Quality Measure Resource Guide

2025

MetroPlusHealth

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*** Electronic Clinical Data Systems (ECDS) Measure**

[1] Provider Pay for Performance (P4P) Measure

Child and Adolescent Care

Well-Child Visits: 0–30 Months (W30)

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. **Well-Child Visits in the first 15 months.** Children who turned 15 months old during the program year: Six or more well-child visits.
2. **Well-Child Visits for age 15 months–30 months.** Children who turned 30 months old during the program year: Two or more well-child visits.

(Note: Throughout this guide, denominator denotes how a member is eligible to be included in a measure. Numerator denotes how a member who is in the measure denominator becomes "compliant" in the measure.)

Numerator

Rate 1: Six or more well-child visits on different dates of service on or before the 15-month birthday.

Rate 2: Two or more well-child visits on different dates of services between the child's 15-month birthday plus one day and the 30-month birthday.

Denominator

Rate 1: Eligible population – children who turned 15 months old during the measurement period.

Rate 2: Eligible population – children who turned 30 months old during the measurement period.

Exclusion Criteria

Members in hospice or using hospice services during the program year.

Members who died during the program year.

Documentation Required

- The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
- The only documentation needed is that a well visit occurred.
- This measure is based on **Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.** (Publishers: American Academy of Pediatrics and the National Center for Education in Maternal and Child Health.) More information about well-child visits can be found on the site.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Pre-schedule the member's next well visit at the end of their latest visit.
- ✓ Conduct and code for a well visit during any visit (for example, sick visits).
- ✓ Be sure to schedule consecutive well visits at least 14 days apart.
- ✓ Use NP or PA resources to complete well visits.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to keep the member "on schedule."
- ✓ This measure is eligible for a MY 2025 Member Reward (Reward name: Well-Baby Checkups). Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org.**

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Child-Adolescent Well Visits (WCV)

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/Gyn practitioner during the program year.

Numerator

One or more well-care visits during the program year.

Denominator

Members between the ages of 3-21 years as of December 31 of the program year.

Exclusion Criteria

Members in hospice or using hospice services during the program year.

Members who died during the program year.

Documentation Required

- The well-care visit must occur with a PCP or an OB/Gyn practitioner, but the practitioner does not have to be the practitioner assigned to the member.
- This measure is based on **Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.** (Publishers: American Academy of Pediatrics and the National Center for Education in Maternal and Child Health.) More information about well-child visits can be found on the site.
- The only documentation needed is that a well visit occurred.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Pre-schedule the member's next well-visit at the end of their latest visit.
- ✓ Conduct and code for a well-visit during any visit (for example, sick visits).
- ✓ Well-visits can occur with an MD, NP, PA or OB/Gyn.
- ✓ Reschedule 'no shows' immediately. Make sure appointment occurs on or before December 31 of the current measurement period.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ This measure is eligible for a MY 2025 Member Reward (Reward Name: Child & Adolescent Visit). Mention this when you speak with the member. If the member is not registered, direct member to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Oral Evaluation, Dental Services (OED)

The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Numerator

Members with a comprehensive oral evaluation with a dental provider during the measurement year.

Denominator

Members under the age of 21 years as of December 31 of the measurement year.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who died during the measurement year.

Documentation Required

- Any comprehensive oral exam with a dental care provider.
- Dental visits can occur with a Dentist, Hygienist, or a Dental Assistant.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Confirm that your member has an assigned dentist when seen for a medical visit. If they do not, offer their parent/guardian a list of dental providers in the area. Or refer them to MetroPlus Customer Services.
- ✓ Educate the parent on the importance of dental health for overall health. Encourage them to make an appointment for their child (under 18). If the member is age 19–21, educate and encourage them directly.
- ✓ Stress the importance of dental exams as early as age 1.
- ✓ Refer members to a dentist during both sick and well visits. Help schedule the appointment if possible.
- ✓ Conduct reminders twice a year of the importance of dental health.
- ✓ This measure is eligible for a MY 2025 Member Reward (Reward name: Annual Dental Visit). Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Child Immunizations Status – ECDS (CIS-E)*

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Numerator

Members who have had the following vaccines by their second birthday:

- Four diphtheria/tetanus/acellular pertussis (DTaP) vaccines
- Three polio (IPV) vaccines
- One measles/mumps/rubella (MMR) vaccine
- Three haemophilus influenza type B (HiB) vaccines
- Three hepatitis B (HepB) vaccines
- One chicken pox (VZV) vaccine
- Four pneumococcal conjugate (PCV) vaccines

Denominator

Members turning 2 years old during the measurement year.

Exclusion Criteria

Members who died during the measurement year.

Members who use hospice services during the measurement period.

Members with organ and bone marrow transplants.

Members with contraindications to childhood vaccines such as lymphoma, leukemia, and HIV (visit the HEDIS/QARR Code Sheet for full list of diagnoses).

Documentation Required

For:	Count any of the following:
DTaP	• Evidence of the antigen or combination vaccine • Anaphylaxis due to the vaccine • Encephalitis due to the vaccine
MMR, VZV, HepB	• Evidence of the antigen or combination vaccine • Documented history of the illness • Anaphylaxis due to the vaccine
IPV, PCV, HiB	• Evidence of the antigen or combination vaccine • Anaphylaxis due to the vaccine

For combination vaccinations that require more than one antigen (DTaP and MMR), the organization must find evidence of all the antigens.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Pre-schedule the member's next well visit at the end of their latest visit.
- ✓ Use well visits to administer immunizations and make sure members are up to date. Follow the prescribed timeline for each vaccine.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to keep the member "on schedule."
- ✓ Begin addressing vaccinations prior to the child's birth.
- ✓ Use motivational interviewing techniques to address vaccine doubts.
- ✓ Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org.**

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Immunization for Adolescents – ECDS (IMA-E)*

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Numerator

Members who had the following vaccines by their 13th birthday:

- 1 Meningococcal conjugate vaccine
- 1 Tdap vaccine
- 2 or 3 HPV vaccines

Denominator

All members who turn 13 years of age during the measurement year.

Exclusion Criteria

Members who died during the measurement year.

Members who use hospice services during the measurement period.

Documentation Required

Vaccine	Description	Service date
Meningo-coccal	At least one meningococcal serogroups A, C, W, Y or A, C, W, Y, B vaccine.	On or between the member's 10th and 13th birthdays.
	Anaphylaxis due to the meningococcal vaccine.	Any time on or before the member's 13th birthday.
Tdap	At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine.	On or between the member's 10th and 13th birthdays.
	Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine.	Any time on or before the member's 13th birthday.
	Encephalitis due to the tetanus, diphtheria or pertussis vaccine.	Any time on or before the member's 13th birthday.

Vaccine	Description	Service date
HPV	At least two HPV vaccines.	On or between the member's 9th and 13th birthdays. Service dates must be at least 146 days apart. Example: if the first vaccine was given on March 1, the second vaccine must be given on or after July 25.
	At least three HPV vaccines.	Must have different service dates on or between the member's 9th and 13th birthdays.
	Anaphylaxis due to the HPV vaccine.	Any time on or before the member's 13th birthday.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Pre-schedule the member's next well visit at the end of their latest visit.
- ✓ Use well visits to administer immunizations and make sure members are up to date. Follow the prescribed timeline for each vaccine.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to keep the member "on schedule."
- ✓ Use motivational interviewing techniques to address vaccine doubts.
- ✓ Two-dose HPV doses must be given 146 days apart.
- ✓ Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Developmental Screening in the First Three Years of Life (DEV-N)

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Numerator

Members between the ages of 1–3 in the measurement year who were screened.

Denominator

All members who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement period.

Exclusion Criteria

No exclusions.

Documentation Required

Standardized developmental screening tool include domains: motor, language cognitive, and social-emotional.

Telehealth

Telehealth cannot be used for compliance.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Helpful Tips

- ✓ Conduct developmental screening during any wellness or sick visit. Submit claims for the developmental screening with these codes:
  - CPT code 96110, and
  - ICD-10 code Z13.42
- ✓ Global developmental screening requires multi-domain screen and **not** single-domain like autism screening. Screening Tools include:
  - Ages and Stages Questionnaire, 3rd Edition (ASQ-3), and
  - Bayley Infant Neuro-developmental Screen (BINS), 3 months to age 2
- ✓ Developmental screening can be done by a doctor or nurse, but also by other professionals in healthcare.
- ✓ Educate parents to monitor for developmental milestones such as:
  - Taking a first step
  - Smiling for the first time
  - Waving “bye, bye”
  - Crawling
  - Walking, etc.
- ✓ Educate on risk factors for developmental delays like preterm birth, low birth weight, lead exposure.
- ✓ Advise parents that developmental screening tools will not provide a diagnosis. But they can help determine if a child is developing according to standard developmental milestones.
- ✓ When a child has positive findings on the developmental screening, make simultaneous referrals to specialists (speech pathologist, occupational therapist, etc.) for further evaluation and to early intervention programs.

Care for Adults and Older Adults

Colorectal Cancer Screening – ECDS (COL-E)*

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

Numerator

Members with one or more screenings for colorectal cancer. Any of the following meet the criteria:

- Fecal occult blood test (FOBT) every year, OR
- Flexible sigmoidoscopy during the program year or 4 years prior, OR
- Colonoscopy during the program year or 9 years rior, OR
- Stool DNA (sDNA) with FIT test during the program year or 2 years prior, OR
- CT Colonography during the program year or 4 years prior

Denominator

Members between the ages of 45–75 during the program year.

Exclusion Criteria

- Members who had colorectal cancer in medical history through December 31 of the program year.
- Members who had a total colectomy in medical history through December 31 of the program year.
- Members 66 years of age and older and were enrolled in an Institutional SNP (I-SNP) or lived long-term in an institution any time during the program year.
- Members 66 years of age and older had both frailty and advanced illness by the end of the program year.
- Members receiving palliative care any time during the program year.
- Members who had an encounter for palliative any time during the program year.
- Members who died during the program year.
- Members in hospice, elect to use hospice benefit, or used hospice services during the program year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Educate and stress importance of screening test.
- ✓ If members refuse a colonoscopy, offer less invasive options (for example, FOBT, FIT DNA). Place the requested order.
- ✓ Educate the member on the importance of early detection. Stress the recommendations for screening ages 45–49.
- ✓ Refer members to a GI specialist during both sick and well visits if screening is not done. Help schedule the appointment or screening. Conduct reminder calls to help them keep their scheduled appointments.
- ✓ If a member reports having been screened, document it in their history with the date of service. Update history of preventive screenings annually.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.
- ✓ This measure is eligible for a MY 2025 Member Reward (Reward name: Colon Cancer Screening). Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Care for Older Adults (COA)

The percentage of adults 66 years of age and older who had each of the following during the measurement year:

- **Medication Review**
- **Functional Status Assessment**

Numerator

Members 66 years of age and older that received one medication review and functional status assessment during the measurement year.

Denominator

Members 66 years of age and older.

Exclusion Criteria

Members who died during the measurement year.

Members in hospice or using hospice services during the measurement year.

Documentation Required

Medication Review:

- Include both of the following during the same visit during the measurement year where the provider is a prescribing practitioner or clinical pharmacist:
  - At least one medication review
  - Medication list in the medical record
- Transitional care management services during the measurement year.
- A review of side effects for a single medication at the time of prescription alone is not sufficient.
- An outpatient visit is not required to meet criteria.
- Do not include medication lists or medication reviews performed in an acute inpatient setting.

Functional Status Assessment:

- Make at least one functional status assessment during the measurement year. It must include one of the following:
  - Notation that Activities of Daily Living (ADL) were assessed or that at least **five** of these were assessed:
    - Bathing
    - Dressing
    - Eating
    - Transferring (getting in and out of chairs)
    - Using toilet
    - Walking
    - Do not include services provided in an acute inpatient setting

A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year.

– Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least **four** of the following were assessed:
  - Shopping for groceries
  - Driving or using public transportation
  - Using the telephone
  - Cooking or meal preparation
  - Housework
  - Home repair
  - Laundry
  - Taking medications
  - Handling finances
  - Do not include services provided in an acute inpatient setting.

  A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year.

Telehealth

Functional Status Assessment can be done during a telehealth or phone visit, e-visit or virtual check-in.

Helpful Tips

- ✓ Address all components of the COA as part of the member's annual geriatric visit.
- ✓ Medication review must be performed by a prescribing practitioner (MD, NP, PA, or clinical pharmacist). Documentation of medication review must include a medication list that is signed and dated. The practitioner's signature is considered evidence that the medications were reviewed.
- ✓ To document functional status, assess ADLs (for example, toileting, dressing) and/or IADLS (for example, banking, shopping).
- ✓ Call members and offer to help schedule their annual geriatric visit if one is not currently booked. Make reminder calls to keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to ensure they occur before December 31.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Adult Immunization Status, Influenza – ECDS (AIS-E)* *HIVSNP Only*

The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

Numerator

Members who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or members with anaphylaxis due to the influenza vaccine any time before or during the measurement period.

Denominator

Members 19 years of age and older.

Exclusion Criteria

Members who died during the measurement year.

Members in hospice or using hospice services during the measurement year.

Documentation Required

Include date of administration or anaphylaxis/encephalitis.

Telehealth

Telehealth cannot be used for compliance.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Helpful Tips

- ✓ Use well visits to administer immunizations and make sure immunizations are up to date.
- ✓ Call members and offer to help schedule appointments if one is not currently booked. Make reminder calls to keep their scheduled appointments.
- ✓ Reschedule “no shows” immediately and prioritize those appointments to keep the member “on schedule.”
- ✓ Use motivational interviewing techniques to address vaccine doubts.
- ✓ Direct members to a nearby Pharmacy for their vaccine.
- ✓ Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.
- ✓ This measure is eligible for a MY 2025 Member Reward. Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Transitions of Care (TRC)

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post-Discharge

Numerator

Numerator 1 Medication Reconciliation Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse. It must be documented through either administrative data or medical record review on the date of discharge through 30 days after discharge (31 total days).

Numerator 2 Patient Engagement Post Inpatient Documentation of patient engagement provided within 30 days after discharge. (Examples of patient engagement include office visits, visits to the home, or telehealth.) Do not include patient engagement that occurs on the date of discharge.

Numerator 3 Inpatient Admission Documentation of receipt of notification of inpatient admission on the day of admission or on the day of admission through 2 days after the admission (3 total days).

Numerator 4 Discharge Information Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).

Denominator

Members 18 years of age and older.

Exclusion Criteria

Members who died during the measurement year.

Members in hospice or using hospice services during the measurement year.

Documentation Required

Medication Reconciliation

The outpatient medical record must show that medication reconciliation took place and include the date it was performed. Any of the following will meet these criteria.

- A list of the current medications, plus any one of these:
  - A note that the provider reconciled the current and discharge medications.
  - A note that references the discharge medications. Examples: no changes in medications since discharge, same medications at discharge, discontinue all discharge medications.
  - A note indicating that the discharge medications were reviewed.
  - The discharge medication list and a note indicating that both lists were reviewed on the same date of service.
  - Evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. It must show that the provider was aware of the member's hospitalization or discharge.
- A note in the discharge summary indicating that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. The outpatient chart must show that the discharge summary was filed on the date of discharge through 30 days after discharge (31 total days).
- A note indicating that no medications were prescribed or ordered upon discharge.

Patient Engagement

The outpatient medical record must include evidence of patient engagement within 30 days after discharge. Any of the following will meet these criteria:

- An outpatient visit, including office visits and home visits.
- A telephone visit.
- A telehealth visit where a real-time interaction occurred between the member and provider using audio and video communication.
- An e-visit or virtual check-in. (Example: the member submits a question through the patient portal, and the provider sends a reply back.)

Inpatient Admission

The outpatient medical record must show that the member's PCP was notified of the member's admission to inpatient care. It must include the date when the PCP was notified. Evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of admission through two days after admission (three total days) meets criteria. Any of the examples below meet these criteria.

- A phone call, email, or fax from inpatient providers or staff to the member's PCP or ongoing care provider.
- A phone call, email, or fax from the emergency department to the member's PCP or ongoing care provider.
- An alert sent to the member's PCP or ongoing care provider through a health information exchange; an automated admission, or discharge and transfer (ADT) alert system.
- Communication about admission with the member's PCP or ongoing care provider through a shared electronic medical record (EMR) system. Evidence that the information was integrated in the EMR and is accessible to the PCP or ongoing care provider on the day of admission through two days after the admission (three total days) meets criteria.
- The member's health plan sends a communication to the member's PCP or ongoing care provider.
- Indication that the member's PCP or ongoing care provider admitted the member to the hospital.
- Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider.
- Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay.
- Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.

Discharge Information

The outpatient medical record must include evidence of receipt of discharge information on the day of discharge through two days after the discharge (three total days). Evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of discharge through two days after discharge (three total days) meets criteria. It must include the date when the documentation was received.

Discharge information may be included in, but not limited to, a discharge summary or summary of care record or be located in structured fields in an EHR. At a minimum, the discharge information must include all of the following:

- The practitioner responsible for the member's care during the inpatient stay.
- Procedures or treatment provided.
- Diagnoses at discharge.
- Current medication list.
- Testing results, or documentation of pending tests or no tests pending.
- Instructions for patient care post-discharge.

Telehealth

The engagement visit and medication reconciliation can be conducted via telehealth, telephonic, e-visit and virtual check-ins. The medication reconciliation code must be included on the claim.

Helpful Tips

- ✓ File all inpatient and discharge notifications immediately in the member's record. Include the date they were received.
- ✓ For planned admissions, document the date and purpose in the member's medical record.
- ✓ Offer priority scheduling for post-discharge follow-up appointments (within three days). Assist the member in attending all specialty appointments and other ongoing care by offering reminders or assistance with scheduling.
- ✓ Go over details of discharge summary with the member to be sure member understands completely.
- ✓ Complete and document a comprehensive medication reconciliation with the member. It may be done as a phone visit, if necessary.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to make sure they occur before 30-days post-discharge. Offer telehealth in place of an office visit if that is more convenient for the member.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Care for Women and Maternal Health

Breast Cancer Screening – ECDS (BCS-E)*

The percentage of members 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Numerator

Member had one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Denominator

Members between the ages of 40–74.

Exclusion Criteria

Members who died during the program year.

Members in hospice or using hospice services during the program year.

Members who had a bilateral mastectomy or both right and left unilateral mastectomies.

Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (Gender Dysphoria Value Set).

Members 66 years of age with frailty and advanced illness.

Members who had an encounter for palliative care any time during the measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Educate the member on the importance of early detection.
- ✓ Place the radiology order, or create standing orders, to better facilitate screening.
- ✓ Discuss common fears and misconceptions about breast cancer screening. Use motivational interviewing techniques to address doubts about screenings.
- ✓ Document member-reported breast cancer screening or history of mastectomy in member history with date of service. Update history of preventive screenings annually.
- ✓ Help members schedule the screening. Make reminder calls to help them keep their scheduled screening.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.
- ✓ This measure is eligible for a MY 2025 Member Reward (Reward name: Breast Cancer Screening). Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Follow Up After Abnormal Mammogram Assessment – ECDS (FMA-E)*

The percentage of members 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Numerator

High-risk and inconclusive BI-RADS assessment during the Intake Period that received appropriate follow-up. Appropriate follow-up is defined as either of the following:

- A high-risk BI-RADS assessment result (Category 4: Suspicious – Category 5: Highly Suggestive of Malignancy), that received a breast biopsy on or within 90 days after the episode date (91 days total).
- An inconclusive BI-RADS assessment (BI-RADS 0: Incomplete – Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison), that received a mammogram or ultrasound (Breast Ultrasound Value Set) on or within 90 days after the episode date (91 days total).

Denominator

For members 40–74 years of age as of the episode date, episodes where the member had a high-risk or inconclusive BI-RADS assessment during the intake period.

Exclusion Criteria

Members who died during the program year.

Members in hospice services or using hospice services during the program year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance.
- ✓ If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Cervical Cancer Screening – ECDS (CCS-E)*

The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening.

Numerator

The number of members recommended for routine cervical cancer screening who were screened for cervical cancer. Either of the following meets criteria:

- Members 21–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening and had cervical cytology during the measurement period or the two years prior to the measurement period.
- Members 30–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing during the measurement period or the four years prior to the measurement period, and who were 30 years or older on the test date.

Denominator

The initial population (members 21–64 years of age recommended for routine cervical cancer screening), minus exclusions.

Exclusion Criteria

Hysterectomy with no residual cervix.

Members with Sex Assigned at Birth of Male at any time during patients' history.

Members in hospice or using hospice services during the program year.

Members who had an encounter for palliative care any time during the measurement period.

Members who died during the program year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use sick and well visits to conduct pap smear.
- ✓ Refer members to an OB/Gyn if applicable.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Discuss common fears and misconceptions about pap smears. Use motivational interviewing techniques to address doubts about screenings.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to ensure they occur before December 31.
- ✓ Member reported cervical cancer screening should be documented in member history with the date of service. History of hysterectomy with no cervix should be documented as well. Update history of preventive screenings annually.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.
- ✓ Measure is eligible for Member Rewards. Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Chlamydia Screening (CHL)

The percentage of members16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the program year.

Numerator

Members who had at least one chlamydia test during the program year.

Denominator

Members 16–24 years of age as of December 31 of the program year.

Exclusion Criteria

Sex Assigned at Birth Male any time in the member's history.

A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or six days after.

An X-ray on the same day through six days after the pregnancy test.

Members who died during the program year.

Members in hospice or using hospice services during the program year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use any visit type to conduct chlamydia screening.
- ✓ Place the lab order, or create standing orders, to better facilitate test.
- ✓ PCPs can conduct a urine PCR test to satisfy measure compliance. Consider ordering for recently seen members without having them come back in.
- ✓ Include chlamydia screening when conducting pregnancy test and/or screenings for other STIs (for example, HIV, syphilis).
- ✓ Consider making chlamydia screening a standard lab for members on birth control.
- ✓ Discuss common fears and misconceptions about STI screening. Use motivational interviewing techniques to address doubts about screenings.
- ✓ Reschedule "no shows" immediately and prioritize those appointments.
- ✓ This measure is eligible for a MY 2025 Member Reward for members ONLY between the age of 21–24. Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Osteoporosis Screening in Older Women (OSW)

The percentage of women 65–75 years of age who received osteoporosis screening.

Numerator

Members who had one or more osteoporosis screening test on or between their 65th birthday and December 31 of the measurement year.

Denominator

Members between the ages of 65–75 years.

Exclusion Criteria

Osteoporosis therapy any time in the members history through December 31 of the year prior to measurement year.

A dispensed prescription to treat osteoporosis 3 years prior to the measurement year.

Palliative care during the measurement year.

Members who died during the measurement year.

Members in hospice or using hospice services during the measurement year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use well visits to conduct or refer members for osteoporosis screening.
- ✓ Educate members who may be reluctant on the importance of osteoporosis screening.
- ✓ Call members and offer to schedule their appointments if one is not currently booked. Make reminder calls to keep their scheduled appointments.
- ✓ Reschedule “no shows” immediately and prioritize those appointments to keep the member “on schedule.”

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births on or between October 8 of the year before the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.**
- **Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.**

Numerator

Numerator 1. Timeliness of Prenatal Care: Members who had a prenatal visit in the first trimester or within 42 days of enrolling into MetroPlusHealth Plan.

Numerator 2. Postpartum Care: Members who completed a postpartum visit on or between 7 and 84 days of delivery.

Denominator

Members who had a live birth delivery on or between October 8 of the year before the measurement year and October 7 of the measurement year. Include deliveries that occur in any setting.

Exclusion Criteria

Members who died during the measurement year.

Members in hospice or using hospice services during the measurement year.

Documentation Required

Prenatal Visit

Prenatal care visit to an OB/Gyn or other prenatal care practitioner, or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include the date when the prenatal care visit occurred and evidence of one of the following:

- Documentation that the member is pregnant or references to the pregnancy. For example:
  - Documentation in a standardized prenatal flow sheet, or
  - Documentation of last menstrual period (LMP), EDD or gestational age, or
  - A positive pregnancy test result, or
  - Documentation of gravidity and parity, or
  - Documentation of complete obstetrical history, or
  - Documentation of prenatal risk assessment and counseling/education
- A basic physical obstetrical examination. It should include auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. (You may use a standardized prenatal flow sheet.)
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Ultrasound of a pregnant uterus

Postpartum Care

Postpartum visit to an OB/Gyn or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Do not include postpartum care provided in an acute inpatient setting. The medical record must include the date when a postpartum visit occurred and one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts, and abdomen.
  - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
- Notation of postpartum care, including, but not limited to:
  - Notation of "postpartum care," "PP care," "PP check," "6-week check."
  - A preprinted "Postpartum Care" form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for members with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning.
  - Sleep/fatigue.
  - Resumption of physical activity.
  - Attainment of healthy weight.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Schedule a prenatal visit in first trimester or as soon as pregnancy is confirmed.
- ✓ Make use of telephone visits and virtual check-ins.
- ✓ If prenatal visit is with PCP, a pregnancy diagnosis must be billed and documented.
- ✓ Postpartum visits can occur with an OB/Gyn or PCP provider.
- ✓ If the member is unable to see the OB/Gyn, schedule an appointment with their PCP.
- ✓ Help members schedule their post-partum during baby's first well-visit.
- ✓ Reschedule "no shows" immediately and prioritize those appointments.
- ✓ Postpartum Care is eligible for a MY 2025 Member Reward (Reward name: Postpartum Visit). Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Prenatal Immunization Status – ECDS (PRS-E)*

The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Numerator

Numerator 1. Influenza: Deliveries where member received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date or delivers where member had anaphylaxis due to vaccine on or before delivery date.

Numerator 2. Tdap: Deliveries where member received a Tdap vaccine on or between July 1 of the year prior to the measurement period and the delivery date or delivers where member had anaphylaxis due to vaccine on or before delivery date.

Numerator 3. Combination: Deliveries that met criteria for both numerator 1 and numerator 2.

Denominator

Members with deliveries in the measurement year.

Exclusion Criteria

Deliveries that occurred less than 37 weeks gestation.

Members in hospice or using hospice services during the measurement year.

Members who die any time during the measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use prenatal visits administer immunizations and ensure immunizations are up to date.
- ✓ Call members and offer to schedule their appointments if one is not currently booked. Make reminder calls to keep their scheduled appointments.
- ✓ Reschedule “no shows” immediately and prioritize those appointments to keep the member “on schedule.”
- ✓ Discuss the importance of these vaccinations during prenatal visits. Use motivational interviewing techniques to address vaccine doubts.
- ✓ Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Prenatal Depression Screening and Follow-Up – ECDS (PND-E)*

The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- **Depression Screening: The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.**
- **Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.**

Numerator

Numerator 1. Depression Screening: Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy (on or between pregnancy start date and the delivery date).

- Deliveries between January 1 and December 1 of the measurement period: Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
- Deliveries between December 2 and December 31 of the measurement period: Screening should be performed between the pregnancy start date and December 1 of the measurement period.

Numerator 2. Follow-Up on Positive Screen: Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (for example, a negative screen) on the same day as a positive screen on a brief screening instrument.

Denominator

Members with deliveries in the measurement year.

Exclusion Criteria

Deliveries that occurred less than 37 weeks gestation.

Members in hospice or using hospice services during the measurement year.

Members who die any time during the measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use prenatal visits to discuss mental health with the member. Offer member mental health resources if needed.
- ✓ Follow-up with members who had indicated the need for mental health assistance.
- ✓ Encourage member to make an appointment with mental health providers if needed. Help schedule an appointment with a mental health provider, if needed.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Postpartum Depression Screening and Follow-Up – ECDS (PDS-E)*

The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- **Depression Screening. The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.**
- **Follow-Up on Positive Screen. The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.**

Numerator

Numerator 1. Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the delivery date.

Numerator 2. Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression) or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Denominator

Members with deliveries in the measurement year.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during the measurement period.

Telehealth

Visits can be done during telehealth or phone visits, e-visits or virtual check-ins.

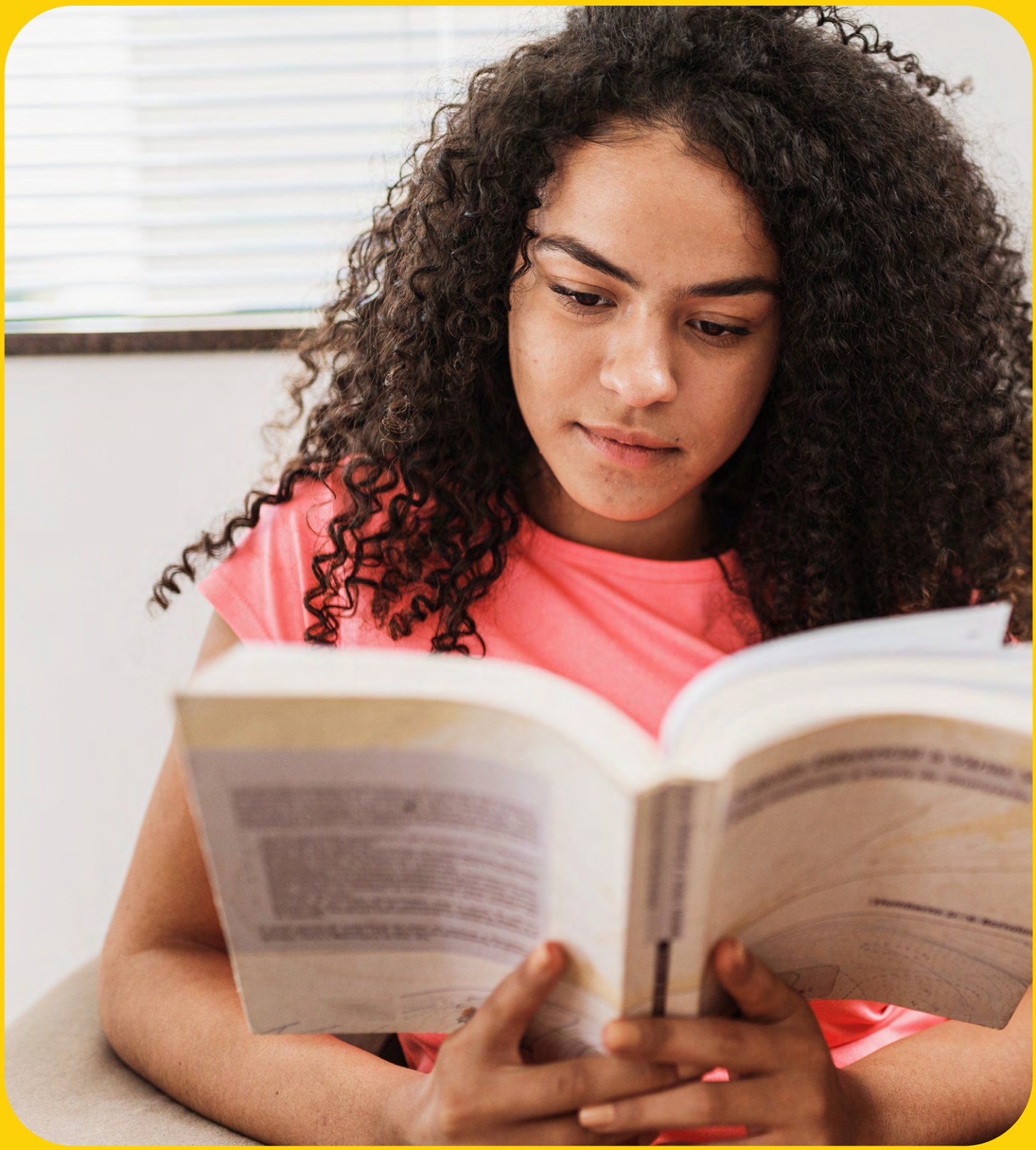
Helpful Tips

- ✓ Use postpartum visits to discuss mental health with the member. Offer member mental health resources if needed.
- ✓ Follow-up with members who had indicated the need for mental health care.
- ✓ Encourage member to make an appointment with mental health providers if needed. Help schedule an appointment with a mental health provider, if needed.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Behavioral Health



Follow-Up Care for Children Prescribed ADHD Medication – ECDS (ADD-E)*

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. The measurement period is January 1–December 31. Two rates are reported.

- **Initiation Phase: The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.**
- **Continuation and Maintenance (C&M) Phase: The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.**

Numerator

Numerator 1. Initiation Phase: Members who had a follow-up visit with a practitioner with prescribing authority, within 30 days after the Index Prescription Start Date (IPSD) (do not include visits on the IPSD). The visit must be with a provider with prescribing authority. Any of the following code combinations meet criteria for a visit:

- An outpatient visit
- A health and behavior assessment or intervention
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- A telehealth or telephone visit

Numerator 2. C&M Phase: Members who meet the following criteria:

- Numerator compliant for Rate 1 – Initiation Phase, **and**
- At least two follow-up visits on different dates of service with any practitioner, from 31–300 days after the IPSD.
- Any of the following code combinations meet criteria for follow-up visits:
  - An outpatient visit
  - A health and behavior assessment or intervention
  - An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- A telehealth or telephone visit: Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in

Denominator

Members 6–12 years of age with a prescription dispensed for ADHD medication

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Members with a diagnosis of narcolepsy any time during member's history through the end of the measurement period.

Telehealth

- Initiation visits can be conducted via telehealth and telephone.
- 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.

Helpful Tips

- ✓ After prescribing an initial ADHD medication, schedule the member's follow-up within three weeks.
- ✓ For members who remain on their medication, schedule their follow-up visits after the latest visit. Visits should be 60 days apart.
- ✓ Talk with members about the importance of using their medications and common barriers. Take time to answer their questions.
- ✓ Use Social Worker staff to conduct follow-up visits for members who remain on the medication for more than 30 days. Make use of telephone visits and virtual check-in.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to keep the member "on schedule."
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish the data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Follow-Up After Hospitalization for Mental Illness (FUH)

The percentage of discharges for members six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

- **The percentage of discharges for which the member received follow-up within 30 days after discharge.**
- **The percentage of discharges for which the member received follow-up within seven days after discharge.**

Numerator

30-Day Follow-Up

A follow-up visit with a mental health provider within 30 days after discharge. Do not include visits that occur on the date of discharge.

7-Day Follow-Up

A follow-up visit with a mental health provider within seven days after discharge. Do not include visits that occur on the date of discharge.

For both indicators

Any of the following meet criteria for a follow-up visit:

- An outpatient visit with a mental health provider
- An outpatient visit with any diagnosis of mental health disorder
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- Electroconvulsive therapy
- A telehealth or telephone visit with a mental health provider
- A telehealth or telephone visit with any diagnosis of mental health disorder
- Transitional care management services with a mental health provider
- Transitional care management services with any diagnosis of mental health disorder
- A visit in a behavioral healthcare setting
- Psychiatric collaborative care management
- Peer support group services with a diagnosis of a mental health disorder
- Psychiatric residential treatment

Denominator

Members who:

- Are age six years or older when discharged from inpatient care, and
- Have a principal diagnosis of mental illness or intentional self-harm

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins with a mental health provider.

Helpful Tips

- ✓ Only a mental health practitioner may conduct a follow-up visit: psychiatrist, psychologist, clinical social worker, RN, marital and family therapist or professional counselor.
- ✓ At each visit, ask members about recent inpatient stays and support them in their recovery.
- ✓ Visits must have a principal diagnosis of mental health disorder or intentional self-harm.
- ✓ Offer priority scheduling for post-discharge follow-up appointments (within three days). Support the member in fulfilling all post-discharge appointments and other ongoing care.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members six years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

- **The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).**
- **The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).**

Numerator

30-Day Follow-Up

A follow-up visit for mental health within 30 days after the ED visit (31 total days). Include services that occur on the date of the ED visit.

7-Day Follow-Up

A follow-up visit for mental health within seven days after the ED visit (eight total days). Include services that occur on the date of the ED visit.

For both indicators

Any of the following meet criteria for follow up service:

- An outpatient visit with any diagnosis of a mental health disorder
- An intensive outpatient encounter or partial hospitalization
- An intensive outpatient encounter or partial hospitalization with any diagnosis of a mental health disorder
- A community mental health center visit
- Electroconvulsive therapy
- A telehealth, e-visit or virtual check in, or telephone visit with any diagnosis of a mental health disorder
- Psychiatric collaborative care management
- Peer support services with any diagnosis of a mental health disorder
- Psychiatric residential treatment
- A visit in a behavioral healthcare setting

Note: Events that meet both eligible population and numerator criteria should not be included in the numerator.

Denominator

Members who:

- Are age six years or older at the ED visit, and
- Have a principal diagnosis of mental illness or intentional self-harm

Exclusion Criteria

Members who use hospice services or elect to use a hospice benefit any time during the measurement year. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement year.

Members who die any time during the measurement year.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins with a mental health provider.

Helpful Tips

- ✓ At each visit, ask members about recent ED or inpatient stays and support them in their recovery.
- ✓ Visits must have a principal diagnosis of mental health disorder or intentional self-harm.
- ✓ Offer priority scheduling for post-discharge follow-up appointments (within three days). Support the member in fulfilling all post-discharge appointments and other ongoing care.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Follow-Up After Emergency Department Visit for Substance Use (FUA)

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:

- **Members who had a follow-up within seven days of the ED visit.**
- **Members who had a follow-up within 30 days of the ED visit.**

Numerator

30-Day Follow-Up

A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

7-Day Follow-Up

A follow-up visit or a pharmacotherapy dispensing event within seven days after the ED visit (eight total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

For both indicators

Any of the following meet the criteria for a follow-up visit:

- Outpatient
- Intensive outpatient encounter
- Partial hospitalization
- Non-residential substance abuse treatment facility
- Community mental health center
- Peer support service
- An opioid treatment service that bills monthly or weekly
- Telehealth or telephone
- E-visit or virtual check-in
- A substance use disorder service
- A behavioral health screening or assessment

OR

- A pharmacotherapy dispensing event WITH any diagnosis of SUD, substance use or drug overdose
- A visit with a mental health provider

Denominator

An ED visit with a principal diagnosis of SUD or any diagnosis of drug overdose on or between January 1 and December 1 of the measurement year where the member was 13 years of age or older on the date of the visit.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins.

Helpful Tips

- ✓ At each visit, ask members about recent ED or inpatient stays and support them in their recovery.
- ✓ Follow-up SUD visits must include an SUD diagnosis code.
- ✓ Offer priority scheduling for post-discharge follow-up appointments (within three days). Support the member in fulfilling all post-discharge appointments and other ongoing care.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

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 services for substance use disorders. Two rates are reported:

- **A follow-up visit for substance use disorder within the seven days after the visit or discharge.**
- **A follow-up visit for substance use disorder within the 30 days after the visit or discharge.**

Numerator

30-Day Follow-Up

A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode (based on date of discharge) for substance use disorder. Do not include visits that occur on the date of the denominator episode.

7-Day Follow-Up

A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the seven days after an episode (based on date of discharge) for substance use disorder. Do not include visits that occur on the date of the denominator episode.

For both indicators

Any of the following meet the criteria for a follow-up visit:

- An acute or nonacute inpatient admissions or residential behavioral health stay **with** a principal diagnosis of SUD on the discharge claim.
- An outpatient visit, intensive outpatient encounter, partial hospitalization, non-residential substance abuse treatment facility, community mental health center visit, peer support service, opioid treatment service that bills monthly or weekly, telehealth or telephone, e-visit or virtual check-in, a substance use disorder service, a behavioral health screening or assessment, **OR** a pharmacotherapy dispensing event **with** a principal diagnosis of SUD on the discharge claim.

Denominator

An ED visit with a principal diagnosis of SUD or any diagnosis of drug overdose on or between January 1 and December 1 of the measurement year where the member was 13 years of age or older on the date of the visit.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins.

Helpful Tips

- ✓ At each visit, ask members about recent ED or inpatient stays and support them in their recovery.
- ✓ Follow-up SUD visits must have a primary diagnosis of SUD.
- ✓ Offer priority scheduling for post-discharge follow-up appointments (within three days). Support the member in fulfilling all post-discharge appointments and other ongoing care.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Adolescent, 13 years and older, and adult members with new substance use disorder (SUD) episodes should have:

- **Initiation of SUD Treatment: 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.**
- **Engagement of SUD Treatment: members who initiated treatment and who were engaged in ongoing SUD treatment within 34 days of the initiation visit.**

Numerator

Initiation of SUD Treatment: Initiation of SUD treatment within 14 days of the SUD episode date. The episode date can be an inpatient discharge, opioid treatment service that bills monthly, or one of the following on the SUD episode date or during the 13 days after the SUD episode date (14 total days).

- An acute or nonacute inpatient admission, with a diagnosis of Alcohol, Opioid, or other Drug Abuse or Dependence.
- An outpatient visit, intensive outpatient encounter, partial hospitalization, non-residential substance abuse treatment facility, community mental health center visit, a weekly or monthly opioid treatment service, telehealth or telephone, e-visit or virtual check-in, a substance use disorder service, or a behavioral health screening or assessment.
- For SUD episodes in the alcohol use disorder cohort, an alcohol use disorder medication treatment dispensing event or a medication administration event.
- For SUD episodes in the opioid use disorder cohort, an opioid use disorder medication treatment dispensing event or a medication administration event.

Engagement of SUD Treatment: If Initiation of SUD Treatment was an inpatient admission, the 34-day period for engagement begins the day after discharge.

- SUD episodes that are not compliant for Initiation of SUD Treatment are not compliant for Engagement of SUD Treatment.
- SUD Episodes with at least one weekly or monthly opioid treatment service with medication administration on the day after the initiation encounter through 34 days after the initiation event are compliant.
- SUD episodes with long-acting SUD medication administration events on the day after the initiation encounter through 34 days after the initiation event are compliant.
- Episodes on the day after the initiation through 34 days after the initiation can be considered an engagement visit or engagement medication treatment event:
  - An acute or nonacute inpatient admission, with a diagnosis of Alcohol, Opioid, or other Drug Abuse or Dependence.
  - An outpatient visit, intensive outpatient encounter, partial hospitalization, non-residential substance abuse treatment facility, community mental health center visit, a weekly or monthly opioid treatment service, telehealth or telephone, e-visit or virtual check-in, a substance use disorder service, a behavioral health screening or assessment.
  - For SUD episodes in the alcohol use disorder cohort, an alcohol use disorder medication treatment dispensing event or a medication administration event.
  - For SUD episodes in the opioid use disorder cohort, an opioid use disorder medication treatment dispensing event or a medication administration event.

Denominator

Members 13 years of age and older as of the SUD episode date.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins.

Helpful Tips

- ✓ The initiation visit should be pre-scheduled at the end of the diagnosing visit.
- ✓ The engagement visits should be pre-scheduled at the end of the initiation visit.
- ✓ Use only standardized tools when diagnosing a member with SUD, such as Cut Down, Annoyed, Guilty, Eye Opener (CAGE) or Drug Abuse Screening Test (DAST).
- ✓ When diagnosing members with SUD, ensure members either have a follow-up appointment to address the substance use, or refer for treatment as appropriate. This includes Medication Assisted Treatment (MAT) visits.
- ✓ Follow-up SUD visits must include an SUD diagnosis.
- ✓ Help members schedule needed appointments. Make reminder calls to help them keep their scheduled appointments.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)

The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

- *Unhealthy Alcohol Use Screening.* **The percentage of members who had a systematic screening for unhealthy alcohol use.**
- *Follow-Up Care on Positive Screen.* **The percentage of members receiving brief counseling or other follow-up care within 60 days of screening positive for unhealthy alcohol use.**

Numerator

Numerator 1—Unhealthy Alcohol Use Screening

Members with a documented result for unhealthy alcohol use screening, such as the AUDIT or AUDIT-C, performed between January 1 and November 1 of the measurement period. Single-question screenings with a documented result may also be used, such as:

- Single-question screen (for men): “How many times in the past year have you had five or more drinks in a day?”
- Single-question screen (for women and all adults older than 65 years): “How many times in the past year have you had four or more drinks in a day?”

Numerator 2—Follow-Up Care on Positive Screen

Members receiving alcohol counseling or other follow-up care.

Denominator

Denominator 1

Members 18 years and older at the start of the measurement period.

Denominator 2

All members in numerator 1 with a positive finding for unhealthy alcohol use screening between January 1 and November 1 of the measurement period.

Exclusion Criteria

Members with alcohol use disorder that starts during the year prior to the measurement period.

Members with history of dementia any time during the member’s history through the end of the measurement period.

Members who use hospice services or elect to use a hospice benefit any time during the measurement period.

Members who die any time during the measurement period.

Telehealth

A telehealth visit with a diagnosis of depression or other behavioral health condition may be used for compliance.

Helpful Tips

- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance.
- ✓ If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members ages 18 and older, with schizophrenia who were dispensed an antipsychotic medication should remain on an antipsychotic medication for at least 80% of their treatment period.

Numerator

30-Day Follow-Up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.

7-Day Follow-Up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the seven days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.

For both indicators: The follow-up visit must be an outpatient visit **with**:

- Any diagnosis of SUD, substance use or drug overdose, or
- A mental health provider

Denominator

Members diagnosed with schizophrenia or schizoaffective disorder during the measurement year.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Dementia diagnosis during the measurement year.

Did not have at least two antipsychotic medication dispensing events.

Members 66–80 years of age with frailty **and** advanced illness, or who are living in long-term institutions.

Members age 81+ with frailty.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Consider prescribing a 90-day supply of antipsychotic medications for the second or third refill if member is stable with their current treatment.
- ✓ Consider the use of long acting injectables (LAIs). If used, be sure to bill using appropriate LAI codes.
- ✓ Encourage member to seek psychotherapy.
- ✓ Have Social Workers use telephone visits and virtual check-ins to remind members to take their medication.
- ✓ Address the importance of them using their medications, common barriers, and questions about their medication. Use motivational interviewing techniques to help them continue taking their medications as prescribed.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD)

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Numerator

A glucose test or an HbA1c test performed during the measurement year. Any of the following meet criteria:

- Glucose Lab Test Value Set
- Glucose Test Result or Finding Value Set
- HbA1c Lab Test Value Set
- HbA1c Test Result or Finding Value Set. Do not include codes with a modifier (CPT CAT II Modifier Value Set)

Denominator

Members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication, minus the exclusions (below).

Exclusion Criteria

Member with diabetes and received diabetes medication during the measurement year.

Members who are not on antipsychotic medication during the measurement year.

Members in hospice or using hospice services during the measurement year.

Members who died in the measurement year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Place the lab order when writing the script. When completed, document diagnosis and results of HbA1c test.
- ✓ Review results of the labs with both member and the behavioral health provider.
- ✓ Help member schedule appropriate lab screenings. Make reminder calls to ensure they complete their labs.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ This measure is eligible for Member Rewards. Mention this when you speak with the member. If member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Metabolic Monitoring for Children and Adolescents on Antipsychotics – ECDS (APM-E)*

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. The three rates reported are the percentages of children and adolescents on antipsychotics who received:

- **Blood glucose testing.**
- **Cholesterol testing.**
- **Blood glucose and cholesterol testing.**

Numerator

Numerator 1. Blood Glucose: Members who received at least one test for blood glucose or HbA1c during the measurement period.

Numerator 2. Cholesterol: Members who received at least one test for LDL-C or cholesterol during the measurement period.

Numerator 3. Blood Glucose and Cholesterol: Members who were compliant for both the blood glucose and cholesterol indicators (numerator 1 and numerator 2).

Denominator

Members 1-17 years of age who had two or more antipsychotic prescriptions.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Place Glucose/HbA1c and LDL-C/cholesterol test order when writing the script.
- ✓ Encourage the member to make an appointment for Glucose/HbA1c and LDL-C/cholesterol lab tests. Make reminder calls to ensure they complete their labs.
- ✓ Review results of the labs with both the member and behavioral health provider.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to **qmophedis4@metroplus.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Use of Pharmacotherapy for Alcohol Use or Dependence (POA)

The percentage of individuals with any encounter associated with alcohol use or dependence, with at least 1 prescription for appropriate pharmacotherapy at any time during the measurement year.

Numerator

Individuals with at least one prescription for appropriate pharmacotherapy at any time during the measurement year. The following will identify initiation of pharmacotherapy treatment for alcohol abuse or dependence:

- Dispensed a prescription for Alcohol Abuse or Dependence during the measurement year
- Medication treatment during a visit

Denominator

Members 18 years and older as of December 31 of the measurement year with at least one alcohol use or dependence diagnosis.

Exclusion Criteria

No exclusions.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Encourage members with alcohol use or dependence to consider MAT.
- ✓ For members already started on MAT, support and encourage continued treatment.
- ✓ Help members not on MAT make appointment to have MAT services completed. (Or help them keep their appointment if they say they already have one.)

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Pharmacotherapy for Opioid Use Disorder (POD)

The percentage of new opioid use disorder (OUD) pharmacotherapy events, for members age 16 and older, including OUD medication and diagnoses should remain on OUD pharmacotherapy treatment for 180 or more days.

Numerator

New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days **without** a gap in treatment of eight or more consecutive days.

Denominator

Members ages 16+ who have OUD Diagnosis from July 1 of measurement year to June 30, with an OUD dispensing event.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Encourage members with opioid use disorder to consider MAT.
- ✓ For members already started on MAT, support and encourage continued treatment.
- ✓ Help members who are not on MAT make appointment to complete MAT services. Help them keep their appointment if they indicate they already have one.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (POD-N)

The percentage of individuals who initiate pharmacotherapy with at least one prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid dependence.

Numerator

Initiation of pharmacotherapy treatment within 30 days of the Index Episode.

The following is considered initiation of pharmacotherapy treatment for opioid abuse or dependence:

- A Medication Assisted Therapy Dispensing Event
- Dispensed a prescription for Opioid Abuse or Dependence

If the Index Episode was an inpatient admission, the 30-day period for the MAT begins on the day of discharge.

Denominator

Members 18 years and older as of December 31 of the measurement year.

Exclusion Criteria

Member who had an index visit with a diagnosis of opioid abuse or dependence during the 60 days before the Index Episode Start Date.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ For members newly diagnosed with opioid disorder, encourage and support members in their recovery through use of medication assisted treatment (MAT).
- ✓ For providers who do not provide MAT, partner with MetroPlus on developing a network of referral providers for (MAT).
- ✓ Encourage members with opioid use disorder to consider MAT.
- ✓ Help members who are not on MAT to make appointment to complete MAT services. Help them keep their appointment if they already have one.
- ✓ For members already started on MAT, support and encourage continued treatment.
- ✓ Use peers and Social Workers to support members in their treatment.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Depression Screening and Follow-Up for Adolescents and Adults – ECDS (DSF-E)*

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized instrument.
- **Follow-Up on Positive Screen.** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Helpful Tips

- ✓ Use any type of visit to discuss mental health with the member and screen using a standardized tool.
- ✓ Offer member mental health resources if needed. Follow-up with members who had indicated the need for mental health care. Help schedule appointments.
- ✓ Follow-up with member to make sure they are receiving mental health care.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

Numerator

Numerator 1. Members with a documented result of a depression screening performed using an age-appropriate standardized instrument between January 1 and December 1 of the Measurement Period.

Numerator 2. Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

Denominator

Denominator 1. Members 12 years of age and older at the start of the Measurement Period who also meet criteria for participation.

Denominator 2. All patients from Numerator 1 with a positive depression screen finding between January 1 and December 1 of the Measurement Period.

Exclusion Criteria

Members with history of bipolar disorder any time during the members history through the end of the year of the measurement period.

Members with depression that start during the year prior to the measurement period.

Members in hospice or using hospice services during the measurement year.

Members who die any time during measurement period.

Telehealth

Telehealth cannot be used for compliance.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Diabetes, Cardiovascular, and Respiratory Conditions

Glycemic Status Assessment for Patients with Diabetes (GSD), formerly known as (HBD)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- **Glycemic Status <8.0%**
- **Glycemic Status >9.0%**

Numerator

A Glycemic Status Assessment:

- If the glycemic status is <8%
  - **Compliant:** HbA1c Level Less Than 8.0 Value Set
  - **Not compliant:** HbA1c Level Greater Than or Equal To 8.0 Value Set
- If the glycemic status is >9%
  - **Compliant:** HbA1c Level Greater Than 9.0 Value Set
  - **Not compliant:** HbA1c Level Less Than or Equal To 9.0 Value Set

Denominator

Members 18–75 years of age with diabetes (types 1 and 2) who were dispensed medication classified for diabetes use and have a diagnosis of diabetes.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who had an encounter for palliative care any time during the measurement period.

Members ages 66+ as of December 31 who had institutional SNP or Living long-term in an institution during the measurement year.

Members ages 66+ as of December 31 with frailty and advanced illness during or prior to the measurement year.

Members taking dementia medication.

Members who died during the measurement year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Conduct the test in the office, or place the order/create standing orders, to better facilitate.
- ✓ Document all the details of the exam, including diagnosis and results of the GMI or HbA1c test.
- ✓ Call members and offer to schedule their appointments if one is not currently booked. Make reminder calls to keep their scheduled appointments.
- ✓ Educate patient and/or caregiver about the risks of uncontrolled diabetes and the importance of a healthy lifestyle.
- ✓ Recommend other important screenings like an annual retinal exam, kidney exam, foot and dental exams.
- ✓ Reschedule “no shows” immediately and prioritize those appointments to keep the member “on schedule.”
- ✓ Encourage the patient to visit the following website to learn more about diabetic education and resources available to them **metroplus.org/members/health-information/diabetes**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Blood Pressure Control for Patients with Diabetes (BPD)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Numerator

Blood pressure reading of:

- **Compliant:** Systolic Less Than 140 Value Set.
- **Compliant:** Diastolic Less Than 90 Value Set.
- **Not Compliant:** Systolic blood pressure greater than or equal to 140 mm Hg.
- **Not Compliant:** Diastolic blood pressure greater than or equal to 90 mm Hg.

Denominator

Members 18–75 years of age with diabetes (types 1 and 2) who were dispensed medication classified for diabetes use and have a diagnosis of diabetes.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who had an encounter for palliative care any time during the measurement period.

Members ages 66+ as of December 31 who had institutional SNP or Living long-term in an institution during the measurement year.

Members ages 66+ as of December 31 with frailty and advanced illness during or prior to the measurement year.

Members taking dementia medication.

Members who died during the measurement year.

Telehealth

Blood pressure readings taken by the member with any digital device and documented in the member's medical record are acceptable.

Helpful Tips

- ✓ Document all the details of the visit, including diagnosis and results of the blood pressure test.
- ✓ Educate patient and/or caregiver about the risks associated with uncontrolled diabetes and blood pressure in addition to the importance of a healthy lifestyle.
- ✓ Recommend other important screenings like an annual retinal, kidney exam, foot and dental exams.
- ✓ Call members and offer to schedule their appointments if one is not currently booked. Make reminder calls to keep their scheduled appointments.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to keep the member "on schedule."
- ✓ Encourage the patient to visit the following website to learn more about diabetic education and resources available to them **metroplus.org/members/health-information/diabetes**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Eye Exam for Patients with Diabetes (EED)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Numerator

A retinal exam and/or detailed documentation of one of the following:

- A dilated or retinal eye exam by an eye care professional during the program year
- A negative eye exam for retinopathy the year prior to the program year

Denominator

Members 18–75 years of age with diabetes (types 1 and 2) who were dispensed medication classified for diabetes use and have a diagnosis of diabetes.

Exclusion Criteria

Bilateral absence of eyes any time during the member's history through December 31 of the measurement year.

Eye enucleation any time during the member's history through December 31 of the measurement year (all types of enucleation including bilateral and unilateral).

Members in hospice or using hospice services during the program year.

Members who had an encounter for palliative care any time during the measurement period.

Members ages 66+ as of December 31 who had institutional SNP or Living long-term in an institution during the program year.

Members ages 66+ as of December 31 with frailty and advanced illness during or prior to the program year.

Members who died during the measurement year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Document all the details of the exam, including diagnosis and results of eye exam.
- ✓ Recommend and assist in scheduling other important screenings like an annual kidney, foot and dental exams.
- ✓ Consider using a fundus camera in primary care setting, with results read by an eye care specialist. If in use, consider using support staff to take photos.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately and prioritize those appointments to keep the member "on schedule."
- ✓ Educate patient and/or caregiver about the risks associated with uncontrolled diabetes and the importance of a healthy lifestyle.
- ✓ Refer the patient to a MetroPlus participating eye care provider if they have not completed an eye exam. Help schedule the needed appointment.
- ✓ Encourage the patient to visit the following website to learn more about diabetic education and resources available to them **metroplus.org/members/health-information/diabetes**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Kidney Health Evaluation for Patients with Diabetes (KED)

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR), during the program year.

Numerator

Members who received both an eGFR and a uACR during the program year on the same or different dates of service:

- At least one eGFR (Estimated Glomerular Filtration Rate Lab Test Value Set).
- At least one uACR identified by either of the following:
  - Both a quantitative urine albumin test (Quantitative Urine Albumin Lab Test Value Set) and a urine creatinine test (Urine Creatinine Lab Test Value Set). Service dates must be four days or less apart. For example, if the service date for the quantitative urine albumin test was December 1 of the program year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the program year.
  - A uACR (Urine Albumin Creatinine Ratio Lab Test Value Set).

Denominator

Members 18–75 years of age with diabetes (types 1 and 2) who were dispensed medication classified for diabetes use and have a diagnosis of diabetes.

Exclusion Criteria

Members with a diagnosis of ESRD during or prior to the program year.

Members who had dialysis during or prior to the program year.

Members in hospice or using hospice services during the program year.

Members who had an encounter for palliative care any time during the measurement period.

Members ages 66+ as of December 31 who had institutional SNP or living long-term in an institution during the program year.

Members ages 60–81 as of December 31 with frailty and advanced illness during or prior to the program year.

Members taking dementia medication.

Members who died during the program year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Document all the details of the exam, including diagnosis and results of the kidney exam.
- ✓ Order urine albumin and urine creatinine together. Consider ordering for recently seen members without having them come back in.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Recommend and assist in scheduling other important screenings like an annual retinal, A1c, foot and dental exams.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

  Educate patient and/or caregiver about the risks associated with uncontrolled diabetes and the importance of a healthy lifestyle.
- ✓ Encourage the patient to visit the following website to learn more about diabetic education and resources available to them **metroplus.org/members/health-information/diabetes**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Statin Therapy for Patients with Diabetes (SPD)

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

- **Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.**
- **Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.**

Numerator

Rate 1 Numerator: The number of members who had at least one dispensing event for a high-intensity, moderate intensity, or low-intensity statin medication (High, Moderate and Low Intensity Statin Medications List) during the measurement year.

Rate 2 Numerator: The number of members who achieved proportion of days covered (PDC) of at least 80% during the treatment period.

Denominator

Rate 1 Denominator: Members 40–75 years of age who do not have ASCVD with at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year OR members who were dispensed insulin or hypoglycemics/ antihyperglycemics and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

Rate 2 Denominator: Members who are numerator compliant for Rate 1.

Exclusion Criteria

Members discharged from an inpatient setting with Myocardial Infarction claim prior to the measurement year.

Members who had CABG, PCI or Revascularization in any setting during or prior to the measurement year.

Members who had at least one encounter with a diagnosis of IVD during AND prior to the measurement year.

Members who are pregnant, on IVR or Estrogen Agonist during or prior to the measurement year.

Members who have ESRD, Cirrhosis or on Dialysis during or prior to the measurement year.

Members who have Myalgia, Myositis, Myopathy, or Rhabdomyolysis during or prior to the measurement year.

Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year.

Members in hospice or using hospice services during the measurement year.

Members ages 66+ as of December 31 who had institutional SNP or Living long-term in an institution during the measurement year.

Members ages 66+ as of December 31 with frailty and advanced illness during or prior to the measurement year.

Members who died during the measurement year.

Members taking dementia medication.

Members who had an encounter for palliative care any time during the measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Discuss the importance of medication adherence with the patient.
- ✓ Consider prescribing a 90-day supply.
- ✓ Educate patient and/or caregiver about the risks associated with uncontrolled diabetes and the importance of a healthy lifestyle.
- ✓ Recommend important screenings like an annual retinal, kidney exam, foot and dental exams.
- ✓ Reschedule “no shows” immediately.
- ✓ Encourage the patient to learn more about diabetic education and available resources by visiting the **MetroPlusHealth Diabetes Resources page**.
- ✓ This measure is eligible for Member Rewards. Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates are reported:

- **Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.**
- **Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.**

Numerator

Rate 1 Numerator: The number of members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication (High and Moderate Intensity Statin Medications List) during the measurement year.

Rate 2 Numerator: The number of members who achieved proportion of days covered (PDC) of at least 80% during the treatment period.

Denominator

Rate 1 Denominator: Male members 21–75 years of age and female members 40–75 years of age who had a discharge from inpatient setting with Myocardial Infarction (MI), Coronary Artery Bypass Graft Surgery (CABG) in any setting, Percutaneous Coronary Intervention (PCI) in any setting, or other revascularization in any setting during the year prior to the measurement year or had at least one encounter with a diagnosis of Ischemic Vascular Disease (IVD) both during measurement year and the year prior to the measurement year.

Rate 2 Denominator: Members who are numerator compliant for Rate 1.

Exclusion Criteria

Members who are pregnant, in IVF or on Estrogen Agonist during or prior to the measurement year.

Members who have ESRD, Cirrhosis or are on Dialysis during or prior to the measurement year.

Members who have Myalgia, Myositis, Myopathy, or Rhabdomyolysis during or prior to the measurement year.

Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year.

Members in hospice or using hospice services during the measurement year.

Members ages 66+ as of December 31 who had institutional SNP or Living long-term in an institution during the measurement year.

Members ages 66+ as of December 31 with frailty and advanced illness during or prior to the measurement year.

Members taking dementia medication.

Members who died during the measurement year.

Members who had an encounter for palliative care any time during the measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Discuss the importance of medication adherence with the patient.

  Consider prescribing a 90-day supply.
- ✓ Educate patient and/or caregiver about the risks associated with uncontrolled blood pressure and the importance of a healthy lifestyle.
- ✓ Reschedule “no shows” immediately.
- ✓ This measure is eligible for Member Rewards. Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Controlling High Blood Pressure (CBP)

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Numerator

Most recent blood pressure reading of:

- **Systolic Compliant:** Systolic Less Than 140 Value Set.
- **Diastolic Compliant:** Diastolic Less Than 90 Value Set.
- **Systolic Not Compliant:** Systolic blood pressure greater than or equal to 140 mm Hg.
- **Diastolic Not Compliant:** Diastolic blood pressure greater than or equal to 90 mm Hg.

Denominator

Members 18–85 years of age who had a diagnosis of hypertension (HTN).

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Exclusion Criteria

Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, kidney transplant any time in members' history through measurement year.

Members in hospice or using hospice services during the measurement year.

Members who died during the measurement year.

Members 66–80 years of age with frailty and advanced illness.

Members who are 81+ years of age as of December 31 and who had two indications of frailty, frailty device and frailty diagnosis with different dates of service during the measurement year.

Members taking dementia medication.

Members who had an encounter for palliative care any time during the measurement period.

Medicare members 66 year of age and older as of December 31 of the measurement year who are either enrolled in an Institutional Special Needs Plan or living long-term in an institution during the measurement year.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins.

Helpful Tips

- ✓ Document all the details of the visit, including diagnosis and results of the blood pressure test.
- ✓ Educate patient and/or caregiver about the risks of uncontrolled blood pressure and the importance of a healthy lifestyle.
- ✓ Reschedule "no shows" immediately and prioritize those appointments.

Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC)

The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ED visit.

Numerator

A follow-up service (outpatient visit, telephone visit, e-visit, virtual check-in, transitional care management, case management visit, complex care management service, outpatient/telehealth behavioral health visit, intensive outpatient encounter, partial hospitalization, community mental health center visit, electroconvulsive therapy, substance abuse counseling) within seven days after the ED visit (eight total days). Include visits that occur on the date of the ED visit.

Denominator

Members 18 years and older who have high-risk chronic conditions who had an ED visit on or between January 1 and December 24 of the measurement year where the member was 18 years or older on the date of the visit. Exclude ED visits that result in an inpatient stay.

Exclusion Criteria

Members in hospice or using hospice services during the measurement year.

Members who died during the measurement year.

Telehealth

Visits can be done by telehealth or phone visits, e-visits or virtual check-ins.

Helpful Tips

- ✓ At each visit, ask members about recent ED or inpatient stays and address chronic conditions.
- ✓ Members should be scheduled for a follow-up visit at time of ED discharge.
- ✓ Offer priority scheduling for post-discharge follow-up appointments (within three days). Assist the member in attending all specialty appointments and other ongoing care by offering reminders or assistance with scheduling.
- ✓ Use telephone visits and virtual check-ins.
- ✓ Make use of support staff to follow-up post ED visit.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Asthma Medication Ratio (AMR)

The percentage of patients ages 5–64 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the program year.

Numerator

The number of members who have a medication ratio of ≥0.50 during the program year.

Denominator

Members ages 5–64 years who have persistent asthma during both the program year and the year prior.

Exclusion Criteria

Members who had a diagnosis that requires a different treatment approach than members with asthma any time during the member's history through December 31 of the measurement year.

Members who had no asthma controller or reliever medications.

Members in hospice or using hospice services during the program year.

Members who died during the program year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Start treatment with a combination medication like Symbicort or Dulera. If member is not currently taking their controller medication as prescribed, consider switching to one of these medications.
- ✓ An asthma action plan should be initiated with all members diagnosed with persistent asthma.
- ✓ Educate members on the importance and proper use of controller medications. Refer patients to the **MetroPlusHealth Asthma Resources page for more information**.
- ✓ Use support staff to conduct telephone visits and virtual check-ins on medication adherence.
- ✓ Reschedule "no shows" immediately and prioritize those appointments.
- ✓ Document exclusions in the member's history. Use the code listed in the MetroPlusHealth HEDIS/QARR Code Sheet.
- ✓ This measure is eligible for a MY 2025 Member Reward (Reward name: Asthma Medication Management). Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

The following components of this measure assess different facets of offering medical help with smoking and tobacco use cessation:

- Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.
- Discussing Cessation Medications: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
- Discussing Cessation Strategies: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were offered cessation methods or strategies during the measurement year.

Numerator

Numerator 1. Advising Smokers and Tobacco Users to Quit: The number of members in the denominator who indicated that a doctor or other health provider advised them to quit by answering "Sometimes" or "Usually" or "Always" to Q35 (for Medicaid) or Q56 (for Medicare).

Numerator 2. Discussing Cessation Medications: The number of members in the denominator who indicated that their doctor or health provider recommended or discussed medications to help them quit by answering "Sometimes" or "Usually" or "Always" to Q36 (for Medicaid).

Numerator 3. Discussing Cessation Strategies: The number of members in the denominator who indicated that their doctor or health provider discussed or offered ways to quit by answering "Sometimes" or "Usually" or "Always" to Q37 (for Medicaid).

Denominator

Denominator 1. Advising Smokers and Tobacco Users to Quit: The number of members who responded to the survey and indicated that they were current smokers or tobacco users. To be included in the denominator, the member response choices must be:

- Q34 (Medicaid) or Q55 (Medicare) = “Every day” or “Some days.”
- Q35 (Medicaid) or Q56 (Medicare) = “Never” or “Sometimes” or “Usually” or “Always.”

Denominator 2. Discussing Cessation Medications: The number of members who responded to the survey and indicated that they were current smokers or tobacco users. To be included in the denominator, the member response choices must be:

- Q34 (Medicaid) = “Every day” or “Some days.”
- Q36 (Medicaid) = “Never” or “Sometimes” or “Usually” or “Always.”

Denominator 3. Discussing Cessation Strategies: The number of members who responded to the survey and indicated that they were current smokers or tobacco users. To be included in the denominator, member response choices must be:

- Q34 (Medicaid) = “Every day” or “Some days.”
- Q37 (Medicaid) = “Never” or “Sometimes” or “Usually” or “Always.”

Exclusion Criteria

Members who die any time during the measurement year.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use any type of visit to discuss help with quitting smoking and/or tobacco, including medications.
- ✓ Help member make any additional and/or follow-up appointments.
- ✓ Refer to the NYS Quit line: **nysmokefree.com**
- ✓ MetroPlusHealth Smoking Cessation Resources, including list of **Smoking Cessation Programs.**

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Social Determinants of Health

Social Needs Screening (SNS-E)

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

Food Screening. **The percentage of members who were screened for food insecurity.**

Food Intervention. **The percentage of members who received a corresponding intervention within 30 days (one month) of screening positive for food insecurity.**

Housing Screening. **The percentage of members who were screened for housing instability, homelessness or housing inadequacy.**

Housing Intervention. **The percentage of members who received a corresponding intervention within 30 days (one month) of screening positive for housing instability, homelessness or housing inadequacy.**

Transportation Screening. **The percentage of members who were screened for transportation insecurity.**

Transportation Intervention. **The percentage of members who received a corresponding intervention within 30 days (one month) of screening positive for transportation insecurity.**

Numerator

Numerator 1—Food Screening Members in denominator 1 with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period.

Numerator 2—Food Intervention Members in denominator 2 who received a food insecurity intervention (Food Insecurity Procedures Value Set) on or up to 30 days after the date of the first positive food insecurity screen (31 days total).

Numerator 3—Housing Screening Members in denominator 3 with a documented result for housing instability, homelessness or housing inadequacy screening performed between January 1 and December 1 of the measurement period.

Numerator 4—Housing Intervention Members in denominator 4 who received an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen (31 days total).

Numerator 5—Transportation Screening Members in denominator 5 with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period.

Numerator 6—Transportation Intervention Members in denominator 6 who received a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen (31 days total).

Denominator

Denominator 1 The initial population, minus exclusions.

Denominator 2 All members in numerator 1 with a positive food insecurity screen finding between January 1 and December 1 of the measurement period.

Denominator 3 Same as denominator 1.

Denominator 4 All members in numerator 3 with a positive housing instability, homelessness or housing inadequacy screen finding between January 1 and December 1 of the measurement period.

Denominator 5 Same as denominator 1.

Denominator 6 All members in numerator 5 with a positive transportation insecurity screen finding between January 1 and December 1 of the measurement period.

Exclusion Criteria

Members in hospice or using hospice services during the program year.

Members who died during the program year.

Members who are in an I-SNP or living long-term in an institution during the program year.

Codes/Medications for Compliance

Diagnosis Codes used to identify positive screening

Z59.41	Food Insecurity
Z59.819	Housing Instability
Z59.89	Other Problems Related to Housing and Economic Circumstances
Z59.82	Transportation Insecurity

Follow-up Intervention Codes

Use of any one of these codes covers all three SNS insecurities:

96156
96161
96160

Use these codes only for food:

97802	S5170
97803	S9470
97804	

All other follow-up interventions **must be shared** through file feeds or medical records

Helpful Tips

- ✓ Member must be screened to qualify for the measure. However, P4P program eligibility will be based on positive screenings only.
- ✓ Follow-up interventions may occur on the same date as screening. Any of the following categories apply: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral.
- ✓ For referrals, providing information on resources like FindHelp and UniteUs meets measure compliance. Consider making these referrals on the same day as the positive screen. Document in the visit note all verbal referrals or printed collateral that is shared with the member.
- ✓ You can also refer to a Social Worker, Case Manager, Peer Support, Dietician, Meals on Wheels, etc. Be sure to clearly document the referral.
- ✓ Validated screening questions/tools must be used to screen. Examples include Health Leads Screening Panel, AHC HRSN, PRAPARE, etc.
- ✓ To report this measure, use Electronic Clinical Data Systems. Work with your assigned MetroPlus Quality Coordinator to establish data exchange process that supports measure performance. If you do not have an assigned Quality Coordinator, please reach out to: **qmophedis4@metroplus.org**.

MetroPlusHealth
Internal Metrics

Nonuser (NUS)

The percentage of members assigned to a primary care physician for three or more months who have not engaged in care for medical services during the program year.

Numerator

A visit within the program year with a medical professional that has been billed to the plan.

Qualifying visits are any medical services performed and appropriately billed to the plan. This includes telehealth visits with an audio and visual component.

Pharmacy interactions do not qualify on their own. There must be a correlating medical service billed for the prescription dispensed.

Medical record or EHR documentation will not be considered for compliance. All compliance triggers are via appropriately billed and accepted claims.

Denominator

Members assigned to a primary care physician's panel for three or more months during the program year.

Telehealth

Telehealth can be used for compliance.

Helpful Tips

- ✓ Engage non-user members immediately at the start of the program year.
- ✓ Target members with telehealth or annual wellness calls to complete an assessment of current health status.
- ✓ Call unengaged members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately. Make sure appointment occurs on or before December 31 of the current measurement period.
- ✓ For additional questions, contact **qmophedis4@metroplus.org**.

Chronic Fall Out (CFO)

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.

Numerator

One or more visits within the measurement year with a diagnosis that corroborates the identified chronic condition(s) on file.

Qualifying visits are any medical services performed and appropriately billed to the plan which may include telehealth visits, where appropriate, with an audio and visual component.

Pharmacy interactions do not qualify as this metric is driven by diagnosis code values found on claims.

Medical record or EHR documentation will not be considered for compliance. All compliance triggers are via appropriately billed and accepted claims.

Denominator

Members assigned to a primary care physician's panel for three or more months during the program year.

Telehealth

Telehealth can be used for compliance.

Helpful Tips

- ✓ Review members' pre-existing chronic conditions at least once per year.
- ✓ Document and bill all active conditions for the current year.
- ✓ If your records and expertise indicate the member does not have a chronic illness or you have other questions, please contact **qmophedis4@metroplus.org**.
- ✓ Call members and offer to help schedule appointment if one is not currently booked. Conduct reminder calls to keep their scheduled appointments.
- ✓ Reschedule "no shows" immediately and prioritize those appointments.

New Member PCP Visit within 60 days (NMV)

Members (any age) newly enrolled during the program year should have a primary care visit within 60 days of enrollment to the plan.

Numerator

One or more primary care visits within 60 days of the member's effective date of enrollment in the Plan during the program year.

Denominator

Members any age newly enrolled to MetroPlusHealth during the program year. Newly Enrolled' is defined as a member that has NOT been a MetroPlusHealth member in any product line in the prior 12 months to their enrollment during the program year.

Exclusion Criteria

Members must not have had a visit with a MetroPlusHealth PCP in the prior 12 months to their enrollment in the Plan.

Helpful Tips

- ✓ Providers should use the MetroPlusHealth Member Roster to identify members who meet eligibility criteria for this measure. Look for the New Member" column on your PCP roster located in the MetroPlusHealth Provider Portal. If you are not registered: Contact Provider Support at **800.303.9626** for assistance with registration to the MetroPlusHealth Provider Portal.
- ✓ When the "New Member" column is flagged with a 'Yes' on your Member Roster, the member is eligible and still has time left within the 60-day timeframe to meet measure compliance.
- ✓ Designate scheduling slots for new members to ensure visits are scheduled and fulfilled quickly.
- ✓ Call members and offer to help schedule an appointment. Make reminder calls to help them keep their scheduled appointment.
- ✓ Reschedule "no shows" immediately. Make sure the appointment occurs on or before 60 days after the enrollment effective date.

Codes/Medications for Compliance

Procedure Codes used to identify primary care visits:	99381 – 99397 99204 – 99205 99211 – 99215

Viral Load Suppression (VLS) *HIVSNP Only*

HIVSNP members who are confirmed HIV-positive should have an 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. It is calculated annually by the AIDS Institute and the Office of Quality and Patient Safety using the NYSDOH HIV Surveillance System.)

Numerator

The number of HIVSNP enrollees in the denominator with a HIV viral load less than 200 copies/mL for the most recent HIV viral load test during the measurement year.

Denominator

Members two years of age and older.

Exclusion Criteria

No exclusions

Telehealth

Telehealth can be used for compliance.

Helpful Tips

- ✓ Members living with HIV should have a viral load screening and follow-up appointment at least every six months (twice in calendar year).
- ✓ Explain the importance of viral load screening. It can identify needs for changes in medication treatment.
- ✓ Stress to members that reaching viral load suppression can help them live healthier, longer lives. It can lower the chances of spreading the virus to others.
- ✓ Call members and offer to help schedule their next appointment if one is not currently booked. Make reminder calls to keep their scheduled appointment.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ This measure is eligible for a MY 2025 Member Reward. Mention this when you speak with the member. If the member is not registered, direct them to **metroplusrewards.org**.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

STI Screening *HIVSNP Only*

Percentage of all HIV positive members who are screened annually for all three STIs: Chlamydia, Gonorrhea, and Syphilis.

Numerator

Numerator Chlamydia/Gonorrhea Testing HIV positive members who were screened annually for Chlamydia and Gonorrhea.

Numerator Syphilis Testing HIV positive members who were screened annually for Syphilis.

Denominator

All HIV positive members with at least one visit in the measurement period.

Telehealth

Telehealth cannot be used for compliance.

Helpful Tips

- ✓ Use any type of visit to conduct STI screening. Place the order, or create standing orders, to better facilitate.
- ✓ Include STI screening when conducting pregnancy test and/or screenings for other STIs (for example, HIV, syphilis).
- ✓ Consider making STI screening a standard lab for members on birth control.
- ✓ PCPs can conduct urine test satisfy STI screening. Consider ordering for recently seen members without having them come back in.
- ✓ Discuss common fears and misconceptions about STI screening and employ motivational interviewing techniques to address doubts about screenings.
- ✓ Call members and offer to help schedule their next appointment if one is not currently booked. Make reminder calls to keep their scheduled appointments.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.

Codes/Medications for Compliance

For a complete list of compliant, exclusion, and medication codes, visit the **HEDIS/QARR Code Sheet**.

Medicare Star Ratings – Specific Measures

Concurrent Use of Opioids and Benzodiazepines (COB)

Percentage of members (18+) with concurrent use of opioids and benzodiazepines (overlapping days' supply for at least 30 cumulative days).

Numerator

Members who have filled two or more benzodiazepine prescriptions on different days of service AND have overlapping opioid prescription(s) for 30 or more days.

Denominator

Members who have filled opioid prescriptions two or more times, of at least 15 or more cumulative days' supply.

Exclusion Criteria

Members in hospice or palliative care.

Members with cancer or sickle cell disease.

Helpful Tips

- ✓ Utilize pharmacists and staff to complete a comprehensive medication review.
- ✓ Educate members regarding side effects to look for and when to seek medical attention.
- ✓ Educate members on the risk of concurrent use of opioids and benzodiazepines.
- ✓ Assess medications for appropriate indication and duration at each visit and discontinue any non-essential medications.
- ✓ Offer safer, non-pharmacological alternatives (e.g., cognitive behavioral therapy, physical therapy).

Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)

Percentage of members (65+) with concurrent use of two or more unique anticholinergic medications (overlapping days' supply for at least 30 cumulative days) during the measurement period.

Numerator

Members who have filled two or more unique anticholinergic medications, each with two or more fills, with overlapping or concurrent use for 30 or more cumulative days in measurement year.

Denominator

Members who have filled the same anticholinergic medication at least two times.

Exclusion Criteria

Members in hospice care.

Members with seizure disorder diagnosis.

Helpful Tips

- ✓ Utilize pharmacists and staff to complete a comprehensive medication review.
- ✓ Educate members regarding side effects to look for and when to seek medical attention.
- ✓ Educate members on the risk of concurrent use of multiple anticholinergic medications.
- ✓ Assess medications for appropriate indication and duration at each visit and discontinue any non-essential medications.
- ✓ Offer safer, non-pharmacological alternatives (e.g., cognitive behavioral therapy, physical therapy).

MTM Program Completion Rate for CMR (MTM)

This measure is defined as the percent of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period.

Numerator

Number of beneficiaries from the denominator who received a CMR at any time during their period of MTM enrollment in the reporting period.

Denominator

Number of beneficiaries who were at least 18 years or older as of the beginning of the reporting period and who were enrolled in the MTM program for at least 60 days during the reporting period.

Exclusion Criteria

Contracts with an effective termination date on or before the deadline to submit data validation results to CMS (June 30, 2024) are excluded. They are listed as “No data available.”

Helpful Tips

- ✓ Encourage the member to complete the free medication review with a licensed clinician. Refer them to a MetroPlus contracted vendor at **855.604.4048**.
- ✓ For more information about the MTM Program, visit the **MetroPlusHealth Medication Therapy Management page**.

Medication Adherence for Hypertension (RAS)

Percent of plan members with a prescription for a blood pressure medication who 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 apply:

- **Renin angiotensin system (RAS) antagonists**
- **Angiotensin converting enzyme inhibitor (ACEI)**
- **Angiotensin receptor blocker (ARB)**
- **Direct renin inhibitor medications**

Exclusion Criteria

Any time during the measurement year:

- Hospice
- ESRD diagnosis or dialysis
- One or more prescriptions for sacubitril/valsartan

Helpful Tips

- ✓ Educate members on the importance and use of Hypertension medication (RAS antagonists).
- ✓ Consider prescribing a 90-day supply of Hypertension medication (RAS antagonists).
- ✓ Encourage compliance to hypertension medication.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ Document exclusions in the member’s history. Use the code listed in the **MetroPlusHealth HEDIS/QARR Code Sheet**.

Medication Adherence for Diabetes Medications (DIAB)

Percent of plan members with a prescription for diabetes medication who 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 apply:

- **Biguanides, sulfonylureas**
- **Thiazolidinediones**
- **DiPeptidyl Peptidase (DPP)-4 Inhibitors**
- **GLP-1 receptor agonists**
- **Meglitinides**
- **Sodium glucose cotransporter 2 (SGLT2) inhibitors**

Exclusion Criteria

Any time during the measurement year:

- Hospice
- ESRD diagnosis or dialysis
- One or more prescriptions for sacubitril/valsartan

Helpful Tips

- ✓ Educate members on the importance and use of Diabetes Medications.
- ✓ Consider prescribing a 90-day supply of Diabetes Medications.
- ✓ Encourage compliance to diabetes medication.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ Document exclusions in the member’s history. Use the code listed in the **MetroPlusHealth HEDIS/QARR Code Sheet**.

Medication Adherence for Cholesterol (STAT)

Percent of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The following cholesterol medications apply:

- **Pravastatin**
- **Simvastatin**
- **Lovastatin**
- **Atorvastatin**
- **Fluvastatin**
- **Rosuvastatin**
- **Pitavastatin**

Exclusion Criteria

Any time during the measurement year:

- Hospice
- ESRD diagnosis or dialysis

Helpful Tips

- ✓ Educate members on the importance and use of cholesterol (statin) medication.
- ✓ Consider prescribing a 90-day supply of cholesterol (statin) medications.
- ✓ Encourage compliance to cholesterol medication.
- ✓ Reschedule “no shows” immediately and prioritize those appointments.
- ✓ Document exclusions in the member’s history. Use the code listed in the **MetroPlusHealth HEDIS/QARR Code Sheet**.

Metro Plus Health

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