



**NCQA Health Insurance Plan Ratings Methodology**  
**September 2016**

## REVISION CHART

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<b>Date Published</b>	<b>Description</b>
March 2016	<i>Original version prior to updates.</i>
August 2016	<i>Removed measures due to insufficient data. Updated language to reference the use of Accreditation Status Modifiers. Updated language to reflect states to include Guam and US Virgin Islands. Updated "Other Display Scenarios" to reflect new rules for public display.</i>
September 2016	<i>Updated language to clarify overall rating and composite scores are on a 0-5 (in half point increments) scale.</i>

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## **1. Terminology and timing**

### **1.1.1 Ratings vs. rankings**

The Health Insurance Plan Rankings methodology that NCQA used each year from 2005–2014 was retired and replaced by the Health Insurance Plan Ratings methodology in 2015. The 2016-2017 Health Insurance Plan Ratings will continue with the Ratings methodology and results are scheduled to be publically released in September 2016.

## **2. Summary**

Health plans are rated in three categories: private plans that people enroll in through work or on their own; plans that serve Medicare beneficiaries in the Medicare Advantage program (not Supplemental plans); and health maintenance organizations (HMO) for Medicaid beneficiaries. This year's ratings will not include marketplace plans because they have not yet developed sufficient data for analysis.

NCQA ratings are based on three types of quality measures: measures of clinical quality from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup>; measures of consumer satisfaction using Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>2</sup>; and results from NCQA's review of a health plan's health quality processes (i.e., performance on NCQA accreditation standards). NCQA rates health plans that report quality information publicly.

### **Ratings contact information**

NCQA's Health Insurance Plan Ratings Help Desk: <https://my.ncqa.org/>.

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<sup>1</sup>HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup>CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## 3 How are plans rated?

### 3.1.1 Overall rating

The overall rating is the weighted average of a plan's HEDIS and CAHPS measure ratings, plus accreditation standards (if the plan is accredited by NCQA), rounded to the nearest half point. Accreditation standards are given 10 percent of the weight of the valid HEDIS and CAHPS measures that a plan submits.

The overall rating is based on performance on dozens of measures of care and is calculated on a 0–5 (5 is highest) scale in half points. Performance includes three subcategories (also scored 0–5 in half points): Consumer Satisfaction, Prevention and Treatment. Refer to *Section 8.2: Measure Lists*.

- **Consumer satisfaction:** Patient-reported experiences of care, including experience with doctors, services and customer service (i.e., measures in the Consumer Satisfaction category).
- **Rates for clinical measures:** Prevention measures the proportion of eligible members who received preventive services. Treatment measures the proportion of eligible members who received recommended care for certain conditions (i.e., measures in the Prevention and Treatment categories).
- **NCQA Accreditation standards score:** Partial and proportionally adjusted results of NCQA Accreditation surveys (i.e., actual NCQA Accreditation standards score divided by the maximum possible NCQA Accreditation standards score).

### 3.1.2 Measures included

All publicly reportable clinical and CAHPS measures are eligible for inclusion. Selected measures have good differentiating properties, up-to-date evidence and high population impact. If a measure has process and control indicators, only the control indicator is included. If a measure has initiation and continuation indicators, only the initiation indicator is included. After data are received, NCQA removes measures from the methodology if it violates the 40% Rule. The 40% Rule states that in instances where less than 40 percent of responses contain scorable rates (i.e., non NA or NB), that measure is removed from the HPR methodology. Note, there may be exceptions to the measures included in the 40% Rule scorable measure calculation. These exceptions will be made at the discretion of NCQA.

Refer to *Section 8* for the full list of measures and indicators for *NCQA's Health Insurance Plan Ratings 2016–2017*.

### 3.1.3 Handling missing values

Measures that are not reported (*NR*), not required (*NQ*), or have biased rates (*BR*) are given a rating of 0. Measures with missing values because of small denominators (*NA*) or because the plan did not offer the benefit (*NB*) are not used in the plan's composite or overall rating. A plan must have scorable rates (i.e., a valid performance rate, *NR*, *NQ*, or *BR*) for at least half of all measures by weight to receive an overall rating.

### 3.1.4 Measure weights

Process measures (such as screenings) are given a weight of 1. Outcome and intermediate outcome measures like HbA1c or blood pressure control and childhood immunizations are given a weight of 3. Patient experience measures receive a weight of 1.5. Accreditation standards are weighted at 10 percent of the total weight of a plan's valid HEDIS and CAHPS measures.

### 3.1.5 Calculating performance on NCQA Accreditation standards

NCQA evaluates health plan policies and processes for supporting quality improvement through accreditation to produce the "standards score" (i.e., score on the Accreditation standards) component of a plan's accreditation score. NCQA uses only the standards score in the ratings, because ratings calculations include HEDIS results, applying HEDIS results from NCQA Accreditation would be

redundant. If a plan has an NCQA status Modifier (e.g., Under Review by NCQA) as of June 30<sup>th</sup>, this status modifier will be appended to their Accreditation status.

The standards score is calculated for the ratings using the following formulas using data as of June 30<sup>th</sup>:

**Figure 1. NCQA Accreditation Standards Scoring for Rated and Partial Data Plans**

Accreditation Achieved	Accreditation Standards Score	Points in Ratings Score for Accreditation	Ratings Display
Health Plan	Actual points / possible points	(Actual points / possible points) * 5 * 10% of the weight of valid reported measures	NCQA Accreditation = <b>Yes</b>
Interim	Actual points / possible points	(Actual points / possible points) * 5 * (1/3) * 10% of the weight of valid reported measures	NCQA Accreditation = <b>Yes—Interim</b>
New Health Plan	Actual points / possible points	(Actual points / possible points) * 5 * 10% of the weight of valid reported measures	NCQA Accreditation = <b>Yes</b>
In process	No final standards score	0.0000	NCQA Accreditation = <b>No (In process)</b>
Scheduled	No final standards score	0.0000	NCQA Accreditation = <b>No (Scheduled)</b>
None	None	0.0000	NCQA Accreditation = <b>No</b>

### 3.2 Final plan rating

NCQA displays ratings results by plan name in alphabetical order, in increments of 0.5.(e.g., 5, 4.5, 4).

### 3.3 Measure and Composite ratings

#### 3.3.1 Composites and subcomposites

NCQA combines and sorts measures into different categories according to conceptually related services. Ratings are displayed at the composite, subcomposite and individual measure level. A composite or subcomposite rating is the weighted average of a plan’s HEDIS and CAHPS measure ratings in the composite or subcomposite. Ratings are calculated on a scale of 0–5 scale (higher is better) in half points. The weight of any NR, NQ, and BR measure is included. Refer to *Section 8.2: Measure Lists* for the list of measures. NCQA Uses the following formula to score composites and subcomposites:

$$(\text{Sub}) \text{ Composite Rating} = \sum (\text{measure rating} * \text{measure weight}) / \sum \text{weights}$$

#### 3.3.2 Deriving ratings from individual results and national benchmarks

The National All Lines of Business 10th, 33.33rd, 66.67th and 90th percentiles of the measures will be used for the ratings. Measure ratings are calculated as whole numbers on a 1–5 scale.

- | Rating  |          |
|---|----------|
| • A plan that is in the top decile of plans .....                                   | <b>5</b> |
| • A plan that is in the top 3rd of plans, but not in the top 10th .....             | <b>4</b> |
| • A plan in the middle 3rd of all plans.....  | <b>3</b> |
| • A plan that is in the bottom 3rd of plans, but not in the bottom 10 percent ..... | <b>2</b> |
| • A plan that is in the bottom 10 percent of plans .....                            | <b>1</b> |

## 4. How are plans displayed?

### 4.1 What plans are rated or receive scores?

Plans with complete data (both HEDIS and CAHPS) and elected to publically report their data are rated; plans with partial or no data, or said no to public reporting are listed but not rated. NCQA displays the overall rating score on a scale of 0–5 (5 is the highest), in increments of .5.

### 4.2 Plans with partial data

Plans with partial data do not receive a rating, but NCQA lists them in the ratings and shows their scores on the measures they report. A plan is considered to have partial data if:

- It submits HEDIS and CAHPS measure data for public reporting, but has “missing values” (i.e., NA or NB) in more than 50 percent of the weight of the measures used in the methodology. Refer to *HEDIS Volume 2: Technical Specifications* for information about missing values. Plans that fall into this category will receive an overall rating status of “Partial Data Reported” and their measure rates will display as “NC” for No Credit.
- It submits HEDIS data for public reporting but does not submit CAHPS data, or vice versa. Plans that fall into this category will receive an overall rating status of “Partial Data Reported” and their measure rates for the dataset they did not submit will display as “NC” for No Credit.
- It achieved NCQA Accreditation without HEDIS data (i.e., health plan accreditation [HPA] standards only) and has not submitted HEDIS or CAHPS data for public reporting. Plans that fall into this category will receive an overall rating status of “Partial Data Reported” and their measure rates will display as “NC” for No Credit.

#### 4.2.1 No data reported

Plans that submit results but do not report their data publicly, or plans that report no HEDIS, CAHPS or accreditation information to NCQA, are given a rating status of “No Data Reported” and their measure rates will display as “NC” for No Credit. Plans that fall into this category and have fewer than 8,000 members are omitted—they are not rated and are not listed in displays related to the ratings.

## 5. Additional rules

### 5.1 Medicaid CAHPS and benchmarks

Medicaid plans may choose the version of the CAHPS survey (or “component”) they want scored: Adult CAHPS, Child CAHPS or Child With Chronic Conditions CAHPS (Child CCC)<sup>3</sup>. Plans designate their CAHPS component when completing the 2016 Healthcare Organization Questionnaire (HOQ). These designations may not be changed later and are benchmarked by component selected.

- Adult CAHPS benchmarks are based on the Adult rates only.
- Child and Child CCC CAHPS benchmarks are based on the combined general population rates for both Child components.

### 5.2 Medicare CAHPS and Health Outcome Survey

Using Medicare CAHPS and Health Outcome Survey (HOS) data in the ratings depends on yearly approval from the Centers for Medicare & Medicaid Services (CMS). Because the submission schedule for Medicare CAHPS and HOS measures is different from the HEDIS submission schedule, NCQA uses the previous year’s Medicare data for measures in the CAHPS and HOS domain in *Section 8.2 Measure List* Medicare product line. For Medicare plans that were not required to submit CAHPS or HOS in the previous year, these measures are displayed as “NC” for No Credit.

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<sup>3</sup>CAHPS components are described in more detail in *HEDIS Volume 3: Specifications for Survey Measures*.

### 5.3 Other Display Scenarios

In order to simplify the display logic of the Ratings for consumers, NCQA has developed the following display rules:

<b>Apply First</b>	
<b>Rate/Scenario</b>	<b>Display</b>
Plan submits NR (Not Reported) for a measure indicator	NC (No Credit)
Plan submits BR (Biased Rate) for a measure indicator	NC (No Credit)
Plan submits NQ (Not Required) for a measure indicator	NC (No Credit)
Plan submits NA (Not Applicable) for a measure indicator	NA (Not Applicable)
Plan submits NB (No Benefit) for a measure indicator	NA (Not Applicable)
For Medicare, if "CAHPS Submitted = False" and "CAHPS Required = True"	Display as NC, overall Rating=Partial Data Reported
For Medicare, if "CAHPS Submitted = False" and "CAHPS Required = FALSE"	Display as NA, overall Rating=Partial Data Reported
<b>Apply Second</b>	
<b>Rate/Scenario</b>	<b>Display</b>
Plan is Accredited on HEDIS/CAHPS and did not elect to public report results on the IDSS Attestation. These plans will be rated assuming they submitted scorable data for more than 50% of measure weights.	Plan is forced to publically report the measures used during their Accreditation Standards year. Measures not used during their Accreditation Standards year are displayed as NP (Not Publically Reported) and are scored towards their overall Ratings Score.
Plan is Accredited on Standards only but submits HEDIS/CAHPS and did not elect to public report results on the IDSS Attestation. Plans will have an overall rating score of Partial Data Reported.	NC (No Credit) for all measures
Plan is Accredited on Standards only and did not submit any data or submitted either HEDIS or CAHPS only. Plans will have an overall rating score of Partial Data Reported.	NC (No Credit) for all measures the plan did not submit, except Medicare, which should follow the Medicare CAHPS rules above.
Plan is not Accredited and submitted either HEDIS or CAHPS only and said Yes to public reporting on the IDSS Attestation. Plans will have an overall rating score of Partial Data Reported.	NC (No Credit) for all measures the plan did not submit, except for Medicare, which should follow the Medicare CAHPS rules above.
Plan is not Accredited and did not submit any data.	NC (No Credit) for all measures
Plan is not Accredited and submitted data but did not elect to public report results on the IDSS Attestation. Plans will have an overall rating score of No Data Reported.	NC (No Credit) for all measures





## **6. Special Needs Plans**

Special Needs Plans (SNP) with all members categorized as “special needs members” according to CMS, are flagged in the ratings displays.

## **7. Schedule**

Find the 2016 Ratings schedule [here](#).

## 8. Appendix

### 8.1 Definition of health insurance plans

A “health insurance plan” is a type of coverage that pays for medical and surgical expenses incurred by its insured members. Health insurance plans include health maintenance organizations (HMO), point of service (POS) organizations and preferred provider organizations (PPO) with coverage in the 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands are included in the final ratings reports.

### 8.2 Measure lists

The following lists include all measures included in NCQA’s Health Insurance Plan Ratings for the 2016–2017 methodology for each product line. This list is subject to change at anytime.

The **Weight** column indicates the weight of the item (maximum value = 3) in the overall score calculation.

#### Private/Commercial

Measure Name	Web Display Name	Weight	Domain
<b>CONSUMER SATISFACTION</b>			
<b>Getting Care</b>			
Getting Needed Care (Usually + Always)	Getting Needed Care	1.5	CAHPS
Getting Care Quickly (Usually + Always)	Getting Care Quickly	1.5	CAHPS
<b>Satisfaction With Plan Physicians</b>			
Rating of Doctor (9 + 10)	Rating Personal Doctor	1.5	CAHPS
Rating of Specialist (9 + 10)	Rating Specialists	1.5	CAHPS
Rating of Health Care (9 + 10)	Rating Care Received	1.5	CAHPS
Coordination of Care (Usually + Always)	Coordination of Care	1.5	CAHPS
Health Promotion and Education (Usually + Always)	Health Promotion and Education	1.5	CAHPS
<b>Satisfaction With Plan Services</b>			
Claims Processing (Usually + Always)	Handling Claims	1.5	CAHPS
Rating of Health Plan (9 + 10)	Rating Health Plan	1.5	CAHPS
Customer Service (Usually + Always)	Customer Service	1.5	CAHPS
<b>PREVENTION</b>			
<b>Children and Adolescent Well-Care</b>			
W15 Well-Child Visits in the First 15 Months of Life	Well-Child Visits, Infants	1	HEDIS Utilization
W34 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Well-Child Visits, Ages 3-6	1	HEDIS Utilization

Measure Name	Web Display Name	Weight	Domain
<b>Children and Adolescent Well-Care Continued</b>			
AWC Adolescent Well-Care Visits	Adolescent Well-Care Visits	1	HEDIS Utilization
CIS Childhood Immunization Status (Combo 10)	Early Immunizations	3	HEDIS EOC
IMA Immunizations for Adolescents (Combo 1)	Adolescent Immunizations	3	HEDIS EOC
WCC Weight Assessment—BMI Percentile—Total	BMI % for Children and Adolescents	1	HEDIS EOC
<b>Women's Reproductive Health</b>			
PPC Prenatal Timeliness	Timeliness of Prenatal Checkups	1	HEDIS Access
	Postpartum Care	1	
<b>Cancer Screening</b>			
BCS Breast Cancer Screening	Breast Cancer Screening	1	HEDIS EOC
COL Colorectal Cancer Screening	Colorectal Cancer Screening	1	HEDIS EOC
CCS Cervical Cancer Screening	Cervical Cancer Screening	1	HEDIS EOC
NCS Non-recommended Cervical Cancer Screening in Adolescent Females	Non-recommended Cervical Cancer Screening	1	HEDIS EOC
HPV Human Papillomavirus Vaccine for Female Adolescents	Human Papillomavirus Vaccine	3	HEDIS EOC
<b>No Subcategory Rating</b>			
ABA Adult BMI Assessment—Reported Rate	Adult BMI Assessment	1	HEDIS EOC
CHL Chlamydia Screening in Women	Chlamydia Screening	1	HEDIS EOC
FVA Flu Shots for Adults Ages 18-64	Flu Shots	1	CAHPS EOC
<b>TREATMENT</b>			
<b>Asthma</b>			
AMR Asthma Medication Ratio (Total)	Asthma Medication Ratio (Total)	1	HEDIS EOC
MMA Medication Management for People With Asthma	Medication Compliance 75% (Total)	1	HEDIS EOC

Measure Name		Web Display Name	Weight	Domain
<b>TREATMENT</b>				
<b>Diabetes</b>				
CDC	Rate—Eye Exams	Retinal Eye Exams	1	HEDIS EOC
	Rate—Medical Attention for Nephropathy	Monitoring Kidney Disease	1	
	Rate—Blood Pressure Control <140/90	Blood Pressure Control (140/90)	3	
	Rate—HbA1c Control (<8.0%)	Glucose Control	3	
<b>Heart Disease</b>				
CBP	Controlling High Blood Pressure	Controlling High Blood Pressure	3	HEDIS EOC
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	Beta Blocker After Heart Attack	1	HEDIS EOC
<b>Mental and Behavioral Health</b>				
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Initiation	ADHD Initiation Medication follow-up	1	HEDIS EOC
AMM	Antidepressant Medication Management	Depression—Adhering to Medication for 12 Weeks	1	HEDIS EOC
FUH	7-Day Follow-Up After Hospitalization for Mental Illness	Follow-Up After Hospitalization for Mental Illness	1	HEDIS EOC
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of Treatment	Alcohol or Drug Dependence Treatment Initiated	1	HEDIS Access
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Reported rate – Total	Cholesterol and Blood Sugar Testing for Youth on Antipsychotic Medications	1	HEDIS EOC
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Reported rate – Total	First-Line Psychosocial Care for Youth on Antipsychotic Medications	1	HEDIS Access

Measure Name	Web Display Name	Weight	Domain
<b>TREATMENT</b>			
<b>No Subcategory Rating</b>			
AAB Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Appropriate Antibiotic Use, Adults With Acute Bronchitis	1	HEDIS EOC
ASP Aspirin Use and Discussion	Use of Aspirin	1	CAHPS EOC
CWP Appropriate Testing for Children With Pharyngitis	Appropriate Testing and Care, Children With Pharyngitis	1	HEDIS EOC
LBP Use of Imaging Studies for Low Back Pain	Use of Imaging Studies for Low Back Pain	1	HEDIS EOC
PCE Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid After Hospitalization for Acute COPD	1	HEDIS EOC
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator After Hospitalization for Acute COPD	
URI Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate Antibiotic Use, Children With URI	1	HEDIS EOC

**Medicare**

Measure Name	Web Display Name	Weight	Domain
<b>CONSUMER SATISFACTION</b>			
<b>Getting Care</b>			
Getting Needed Care (Usually + Always)	Getting Needed Care	1.5	CAHPS
Getting Care Quickly (Usually + Always)	Getting Care Quickly	1.5	CAHPS
<b>Satisfaction With Plan Physicians</b>			
Rating of Doctor (9 + 10)	Rating Personal Doctor	1.5	CAHPS
Rating of Specialist (9+ 10)	Rating Specialists	1.5	CAHPS
Rating of Health Care (9 + 10)	Rating Care Received	1.5	CAHPS
Coordination of Care Composite (Usually + Always)	Coordination of Care	1.5	CAHPS
<b>Satisfaction With Plan Services</b>			
Rating of Health Plan (9 + 10)	Rating Health Plan	1.5	CAHPS
<b>PREVENTION</b>			
BCS Breast Cancer Screening	Breast Cancer Screening	1	HEDIS EOC
COL Colorectal Cancer Screening	Colorectal Cancer Screening	1	HEDIS EOC
ABA Adult BMI Assessment—Reported Rate	Adult BMI Assessment	1	HEDIS EOC

Measure Name		Web Display Name	Weight	Domain
<b>PREVENTION</b>				
FVO	Flu Vaccinations for Adults Ages 65 and Older	Flu Shot	1	CAHPS EOC
PNU	Pneumococcal Vaccination Status for Older Adults	Pneumonia Shot	1	CAHPS EOC
<b>TREATMENT</b>				
<b>Diabetes</b>				
CDC	Rate—Blood Pressure Control <140/90	Blood Pressure Control (140/90)	3	HEDIS EOC
	Rate—Eye Exams	Retinal Eye Exams	1	
	Rate—HbA1c Control (<8.0%)	Glucose Control	3	
	Rate—Medical Attention for Nephropathy	Monitoring Kidney Disease	1	
<b>Heart Disease</b>				
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	Beta Blocker After Heart Attack	1	HEDIS EOC
CBP	Controlling High Blood Pressure	Controlling High Blood Pressure	3	HEDIS EOC
MSC	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit	Smoking Advice	1	CAHPS EOC
<b>Mental and Behavioral Health</b>				
AMM	Antidepressant Medication Management	Depression—Adhering to Medication for 12 Weeks	1	HEDIS EOC
FUH	7-Day Follow-Up After Hospitalization for Mental Illness	Follow-Up After Hospitalization for Mental Illness	1	HEDIS EOC
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of Treatment	Alcohol or Drug Dependence Treatment Initiated	1	HEDIS Access
<b>No Subcategory Rating</b>				
FRM	Fall Risk Management—Strategies	Managing Risk of Falls	1	HOS EOC
PSA	Non-Recommended Prostate Specific Antigen-Based Screening in Older Men - Reported rate	Non-Recommended Prostate Cancer Screening in Older Men	1	HEDIS EOC
DDE	Potentially Harmful Drug-Disease Interactions in the Elderly (lower is better; invert before use)	Avoiding Harmful Drug and Disease Interactions	1	HEDIS EOC
DAE	Use of High-Risk Medications in the Elderly (lower is better; invert before use)	Avoiding High-Risk Medications	1	HEDIS EOC

PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid After Hospitalization for Acute COPD	1	HEDIS EOC
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator After Hospitalization for Acute COPD	1	



Measure Name	Web Display Name	Weight	Domain
<b>No Subcategory Rating Continued</b>			
OTO Osteoporosis Testing in Older Women	Testing for Osteoporosis	1	HOS EOC
OMW Osteoporosis Management in Women Who Had a Fracture	Managing Osteoporosis in Women After Fracture	1	HEDIS EOC

**Medicaid**

Measure Name	Web Display Name	Weight	Domain
<b>CONSUMER SATISFACTION</b>			
<b>Getting Care</b>			
Getting Needed Care (Usually + Always)	Getting Needed Care	1.5	CAHPS
Getting Care Quickly (Usually + Always)	Getting Care Quickly	1.5	CAHPS
<b>Satisfaction With Plan Physicians</b>			
Rating of Doctor (9 + 10)	Rating Personal Doctor	1.5	CAHPS
Rating of Specialist (9+ 10)	Rating Specialists	1.5	CAHPS
Rating of Health Care (9 + 10)	Rating Care Received	1.5	CAHPS
Coordination of Care (Usually + Always)	Coordination of Care	1.5	CAHPS
Health Promotion and Education (Usually + Always)	Health Promotion & Education	1.5	CAHPS
<b>Satisfaction With Plan Services</b>			
Rating of Health Plan (9 + 10)	Rating Health Plan	1.5	CAHPS
Customer Service (Usually + Always)	Customer Service	1.5	CAHPS
<b>PREVENTION</b>			
<b>Children and Adolescent Well-Care</b>			
W15 Well-Child Visits in the First 15 Months of Life	Well-Child Visits, Infants	1	HEDIS Utilization
W34 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Well-Child Visits, Ages 3-6	1	HEDIS Utilization
AWC Adolescent Well-Care Visits	Adolescent Well-Care Visits	1	HEDIS Utilization
CIS Childhood Immunization Status (Combo 10)	Early Immunizations	3	HEDIS EOC

Measure Name		Web Display Name	Weight	Domain
<b>Children and Adolescent Well-Care Continued</b>				
IMA	Immunizations for Adolescents (Combo 1)	Adolescent Immunizations	3	HEDIS EOC
WCC	Weight Assessment—BMI Percentile—Total	BMI % for Children and Adolescents	1	HEDIS EOC
<b>Women's Reproductive Health</b>				
PPC	Prenatal Timeliness	Timeliness of Prenatal Checkups	1	HEDIS Access
	Postpartum Care	Postpartum Care	1	
FPC	Frequency of Ongoing Prenatal Care	Frequency of Ongoing Prenatal Care (>= 81%)	1	HEDIS Utilization
<b>Cancer Screening</b>				
BCS	Breast Cancer Screening	Breast Cancer Screening	1	HEDIS EOC
CCS	Cervical Cancer Screening	Cervical Cancer Screening	1	HEDIS EOC
NCS	Non-recommended Cervical Cancer Screening in Adolescent Females	Non-recommended Cervical Cancer Screening	1	HEDIS EOC
HPV	Human Papillomavirus Vaccine for Adolescent Females	Human Papillomavirus Vaccine	3	HEDIS EOC
<b>No Subcategory Rating</b>				
ABA	Adult BMI Assessment—Reported Rate	Adult BMI Assessment	1	HEDIS EOC
CHL	Chlamydia Screening in Women	Chlamydia Screening	1	HEDIS EOC
FVA	Flu Shots for Adults Ages 18–64	Flu Shot	1	CAHPS EOC
<b>TREATMENT</b>				
<b>Asthma</b>				
AMR	Asthma Medication Ratio (Total)	Asthma Medication Ratio (Total)	1	HEDIS EOC
MMA	Medication Management for People With Asthma	Medication Compliance 75% (Total)	1	HEDIS EOC
<b>Diabetes</b>				
CDC	Rate—Eye Exams	Retinal Eye Exams	1	HEDIS EOC
	Rate—Medical Attention for Nephropathy	Monitoring Kidney Disease	1	
	Rate—Blood Pressure Control <140/90	Blood Pressure Control (140/90)	3	
	Rate—HbA1c Control (<8.0%)	Glucose Control	3	

Measure Name		Web Display Name	Weight	Domain
<b>Heart Disease</b>				
CBP	Controlling High Blood Pressure	Controlling High Blood Pressure	3	HEDIS EOC
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	Beta Blocker After Heart Attack	1	HEDIS EOC
MSC	Advising Smokers to Quit	Advising Smokers to Quit	1	CAHPS EOC
	Medications for Quitting Smoking	Medications for Quitting Smoking	1	CAHPS EOC
	Strategies for Quitting Smoking	Strategies for Quitting Smoking	1	CAHPS EOC
<b>Mental</b>				
AMM	Antidepressant Medication Management—Acute Phase	Depression—Adhering to Medication for 12 Weeks	1	HEDIS EOC
FUH	7- Day Follow-Up After Hospitalization for Mental Illness	Follow-Up After Hospitalization for Mental Illness	1	HEDIS EOC
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of Treatment	Alcohol or Drug Dependence Treatment Initiated	1	HEDIS EOC
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Initiation	Follow-Up After ADHD Diagnosis	1	HEDIS EOC
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Drugs	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Drugs	1	HEDIS EOC
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	Diabetes Monitoring for People with Diabetes and Schizophrenia	1	HEDIS EOC
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	1	HEDIS EOC
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Reported rate – Total	Cholesterol and Blood Sugar Testing for Youth on Antipsychotic Medications	1	HEDIS EOC
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Reported rate – Total	First-Line Psychosocial Care for Youth on Antipsychotic Medications	1	HEDIS Access

Measure Name		Web Display Name	Weight	Domain
<b>No Subcategory Rating</b>				
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Appropriate Antibiotic Use, Adults With Acute Bronchitis	1	HEDIS EOC
CWP	Appropriate Testing for Children With Pharyngitis	Appropriate Testing and Care, Children With Pharyngitis	1	HEDIS EOC
LBP	Use of Imaging Studies for Low Back Pain	Use of Imaging Studies for Low Back Pain	1	HEDIS EOC
URI	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate Antibiotic Use, Children With URI	1	HEDIS EOC
PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid After Hospitalization for Acute COPD	1	HEDIS EOC
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator After Hospitalization for Acute COPD	1	HEDIS EOC