2 or more visits should be completed after the child turns 15 months and 1 day of age and 30 months.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Schedule the next visit at the end of the current visit</li> <li>Well visit can be performed during any visit i.e., sick</li> <li>Well visits must be 14 days apart</li> <li>Well visits can occur with an MD, NP, or PA</li> <li>Telehealth visits are applicable, but a well visit code must be included on the claim</li> <li>Bill with the well care codes listed in the *MetroPlusHealth HEDIS/QARR–Code Sheet</li> <li>The only documentation requirement is that a well visit occurred.</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Well-Baby Checkups). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>Encourage the parent to make an appointment for their child for their wellness visit (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with their PCP</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately and before 12/31 of the year</li> </ul>
<b>Child and Adolescent Well Visits (WCV)</b>	3–21 years	<p>Children and adolescents should have at least one comprehensive well visit annually with a PCP or OB/GYN practitioner.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Well visits do not have to occur on the anniversary date of the last annual well visit. They must occur between 1/1 and 12/31 each year.</li> <li>Well visits can be performed during any visit i.e., sick</li> <li>Well visits can occur with a MD, NP, PA or OB/Gyn</li> <li>Telehealth visits are applicable, but a well visit code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet must be included on the claim</li> <li>Bill with the well care codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>The only documentation requirement is that a well visit occurred.cfo</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Child &amp; Adolescent Visit). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>Encourage the parent to make an appointment for their child for their wellness visit (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with their PCP</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately and before 12/31 of the year</li> </ul>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)</b>	3–17 years	<p>Children and adolescents ages 3-17 should have an outpatient visit with a provider during the measurement year.</p> <ol style="list-style-type: none"> <li>BMI Percentile</li> <li>Counseling for Nutrition</li> <li>Counseling for Physical Activity</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Pregnancy diagnosis during the measurement year</li> <li>Members who died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Counseling and assessment of the three components can occur at any type of visit, with any type of provider i.e., LPN, Social Worker, Dietician</li> <li>Document both height and weight when capturing BMI percentile annually</li> <li>Document counseling for nutrition and physical activity annually</li> <li>When handouts like HEADS or Bright Futures are given to parents, be sure to save a copy in the EMR. Also, handouts must be specific to the topic(s) covered and age appropriate.</li> <li>Telehealth, telephonic, e-visit and virtual check-in are applicable for BMI percentile, counseling for nutrition and physical activity</li> <li>Bill with the BMI percentile, nutrition counseling and physical activity counseling codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the parent to make an appointment for their child with the PCP to address BMI, Nutrition and Physical Activity (or, to keep their appointment if they indicate they already have one)</li> <li>Help to schedule a telehealth or in-person appointment with the child’s PCP to address BMI, Nutrition and Physical Activity</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately and before 12/31 of the year</li> </ul>

\*For a complete list of compliant/exclusion/medication codes, go to: [www.metroplus.org/Provider/Tools/HEDIS-QARR](https://www.metroplus.org/Provider/Tools/HEDIS-QARR) and download the “HEDIS/QARR–Code Sheet”

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<b>Oral Evaluation, Dental Services (OED)</b>	21 years and under	<p>Members ages 21 and under should have a comprehensive or periodic oral evaluation with a dental provider during the measurement year.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> <li>Members in hospice or using hospice services during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> This is a first-year measure. Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Dental visits can occur with a Dentist, Hygienist or a Dental Assistant</li> <li>Telehealth visits are applicable</li> <li>Ensure your member has an assigned dentist when they visit. If they do not, provide parent/guardian with a list of dental providers in the area or refer them to MetroPlus Customer Services.</li> <li>PCPs should refer members to the dentist during their annual well visit</li> <li>Bill with oral evaluation and dental provider codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>This measure is eligible for a MY2023 Member Reward (Reward Name: Dental Checkup). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplushealth.com/metroplusrewards.org">METROPLUSREWARDS.ORG</a></li> <li>Encourage the parent to make an appointment for their child (0–18-year-old) OR encourage the adult (19–21-year-old) to have a dental visit (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an in-person or telehealth dental appointment. If the member does not have an assigned dentist, help them find a dentist or direct member to MetroPlus Customer Services to make the appointment</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Topical Fluoride for Children (TFC)</b>	1-4 years	<p>Members ages 1-4 should receive at least two fluoride varnish applications during the measurement year.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> This is a first-year measure. Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Telehealth visits are applicable</li> <li>Ensure your member has an assigned dentist when they visit. If they do not, provide parent/guardian with a list of dental providers in the area or refer them to MetroPlus Customer Services.</li> <li>PCPs should refer members to the dentist during their annual well visit</li> <li>Bill with application of fluoride varnish codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the parent to make an appointment for their child to have a dental visit (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an in-person or telehealth dental appointment. If the member does not have an assigned dentist, help them find a dentist or direct member to MetroPlus Customer Services to make the appointment</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Lead Screening in Children (LSC)</b>	0–2 years	<p>Children should have at least one or more lead capillary or venous blood test on or before their 2nd birthday.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Utilize well visits to ensure immunizations are up to date and lead screening is done</li> <li>Submit lead tests to the NYC Lead Registry the same day they are given</li> <li>Bill with the specific lead test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the parent to make an appointment for their child for lead testing (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the PCP (or the lab, if they already have a lab referral)</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately and before the child's 2nd birthday</li> </ul>

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<b>Childhood Immunizations Status (CIS)</b>	Birth–2 years	<p>Children should have completed immunizations on or before their 2nd birthday (events must be at least 14 days apart):</p> <ol style="list-style-type: none"> <li>1. Four DTaP</li> <li>2. Three IPV</li> <li>3. Three HepB</li> <li>4. Two Influenza</li> <li>5. Three HiB</li> <li>6. Four PCV</li> <li>7. Two or Three Rotavirus</li> <li>8. One HepA</li> <li>9. One VZV</li> <li>10. One MMR</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Anaphylactic reaction due to vaccination revised from exclusion to numerator compliant event for IPV, MRR, VZV, PCV, HepA, Rotovirus and Flu. Removed seropositive test results from the numerator criteria. Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Schedule the next visit at the end of the current visit</li> <li>• Utilize well visits to ensure immunizations are up-to-date</li> <li>• Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given</li> <li>• Adhere to the prescribed timeline for each vaccine</li> <li>• Bill with the specific immunization code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the parent to make an appointment for their child for vaccination (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make an appointment with the PCP</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately and before the child’s 2nd birthday</li> </ul>
<b>Immunization for Adolescents (IMA)</b>	<p><b>Meningococcal</b> 11–12 years</p> <p><b>Tdap</b> 10–12 years</p> <p><b>HPV</b> 9–12 years</p>	<p>Adolescents should have the following immunizations on or before their 13th birthday:</p> <ol style="list-style-type: none"> <li>1. Meningococcal on or between their 11th and 13th birthday</li> <li>2. Tdap on or between their 10th and 13th birthday</li> <li>3. Two dose or three dose HPV vaccines with different dates of service on or between their 9th and 13th birthday</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Schedule the next visit at the end of the current visit</li> <li>• Two dose HPV doses must be given 146 days apart</li> <li>• Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given</li> <li>• Bill with the specific immunization code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the parent to make an appointment for their child for vaccination (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make an appointment with the PCP</li> </ul> <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately</li> </ul>

\*For a complete list of compliant/exclusion/medication codes, go to: [www.metroplus.org/Provider/Tools/HEDIS-QARR](http://www.metroplus.org/Provider/Tools/HEDIS-QARR) and download the “HEDIS/QARR–Code Sheet”

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<b>Appropriate Testing for Pharyngitis (CWP)</b>	3+ years	<p>Members 3 years of age and older should receive a strep test (rapid strep test and/or throat culture) 3 days prior to or 3 days after an antibiotic is dispensed for a pharyngitis diagnosis.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>When diagnosing a member with pharyngitis complete a strep test and document it in the medical record</li> <li>Bill with the strep test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>NA</li> </ul>
<b>Chlamydia Screening in Women (CHL)</b>	16–24 years	<p>Women 16–24 years old identified as sexually active should be screened annually for Chlamydia.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or 6 days after</li> <li>An X-ray on the same day through 6 days after the pregnancy test</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Utilize annual wellness visits to conduct chlamydia screening</li> <li>Consider including chlamydia testing when conducting pregnancy test and/or screenings for other STIs i.e., HIV, syphilis</li> <li>For members on birth control, consider making chlamydia screening a standard lab</li> <li>PCPs can conduct chlamydia screening using a urine test</li> <li>Bill with the chlamydia test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of STI testing, common barriers/fears, and questions. Refer anything you are unable to address back to their provider</li> <li>Encourage the member to make an appointment for STI screening once a year (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member, make an appointment with their PCP/OB/Gyn</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>

# HEDIS/QARR MY2023 – CARE FOR ADULTS AND OLDERADULTS



MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Colorectal Cancer Screening (COL)</b>	45–75 years	<p>Adults ages 45–75 should be screened for colorectal cancer by one of the following:</p> <ol style="list-style-type: none"> <li>1. Fecal occult blood test (FOBT) every year, <b>OR</b></li> <li>2. Flexible sigmoidoscopy during the measurement year or 4 years prior, <b>OR</b></li> <li>3. Colonoscopy during the measurement year or 9 years prior, <b>OR</b></li> <li>4. Stool DNA with Fit test during the measurement year or 2 years prior, <b>OR</b></li> <li>5. CT Colonography during the measurement year or 4 years prior</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Colorectal cancer</li> <li>2. Total colectomy</li> <li>3. Palliative care</li> <li>4. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Member reported colorectal cancer screening should be documented in member history with the date of service</li> <li>• Educate and stress importance of screening test AND offer less invasive options i.e., FOBT, FIT DNA for members refusing colonoscopy</li> <li>• Bill with the colorectal cancer screening code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• <b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Colon Cancer Screening). Mention this when speaking with the member. If not registered, direct member to <a href="https://metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>• Encourage the member to make an appointment with their PCP for colorectal screening (or, to keep their appointment if they indicate they already have one)</li> <li>• If the member refuses a colonoscopy, encourage the member to make an appointment with their PCP to discuss less invasive screening options</li> <li>• If you are not a provider of colorectal cancer screenings, help the member make appointment with their PCP or GI</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately</li> </ul>
<b>Care for Older Adults (COA)</b>	66+ years	<p>Adults 66 years and older should have the following documented at least annually:</p> <ol style="list-style-type: none"> <li>1. Medication List and Review or Transitional Care Management Services</li> <li>2. Functional Status Assessment</li> <li>3. Pain Assessment</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Consider including a COA assessment tool as part of the member annual geriatric visit</li> <li>• Medication review must be performed by a prescribing practitioner i.e., MD, NP, PA, or clinical pharmacist</li> <li>• Pain assessment can be documented with a pain scale e.g., 0-10, positive/negative finding</li> <li>• Functional status can be documented by assessing ADLs (e.g., toileting, dressing) or IADLS (e.g., banking, shopping)</li> <li>• Documentation of medication review must include a medication list</li> <li>• Functional status and pain can be assessed by any type of provider i.e., LPN, Social Worker</li> <li>• All components must be done in an outpatient setting, but a visit is not required</li> <li>• All components can be conducted via telehealth, telephonic, e-visit and virtual check-in</li> <li>• Bill with the medication list and review, functional status and pain codes listed in the *MetroPlus HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the member to make an appointment with their PCP for an annual wellness visit (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make an appointment with their PCP</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately</li> </ul>

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<b>Advance Care Planning (ACP)</b>	66-80 years  81+	Members 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older should have advance care planning during the measurement year.  <b>Exclusions:</b> 1. Members who died during the measurement year  <b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.	<ul style="list-style-type: none"> <li>Consider including advanced care planning as a standard part of a member's annual geriatric visit</li> <li>Advanced care planning can occur in any setting and may be conducted by any type of provider i.e., LPN, Social Worker</li> <li>Advanced care planning can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Bill with the advanced care planning code listed in the *MetroPlus HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make an appointment with their PCP to discuss preferences for resuscitation, life-sustaining treatment, and end of life care (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with their PCP/OB/Gyn <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>
<b>Transitions of Care (TRC)</b>	18+ years	Adults 18 years and older with discharges from January 1–December 1 should have each of the following during the measurement year. Four rates are reported:  1. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days) 2. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days) 3. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth, e-visit or Transitional care management services) provided within 30 days after discharge 4. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) conducted by a prescribing practitioner, clinical pharmacist, or registered nurse  <b>Exclusions:</b> 1. Members who died during the measurement year  <b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.	<ul style="list-style-type: none"> <li>Documentation of the recent hospital discharge along with medication</li> <li>Engagement visit and medication reconciliation can be conducted via telehealth, telephonic, e-visit and virtual check-ins are acceptable outpatient visit and medication reconciliation code and must be included on the claim</li> <li>File all inpatient and discharge notification immediately in the member's record. Include the date they were received.</li> <li>Document planned admission and purpose of planned admission in the member's medical record</li> <li>Bill with the outpatient visit and medication reconciliation code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>If able to meet the member inpatient, encourage them to make a follow-up visit with their PCP or ongoing care provider prior to discharge</li> <li>Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the PCP or ongoing care provider</li> <li>Complete and document a telephonic medication reconciliation with the member <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>

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<b>Breast Cancer Screening (BCS)</b>	50–74 years	Women 50–74 years old should have a mammogram every 2 years.  <u><b>Exclusions:</b></u> 1. Bilateral Mastectomy 2. Members 66 years of age as of 12/31 of the measurement year with a frailty and advance illness during the measurement year 3. Palliative Care during the measurement year	<ul style="list-style-type: none"> <li>Educate female members about the importance of early detection</li> <li>Member reported breast cancer screening or history of mastectomy should be documented in member history with the date of service</li> <li>Bill with the mammogram codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Breast Cancer Screening). Mention this when speaking with the member. If not registered, direct member to <a href="https://metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>Address the importance of mammograms, common barriers/fears, and questions. Refer anything you are unable to address back to their provider.</li> <li>Encourage the member to make an appointment for a referral with their PCP (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with their PCP or OB/Gyn <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>
<b>Cervical Cancer Screening (CCS)</b>	21–64 years	Women 21–64 years old should be screened for cervical cancer using either of the following:  1. 21–64 years old– cervical cytology <b>every 3 years</b> 2. 30–64 years old–cervical cytology <b>with</b> HPV co-testing or cervical high-risk human papillomavirus (hrHPV) testing <b>every 5 years</b>  <u><b>Exclusions:</b></u> 1. Hysterectomy with no residual cervix 2. Palliative Care during the measurement year 3. Members who died during the measurement year  <b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.	<ul style="list-style-type: none"> <li>Educate female members about the importance of early detection</li> <li>Member reported cervical cancer screening should be documented in the members history with the date of service and results</li> <li>History of a hysterectomy with no cervix should be documented in member history with the date of service</li> <li>Bill with the cervical cancer screening codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Cervical Cancer Screening). Mention this when speaking with the member. If not registered, direct member to <a href="https://metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>Address the importance of pap smears, common barriers/fears, and questions. Refer anything you are unable to address back to their provider</li> <li>Encourage the member to make an appointment for a pap smear (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make appointment with their OB/Gyn <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>
<b>Chlamydia Screening in Women (CHL)</b>	16–24 years	Women 16–24 years old identified as sexually active should be screened annually for Chlamydia.  <u><b>Exclusions:</b></u> 1. A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or 6 days after 2. An X-ray on the same day through 6 days after the pregnancy test 3. Members who died during the measurement year  <b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.	<ul style="list-style-type: none"> <li>Utilize annual wellness visits to conduct chlamydia screening</li> <li>Consider including chlamydia testing when conducting pregnancy test and/or screenings for other STIs i.e., HIV, syphilis</li> <li>For members on birth control, consider making chlamydia screening a standard lab</li> <li>PCPs can conduct chlamydia screening using a urine test</li> <li>Bill with the chlamydia test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of STI testing, common barriers/fears, and questions. Refer anything you are unable to address back to their provider</li> <li>Encourage the member to make an appointment for STI screening once a year (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member, make an appointment with their PCP/OB/Gyn <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>

\*For a complete list of compliant/exclusion/medication codes, go to: [www.metroplus.org/Provider/Tools/HEDIS-QARR](https://www.metroplus.org/Provider/Tools/HEDIS-QARR) and download the “HEDIS/QARR–Code Sheet”

MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	67–85 years	<p>Women 67–85 years of age who suffered a fracture or who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>BMD test 24 months prior to the fracture date</li> <li>Osteoporosis therapy 12 months prior to the fracture</li> <li>A dispensed prescription or an active prescription to treat osteoporosis 12 months prior to the fracture</li> <li>Palliative care from July 1st of the year prior including the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Providers collecting BMD testing from the member should document it in the members' history with date of service (i.e., month/year)</li> <li>Bill with the BMD test or treatment code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>Exclusion should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make an appointment for osteoporosis screening or treatment with their PCP (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with their PCP for osteoporosis screening or treatment</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Osteoporosis Screening in Older Women (OSW)</b>	65–75 years	<p>Women 65–75 years of age should have osteoporosis screening.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Osteoporosis therapy anytime in the members history through December 31 of the year prior to measurement year</li> <li>A dispensed prescription to treat osteoporosis 3 years prior to the measurement year</li> <li>Palliative care during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Utilize annual wellness visits to conduct or refer members for osteoporosis screening</li> <li>Educate members who may be reluctant on the importance of osteoporosis screening</li> <li>Bill with the osteoporosis screening code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make an appointment for osteoporosis screening with their PCP (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with their PCP osteoporosis screening</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Prenatal and Postpartum Care (PPC)</b>	N/A	<p>Timeliness of Prenatal Care: Initial prenatal visit must be within the first trimester, on or before the enrollment start date or within 42 days of enrollment in MetroPlus.</p> <p>Postpartum Care: Postpartum visit must occur between 7–84 days after delivery.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Schedule a prenatal visit in first trimester or as soon as pregnancy is confirmed</li> <li>If prenatal visit is with PCP, a pregnancy diagnosis must be billed and documented</li> <li>Postpartum visits can occur with an OB/Gyn or PCP provider.</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Bill with the prenatal and postpartum codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Postpartum Visit). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>If they are unable to see the OB/Gyn schedule an appointment with their PCP</li> <li>Help members schedule their post-partum visit before leaving the hospital after delivery</li> <li>If you are not the provider help the member, make appointment with their PCP/OB/Gyn</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>



MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b>	6–12 years	<p>Children with newly prescribed medication for attention-deficit/hyperactivity disorder (ADHD) should have at least three follow-up care visits within a 10-month period, one of which should be within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> <li><b>Initiation Phase:</b> One follow up visit with a practitioner with prescribing authority during the <b>30-day</b> Initiation Phase.</li> <li><b>Continuation and Maintenance Phase (C&amp;M):</b> Children who remained on the medication for at least <b>210 days</b> should have two or more Follow Up Visits with a practitioner from 31 to 300 days after the ADHD medication was newly prescribed.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>After prescribing the initial ADHD medication, schedule a follow-up visit within three weeks</li> <li>For members who remain on their medication, schedule follow-up visits at least every 60 days</li> <li>Initiation visits can be conducted via telehealth and telephone</li> <li>Continuation visits can be conducted via telehealth, telephone, e-visit, and virtual check-in. Only one of the two continuation visits may be an e-visit or virtual check-in.</li> <li>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make appointment with their prescribing provider</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	6+ years	<p>Children and adults who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses should have a follow-up outpatient visit, intensive outpatient encounter, partial hospitalization stay or psychiatric collaborative care management visit with a mental health provider after discharge. Visit must take place in a Mental Health setting. Two rates are reported:</p> <ol style="list-style-type: none"> <li>Members who had follow-up within 7 days of discharge</li> <li>Members who had follow-up within 30 days of discharge</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>At each visit, ask members about recent inpatient stays and support them in their recovery</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Visits must have a principal diagnosis of mental health disorder or intentional self-harm</li> <li>Only a mental health practitioner may conduct a follow-up visit: psychiatrist, psychologist, clinical social worker, RN, marital and family therapist or professional counselor use the use the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up appointment within 7 days of being discharged (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make appointments to address their MH diagnosis with a behavioral health provider.</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	6+ years	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental health disorder or Intentional self-harm, should have a follow up visit for mental illness. Two rates are reported:</p> <ol style="list-style-type: none"> <li>Members who had a follow-up within 7 days of the ED visit</li> <li>Members who had a follow-up within 30 days of the ED visit</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>At each visit, ask members about recent ED or inpatient stays and support them in their recovery</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Visits must have a principal diagnosis of mental health disorder or intentional self-harm</li> <li>Bill with the Mental Health/Self Harm Diagnosis use the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) within 7 days of ED visit</li> <li>Help the member make appointments to address their MH diagnosis</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>

MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b>	13+ years	<p>Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose should have a follow up visit for SUD or drug overdose. Two rates are reported:</p> <ol style="list-style-type: none"> <li>Members who had a follow-up within 7 days of the ED visit</li> <li>Members who had a follow-up within 30 days of the ED visit</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>At each visit, ask members about recent ED or inpatient stays and support them in their recovery</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Follow-up SUD visits must have an SUD diagnosis code on the claim</li> <li>Bill with the AOD Abuse and Dependence codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up appointment within 7 days of ED visit (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make appointments to address their SUD diagnosis</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	13+ years	<p>The percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder should have, two rates are reported:</p> <ol style="list-style-type: none"> <li>A follow-up visit for substance use disorder within the 7 days after the visit or discharge.</li> <li>A follow-up visit for substance use disorder within the 30 days after the visit or discharge.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>At each visit, ask members about recent ED or inpatient stays and support them in their recovery</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Follow-up SUD visits must have a SUD principal diagnosis code on the claim</li> <li>Bill with the AOD Abuse and Dependence codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) within 7 days of visit/discharge</li> <li>Help the member make appointments to address their SUD diagnosis</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Initiation and Engagement of Substance Use Disorder Treatment (IET)</b>	13+ years	<p>Adolescent and adult members with new substance use disorder (SUD) episodes should have:</p> <ol style="list-style-type: none"> <li><b>Initiation of SUD Treatment</b> – members who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.</li> <li><b>Engagement of SUD Treatment</b> – members who initiated treatment and who were engaged in ongoing SUD treatment within 34 days of the initiation visit.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>When diagnosing members with SUD, ensure members either have a follow-up appointment to address the substance use, or refer for treatment as appropriate</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Follow-up SUD visits must have the same SUD diagnosis as on the original claim</li> <li>Bill with code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make appointments to address their SUD diagnosis</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> <li>The engagement visit should be scheduled at the time of the initiation visit</li> </ul>

\*For a complete list of compliant/exclusion/medication codes, go to: [www.metroplus.org/Provider/Tools/HEDIS-QARR](http://www.metroplus.org/Provider/Tools/HEDIS-QARR) and download the “HEDIS/QARR–Code Sheet”

MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Antidepressant Medication Management (AMM)</b>	18+ years	<p>Members who have a diagnosis of major depression, treated with antidepressant medication, should remain on antidepressant medication treatment. Two rates are reported:</p> <ol style="list-style-type: none"> <li><b>Effective Acute Phase Treatment</b> – Members who remain on an antidepressant medication for at least <b>84 days</b> (12 weeks)</li> <li><b>Effective Continuation Phase Treatment</b> – Members who remain on an antidepressant medication for at least <b>180 days</b> (6 months)</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>Consider prescribing a 90-day supply of antidepressant medications at the second or third refill</li> <li>Educate members on the importance of medication adherence</li> <li>Encourage member to engage in psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY2023 Member Reward (Reward Name: Antidepressant Medication Mgmt.). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make appointment with their prescribing provider</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul>
<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b>	18+ years	<p>Members with schizophrenia who were dispensed an antipsychotic medication should remain on an antipsychotic medication for <b>at least 80% of their treatment period.</b></p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Dementia diagnosis during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>Consider prescribing a 90-day supply of antipsychotic medications at the second or third refill</li> <li>Consider the use of long acting injectables</li> <li>Educate members on the importance of medication adherence</li> <li>Encourage member to engage in psychotherapy</li> <li>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make appointment with their prescribing provider</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD)</b>	18–64 years	<p>Members with schizophrenia, schizoaffective or bipolar disorder, who were dispensed an antipsychotic medication should have:</p> <ol style="list-style-type: none"> <li>A glucose test or an HbA1c screening test during the measurement year</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>Consider ordering the glucose/HbA1c test during the member’s annual wellness visit</li> <li>Bill with the glucose/HbA1c codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make an appointment to have a glucose/HbA1c lab test completed (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make appointment with their PCP or prescribing provider</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>

MEASURE	AGE	MEASURE DESCRIPTION	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</b>	18–64 years	<p>Members with schizophrenia or schizoaffective disorder and diabetes should have the following tests during the measurement year:</p> <ol style="list-style-type: none"> <li>1. LDL-C Test</li> <li>2. HbA1C Test</li> </ol> <p><b>Exclusions:</b> Any time during the measurement year or the year prior</p> <ol style="list-style-type: none"> <li>1. Gestational Diabetes</li> <li>2. Steroid-Induced Diabetes</li> <li>3. Polycystic Ovarian Syndrome</li> <li>4. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion. Added members with a diagnosis of gestational diabetes, steroid-induced diabetes, polycystic ovarian syndrome during the measurement year or the year prior as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Bill with the HbA1c and LDL-C codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>• Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the member to make an appointment to have an HbA1c and LDL-C lab tests completed (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make appointment with their PCP or prescribing provider <i>Provider Staff Only</i></li> <li>• Reschedule no shows immediately</li> </ul>
<b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b>	18–64 years	<p>Members with schizophrenia or schizoaffective disorder and cardiovascular disease, should have:</p> <ol style="list-style-type: none"> <li>1. LDL-C test during the measurement year</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>• Consider ordering the LDL-C test during the member’s annual wellness visit</li> <li>• Bill with the LDL-C codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>• Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the member to make an appointment to have an LDL-C lab tests completed (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make appointment with their PCP or prescribing provider <i>Provider Staff Only</i></li> <li>• Reschedule no shows immediately</li> </ul>
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>	1–17 years	<p>Children and adolescent 1-17 years of age who had two or more antipsychotic prescriptions should have:</p> <ol style="list-style-type: none"> <li>1. One test for blood glucose or HbA1c</li> <li>2. One test for LDL-C or cholesterol.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>• Glucose/HbA1c and LDL-C/cholesterol test should be order at the time the prescription is given</li> <li>• Bill with the Glucose/HbA1c and LDL-C/cholesterol test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the member to make an appointment to have a Glucose/HbA1c and LDL-C/cholesterol lab tests completed (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make appointment with their PCP/provider providing care or lab</li> <li>• Suggest alternative prescription fill options (PillPack, home delivery, etc.) <i>Provider Staff Only</i></li> <li>• Reschedule no shows immediately</li> </ul>

MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>	1–17 years	<p>Children and adolescent 1-17 years of age who had a new prescription for an antipsychotic medication should have:</p> <ol style="list-style-type: none"> <li>Documentation of psychosocial care in the 121-day period from 90 days prior to the index prescription start date (IPSD) through 30 days after the IPSD</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>Prior to initiation of medication treatment, children should be assessed for verbal therapy as first-line treatment</li> <li>After prescribing the initial antipsychotic medication, schedule a follow-up psychosocial visit within three weeks</li> <li>Telehealth visits are applicable</li> <li>Bill with psychosocial care codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Ask if member already has an appointment with the mental health provider for follow-up on their medication/diagnosis</li> <li>If they have appointment, encourage member to keep their appointment.</li> <li>Help the member make appointment with their mental health provider</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>All children newly prescribed antipsychotic medication should also be engaged in mental health treatment</li> </ul>
<b>Use of Pharmacotherapy for Alcohol Use or Dependence (POA)</b>	18+ years	<p>The percentage of individuals with any encounter associated with alcohol use or dependence should have:</p> <ol style="list-style-type: none"> <li>At least 1 prescription for appropriate pharmacotherapy at any time during the measurement year</li> </ol>	<ul style="list-style-type: none"> <li>For members newly diagnosed with an alcohol use disorder encourage and support members in their recovery through use of medication assisted treatment (MAT)</li> <li>For providers who do not provide MAT, we ask that you develop a network of referral providers for MAT</li> </ul>	<ul style="list-style-type: none"> <li>Encourage members with alcohol use or dependence to consider MAT</li> <li>For members already started on MAT, support and encourage continued treatment</li> <li>Assist members not on MAT in making appointment to have MAT services completed (or, to keep their appointment if they indicate they already have one)</li> </ul>
<b>Pharmacotherapy for Opioid Use Disorder (POD)</b>	16+ years	<p>The percentage of new opioid use disorder (OUD) pharmacotherapy events including OUD medication and diagnoses should:</p> <ol style="list-style-type: none"> <li>Remain on OUD pharmacotherapy treatment for 180 or more days</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>For members newly diagnosed with opioid disorder encourage and support members in their recovery through use of medication assisted treatment (MAT)</li> <li>For providers who do not provide MAT, we ask that you develop a network of referral providers for MAT</li> </ul>	<ul style="list-style-type: none"> <li>Encourage members with opioid use disorder to consider MAT</li> <li>For members already started on MAT, support and encourage continued treatment</li> <li>Assist members not on MAT in making appointment to have MAT services completed (or, to keep their appointment if they indicate they already have one)</li> </ul>
<b>Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (POD-N)</b>	18+ years	<p>The percentage of individuals with a *new diagnosis of opioid dependence should have:</p> <ol style="list-style-type: none"> <li>At least 1 prescription or visit for opioid treatment medication within 30 days following an index visit for opioid dependence</li> </ol> <p>*New diagnosis is defined as a period of 60 or more days prior to the last opioid diagnosis</p>	<ul style="list-style-type: none"> <li>For members newly diagnosed with opioid disorder encourage and support members in their recovery through use of medication assisted treatment (MAT)</li> <li>For providers who do not provide MAT, we ask that you develop a network of referral providers for (MAT)</li> </ul>	<ul style="list-style-type: none"> <li>Encourage members with opioid use disorder to consider MAT</li> <li>For members already started on MAT, support and encourage continued treatment</li> <li>Assist members not on MAT in making appointment to have MAT services completed (or, to keep their appointment if they indicate they already have one)</li> </ul>

\*For a complete list of compliant/exclusion/medication codes, go to: [www.metroplus.org/Provider/Tools/HEDIS-QARR](http://www.metroplus.org/Provider/Tools/HEDIS-QARR) and download the “HEDIS/QARR–Code Sheet”



MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)</b>	18-75 years	<p>Adult members 18-75 years of age with diabetes (types 1 and 2) should have their last hemoglobin A1c (HbA1c) of the year at the lowest of the two following levels:</p> <ol style="list-style-type: none"> <li>HbA1c control (&lt;8.0%)</li> <li>HbA1c poor control (&gt;9.0%)</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Gestational Diabetes during the measurement year or year prior</li> <li>Steroid-Induced Diabetes during the measurement year or year prior</li> <li>Diagnosis of polycystic ovarian syndrome in the measurement year or year prior</li> <li>Members receiving Hospice or Palliative care during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion</p>	<ul style="list-style-type: none"> <li>Consider scheduling follow-up visits and HbA1c testing every 3 months for diabetic members</li> <li>Schedule follow-up appointments prior to the member leaving their current appointment</li> <li>Refer diabetic members with out-of-control HbA1c (&gt;8) to an endocrinologist and/or nutritionist</li> <li>Bill with the HbA1c code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up diabetes care appointments and have HbA1c labs completed (or, to keep their appointment if they indicate they already have one)</li> <li>Encourage medication compliance</li> <li>Help the member make appointment with their PCP, endocrinologist, nutritionist, etc.</li> <li>Provide the member with nutritionist resources in the community</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Blood Pressure Control for Patients with Diabetes (BPD)</b>	18-75 years	<p>Adult members 18–75 years of age with diabetes (types 1 and 2) should have their last blood pressure of the year (BP) adequately controlled (&lt;140/90 mm Hg). BP screening can occur in an outpatient visit, telephone visit, e-visit or virtual check-in, non-acute inpatient encounter, or remote monitoring event.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Gestational Diabetes during the measurement year or year prior</li> <li>Steroid-Induced Diabetes during the measurement year or year prior</li> <li>Diagnosis of polycystic ovarian syndrome in the measurement year or year prior</li> <li>Members receiving Hospice or Palliative care during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Blood pressure readings taken by the member with any digital device and documented in the member’s medical record are acceptable</li> <li>Schedule follow-up appointments prior to the member leaving their current appointment</li> <li>For elevated readings (&gt;140/90), switch arms, retake the blood pressure and document all readings in the medical record</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up hypertension care appointment (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make appointment with their PCP, cardiologist, or ongoing care provider</li> <li>Encourage medication compliance</li> <li>Encourage the member to keep a blood pressure log and bring it to all their appointments</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Eye Exam for Patients with Diabetes (EED)</b>	18-75 years	<p>Adult members 18–75 years with diabetes (types 1 and 2) should have one of the following:</p> <ol style="list-style-type: none"> <li>A dilated or retinal eye exam by an eye care professional (annually)</li> <li>A negative eye exam for retinopathy the year prior to the measurement year</li> <li>A bilateral eye enucleation during members history through the measurement year</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Gestational Diabetes during the measurement year or year prior</li> <li>Steroid-Induced Diabetes during the measurement year or year prior</li> <li>Diagnosis of polycystic ovarian syndrome in the measurement year or year prior</li> <li>Members receiving Hospice or Palliative care during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion. Eye exam result documented as “unknown” does not meet criteria.</p>	<ul style="list-style-type: none"> <li>PCPs and other non-eye care providers should refer diabetic members annually for a dilated/retinal eye exam</li> <li>Document negative dilated/retinal eye exams from the year prior in the members’ history with date of service, results, and the eye care provider information</li> <li>Documents results of eye exam as negative or positive for retinopathy and or hypertensive retinopathy</li> <li>Bill with the dilated/retinal eye exam code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li><b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Diabetes Eye Exam). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplus.org/metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>Encourage the member to make an appointment for a diabetic eye exam (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the ophthalmologist (or PCP for a referral)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>

MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	18–85 years	<p>Adult members 18–75 years with diabetes (type 1 and type 2) should have the following during the measurement year:</p> <ol style="list-style-type: none"> <li>1. An estimated glomerular filtration rate (eGFR)</li> <li>2. A urine albumin-creatinine ratio (uACR)</li> </ol> <p><b>Exclusions:</b> During the measurement year or the year prior.</p> <ol style="list-style-type: none"> <li>1. Gestational Diabetes</li> <li>2. Steroid-Induced Diabetes</li> <li>3. Polycystic ovarian syndrome</li> <li>4. ESRD (anytime during the members history including the measurement year)</li> <li>5. Receiving Hospice or Palliative care</li> <li>6. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion. Member with gestational diabetes, steroid-induced diabetes, polycystic ovarian syndrome during the measurement year or the year prior as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Bill with the estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> <li>• Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the member to make an appointment for lab work (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member, make appointment with their PCP or ongoing care provider for the lab work</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately</li> </ul>
<b>Statin Therapy for Patients with Diabetes (SPD)</b>	40–75 years	<p>Adult members 40–75 years with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) should have, two rates are reported:</p> <ol style="list-style-type: none"> <li>1. At least one statin medication dispensed of any intensity during the measurement year</li> <li>2. Remained on statin medication of any intensity for at least 80% of the treatment period</li> </ol> <p><b>Exclusions:</b> During the measurement year or the year prior.</p> <ol style="list-style-type: none"> <li>1. Pregnancy</li> <li>2. In vitro fertilization</li> <li>3. Dispense prescription for clomiphene (Estrogenagonists)</li> <li>4. ESRD or dialysis</li> <li>5. Cirrhosis</li> <li>6. Myalgia, myositis, myopathy, or rhabdomyolysis (during the measurement year)</li> <li>7. Receiving Hospice or Palliative care during the measurement year</li> <li>8. Polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes</li> <li>9. Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion. Member with gestational diabetes, steroid-induced diabetes, polycystic ovarian syndrome during the measurement year or the year prior as a required exclusion.</p>	<ul style="list-style-type: none"> <li>• Consider prescribing a 90-day supply of statin medication at the second or third refill</li> <li>• Educate members on the importance of medication adherence</li> <li>• Members that have certain illnesses or conditions (see list of Exclusions) are excluded because they are not recommended for moderate or high-intensity statin treatment</li> <li>• Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Address the importance of taking their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>• Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one)</li> <li>• Help the member make an appointment with the PCP, endocrinologist, cardiologist, or ongoing care provider</li> <li>• Suggest medication compliance and alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately</li> </ul>

MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>	21–75 years (males)  40–75 years (females)	<p>Members with clinical atherosclerotic cardiovascular disease (ASCVD) should have, two rates are reported:</p> <ol style="list-style-type: none"> <li>At least one high or moderate-intensity statin medication dispensed during the measurement year</li> <li>Remain on a high or moderate-intensity statin medication for at least 80% of the treatment period</li> </ol> <p><b>Exclusions:</b> During the measurement year or the year prior.</p> <ol style="list-style-type: none"> <li>Pregnancy</li> <li>In vitro fertilization</li> <li>Dispense prescription for clomiphene (Estrogenagonists)</li> <li>ESRD or dialysis</li> <li>Cirrhosis</li> <li>Myalgia, myositis, myopathy, or rhabdomyolysis (during the measurement year)</li> <li>Receiving Hospice or Palliative care during the measurement year</li> <li>Polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion. Member with gestational diabetes, steroid-induced diabetes, polycystic ovarian syndrome during the measurement year or the year prior as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Consider prescribing a 90-day supply of high or moderate-intensity medication at the second or third refill</li> <li>Educate members on the importance of medication adherence</li> <li>Members that have certain illnesses or conditions (see list of Exclusions) are excluded because they are not recommended for moderate or high-intensity statin treatment</li> </ul> <p>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</p>	<ul style="list-style-type: none"> <li>Address the importance of taking their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the PCP, cardiologist, or ongoing care provider</li> </ul> <p>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</p>
<b>Controlling High Blood Pressure (CBP)</b>	18–85 years	<p>Adult members 18–85 years of age with a diagnosis of hypertension (HTN) <b>should have their last blood pressure of the year (BP) adequately controlled</b> (&lt;140/90 mm Hg) BP screening can occur in an outpatient visit, telephone visit, e- visit or virtual check-in, non-acute inpatient encounter, or remote monitoring event.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Female members with a diagnosis of pregnancy during the measurement year</li> <li>Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, kidney transplant any time in members’ history through measurement year.</li> <li>Receiving Hospice or Palliative care during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Blood pressure readings taken by the member with any digital device and documented in the member’s medical record are acceptable</li> <li>For elevated readings (&gt;140/90), switch arms, retake the blood pressure and document all readings in the medical record</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> <li>Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up hypertension care appointment (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member, make appointment with their PCP, cardiologist, or ongoing care provider</li> <li>Encourage medication compliance</li> <li>Encourage member to keep a blood pressure log and bring it to all their appointments</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> <li>Schedule follow-up appointments prior to the member leaving their current appointment</li> </ul>

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<b>Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC)</b>	18+ years	<p>Adults members 18 years and older who have high-risk multiple chronic conditions should have a follow-up service within 7 days of the ED visit; include visits that occur on the date of the ED visit (8 total days).</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>At each visit, ask members about recent ED or inpatient stays and address chronic conditions</li> <li>Members should be scheduled for a follow-up visit at time of ED discharge</li> <li>Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins</li> </ul>	<ul style="list-style-type: none"> <li>If able to meet the member inpatient, encourage them to make a follow-up visit with their PCP or ongoing care provider prior to discharge (and within 7 days of discharge)</li> <li>Encourage the member to make a follow-up appointment with their PCP or ongoing care provider (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the PCP or ongoing care provider</li> </ul> <p>Provider Staff Only</p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>	40+ years	<p>Adult members 40 years and older who had an acute inpatient discharge or ED encounter for COPD on or between January 1–November 30 exacerbation should be dispensed the following medications:</p> <ol style="list-style-type: none"> <li>A systemic corticosteroid within 14 days of discharge</li> <li>A bronchodilator within 30 days of discharge</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Members should be prescribed a systemic corticosteroid within 14 days of discharge and a bronchodilator within 30 days of discharge</li> <li>Prescription should be given at time of discharge</li> <li>Newly COPD diagnosed members should be referred to a pulmonologist</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make an appointment with their PCP, pulmonologist, or ongoing care provider</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p>Provider Staff Only</p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	18+ years	<p>Adults 18 years and older who were hospitalized after a heart attack should receive beta-blocker treatment for 6 months after discharge.</p> <p><b>Exclusions:</b> Any time during the members history of:</p> <ol style="list-style-type: none"> <li>Asthma</li> <li>COPD</li> <li>Obstructive chronic bronchitis</li> <li>Chronic Respiratory Conditions Due to Fumes or Vapors</li> <li>Hypotension, heart block &gt;1 degree or sinus bradycardia</li> <li>A medication dispensed for asthma</li> <li>Intolerance or allergy to beta-blocker therapy</li> <li>Receiving Hospice care during the measurement year</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY 2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>At discharge members diagnosed with acute myocardial infarction (AMI) should be prescribed a beta-blocker</li> <li>Consider prescribing a 90-day supply of Beta-blockers at the second or third refill</li> <li>Consider monthly follow-up visits while the member remains on the beta-blocker or as needed</li> <li>Exclusions must be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>If able to meet the member inpatient, encourage them to make a follow-up visit with their cardiologist, PCP, or ongoing care provider prior to discharge</li> <li>Address the importance of taking their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member, make appointment with their cardiologist, PCP, or ongoing care provider</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p>Provider Staff Only</p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>

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MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Cardiac Rehabilitation (CRE)</b>	18+ years	<p>Adult members 18 years and older should attend cardiac rehabilitation following a qualifying cardiac event including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:</p> <ol style="list-style-type: none"> <li>The percentage of Members who attended 2 or more sessions within 30 days after qualifying event.</li> <li>The percentage of members who attended 12 or more sessions within 90 days after qualifying event.</li> <li>The percentage of members who attended 24 or more sessions within 180 days after qualifying event.</li> <li>The percentage of members who attended 36 or more sessions within 180 days after qualifying event.</li> </ol> <p><b>Exclusions:</b> Any of the following diagnosis 6 months after the episode date</p> <ol style="list-style-type: none"> <li>MI</li> <li>CABG</li> <li>Heart or heart/lung transplant</li> <li>Heart valve repair or replacement</li> <li>PCI</li> <li>Members receiving Hospice or Palliative Care through end of measurement year.</li> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Explain the importance of treatment and completing the program to members prior to the start of rehabilitation</li> <li>Exclusions must be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>If able to meet the member inpatient, encourage them to make an appointment for cardiac rehabilitation prior to discharge</li> <li>Encourage the member to make a cardiac rehabilitation appointment (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment for cardiac rehabilitation</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> <li>Schedule follow-up appointments prior to the member leaving their current appointment</li> </ul>
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	40+ years	<p>Adults members 40 years and older with a new diagnosis of COPD or newly active COPD should have appropriate spirometry testing to confirm the diagnosis between two years prior through six months after diagnosis.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion.</p>	<ul style="list-style-type: none"> <li>Newly COPD diagnosed members should be referred to a pulmonologist for spirometry testing</li> <li>Providers collecting spirometry testing from the member should document it in the members' history with date of service (i.e., month year)</li> <li>Spirometry tests should be billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make a follow-up appointment with a pulmonologist (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member, make appointment with their pulmonologist</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>



MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<p><b>Asthma Medication Ratio (AMR)</b></p>	<p>5–64 years</p>	<p>Children and adults ages 5–64 diagnosed with persistent asthma should have a ratio of controller to rescue asthma medications of 50% or greater</p> <p><b>Exclusions:</b> Any time during the members history through the measurement year:</p> <ol style="list-style-type: none"> <li>1. Emphysema</li> <li>2. Other emphysema</li> <li>3. COPD</li> <li>4. Obstructive Chronic Bronchitis</li> <li>5. Chronic Respiratory Conditions Due to Fumes or Vapors</li> <li>6. Cystic Fibrosis</li> <li>7. Acute Respiratory Failure</li> <li>8. Receiving Hospice (during the measurement year)</li> <li>9. Members who died during the measurement year</li> </ol> <p><b>MY2023 Critical Update:</b> Added members who died during the measurement year as a required exclusion. Removed "Dyphylline Guaifenesin Medications Lists" from the Asthma Controller Medications table.</p>	<ul style="list-style-type: none"> <li>• Prescribe controller and rescue medications at the same to avoid giving members too many rescue medications</li> <li>• An asthma action plan should be initiated with all members diagnosed with persistent asthma</li> <li>• Educate members on the importance and use of controller medications</li> <li>• Exclusions should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• <b>This measure is eligible for a MY 2023 Member Reward (Reward Name: Asthma Medication). Mention this when speaking with the member. If not registered, direct member to <a href="https://www.metroplusrewards.org">METROPLUSREWARDS.ORG</a></b></li> <li>• Address the importance of using controller medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>• Help the member make an appointment with their PCP, pulmonologist, or ongoing care provider</li> <li>• Encourage compliance to daily controller use</li> <li>• Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>• Reschedule no shows immediately</li> </ul>

MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>Nonuser (NUS)</b>	0+	The percentage of members assigned to a primary care physician for 3 or more months who have not engaged in care for medical services during the measurement year.	<ul style="list-style-type: none"> <li>Engage these members immediately at the start of the measurement year</li> <li>Target members with telehealth or annual wellness calls to complete an assessment of current health status</li> <li>For questions, contact: <a href="mailto:QMOPHEDIS4@metroplus.org">QMOPHEDIS4@metroplus.org</a></li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make an appointment with their PCP or ongoing care provider (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the PCP or ongoing care provider <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>
<b>Chronic Fallout (CFO)</b>	0+	The percentage of members with chronic condition(s) identified from claims data for dates of service in the year prior yet to have that condition represented on a claim during the measurement year.	<ul style="list-style-type: none"> <li>Review members' pre-existing chronic conditions at least once per year</li> <li>Document and bill all active conditions for the current year</li> <li>If your records and expertise indicate the member does not have a chronic illness or you have other questions, contact: <a href="mailto:QMOPHEDIS4@metroplus.org">QMOPHEDIS4@metroplus.org</a></li> <li>Telehealth visits are applicable</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to make an appointment with their PCP or ongoing care provider (or, to keep their appointment if they indicate they already have one)</li> <li>Help the member make an appointment with the PCP or ongoing care provider <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>
<b>COVID Vaccination (COV)</b>	5+	The percentage of members that received a COVID-19 vaccination <ol style="list-style-type: none"> <li>Members with at least one dose of any vaccination</li> <li>Members that are fully vaccinated</li> <li>Members that have received the booster</li> </ol>	<ul style="list-style-type: none"> <li>Assess COVID vaccination status and recommend unvaccinated members receive their first dose during all visits</li> <li>Submit COVID immunizations to the Registry the same day they are given</li> <li>Providers may bill for counseling Medicaid members to receive COVID vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of the COVID vaccine, common barriers, and questions. Refer anything you are unable to address back to their provider</li> <li>Provide members with COVID vaccine site information</li> <li>Help the member make an appointment with their PCP, pharmacy, COVID vaccination site for their vaccine.</li> </ul>
<b>Viral Load Suppression (VLS)</b>	2+	Medicaid members confirmed HIV-positive should have a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.  (This is an internally calculated proxy of the QARR NYS-specific measure that is calculated by the AIDS Institute and the Office of Quality and Patient Safety using the NYSDOH HIV Surveillance System annually)	<ul style="list-style-type: none"> <li>Members with HIV should have a viral load screening and follow-up appointment at least every six months (twice in calendar year)</li> <li>Explain the importance of viral load screening, it can identify needs for changes in medication treatment</li> <li>Reaching viral load suppression can help members live healthier, longer lives and reduce the risk of transmitting the virus to others.</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of viral load screening, common barriers. Refer anything you are unable to address back to their provider</li> <li>Help the member make an appointment with their PCP, ongoing care provider or lab <i>Provider Staff Only</i></li> <li>Reschedule no shows immediately</li> </ul>

\* For a complete list of compliant/exclusion/medication codes, go to: [www.metroplus.org/Provider/Tools/HEDES-QARR](http://www.metroplus.org/Provider/Tools/HEDES-QARR) and download the "HEDES/QARR-Code Sheet"

# HEDIS/QARR MY2023 – MEDICARE STAR RATINGS – SPECIFIC MEASURES



MEASURE	AGE	SPECIFICATIONS	FOR PROVIDERS	FOR OUTREACH EFFORTS
<b>MTM Program Completion Rate for CMR (MTM)</b>	18+	Medication Therapy Management (MTM) program enrollees should have a Comprehensive Medication Review (CMR) during the measurement year.	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Encourage the member to complete free medication review with a licensed clinician by referring them to a MetroPlus contracted vendor at <b>855-604-4048</b>.</li> </ul>
<b>Medication Adherence for Hypertension (RAS)</b>	18+	<p>Members with a prescription for a blood pressure medication should fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The following blood pressure medications are applicable:</p> <ol style="list-style-type: none"> <li>Renin angiotensin system (RAS) antagonists</li> <li>Angiotensin converting enzyme inhibitor (ACEI)</li> <li>Angiotensin receptor blocker (ARB)</li> <li>Direct renin inhibitor medications.</li> </ol> <p><b>Exclusions:</b> Any time during the measurement year:</p> <ol style="list-style-type: none"> <li>Hospice</li> <li>ESRD diagnosis or dialysis</li> <li>One or more prescriptions for sacubitril/valsartan</li> </ol>	<ul style="list-style-type: none"> <li>Educate members on the importance and use of Hypertension (RAS antagonists)</li> <li>Consider prescribing a 90-day supply of Hypertension (RAS antagonists)</li> <li>Educate members on the importance of medication adherence</li> <li>Exclusions should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of using Hypertension (RAS antagonists), common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make an appointment with their PCP, or ongoing care provider</li> <li>Encourage compliance to hypertension medication</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Medication Adherence for Diabetes Medications (DIAB)</b>	18+	<p>Members with a prescription for diabetes medication should fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The following diabetes medications are applicable:</p> <ol style="list-style-type: none"> <li>Biguanides, sulfonylureas</li> <li>Thiazolidinediones</li> <li>DiPeptidyl Peptidase (DPP)-4 Inhibitors</li> <li>GLP-1 receptor agonists</li> <li>Meglitinides</li> <li>Sodium glucose cotransporter 2 (SGLT2) inhibitors</li> </ol> <p><b>Exclusions:</b> Any time during the measurement year:</p> <ol style="list-style-type: none"> <li>Hospice</li> <li>ESRD diagnosis or dialysis</li> <li>One or more prescriptions for sacubitril/valsartan</li> </ol>	<ul style="list-style-type: none"> <li>Educate members on the importance and use of Diabetes Medications</li> <li>Consider prescribing a 90-day supply of Diabetes Medications</li> <li>Educate members on the importance of medication adherence</li> <li>Exclusions should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of using diabetic medication, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make an appointment with their PCP, or ongoing care provider</li> <li>Encourage compliance to diabetes medication</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>
<b>Medication Adherence for Cholesterol (STAT)</b>	18+	<p>Members with a prescription for a cholesterol medication (a statin drug) should fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</p> <ol style="list-style-type: none"> <li>Pravastatin</li> <li>Simvastatin</li> <li>Lovastatin</li> <li>Atorvastatin</li> <li>Fluvastatin</li> <li>Rosuvastatin</li> <li>Pitavastatin</li> </ol> <p><b>Exclusions:</b> Any time during the measurement year:</p> <ol style="list-style-type: none"> <li>Hospice</li> <li>ESRD diagnosis or dialysis</li> </ol>	<ul style="list-style-type: none"> <li>Educate members on the importance and use of cholesterol (statin) medication</li> <li>Consider prescribing a 90-day supply of cholesterol (statin) medications</li> <li>Educate members on the importance of medication adherence</li> <li>Exclusions should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Address the importance of using cholesterol (statin) medication, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider</li> <li>Help the member make an appointment with their PCP, or ongoing care provider</li> <li>Encourage compliance to cholesterol medication</li> <li>Suggest alternative prescription fill options (PillPack, home delivery, etc.)</li> </ul> <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> <li>Reschedule no shows immediately</li> </ul>

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