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NCQA Health Insurance Plan Ratings Methodology July 2018

REVISION CHART

Date Published	Description
March 23, 2018	<i>Updated measure list to remove Medicare EDU.</i>
June 28, 2018	<i>Removed the customer service measure from the commercial product line due to insufficient data and clarified the thresholds and scoring for emergency department utilization.</i>
July 24, 2018	<i>Added section 6.3: 1876 Cost Plans.</i>

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1. Terminology and timing

1.1.1 Ratings vs. rankings

The 2018–2019 Health Insurance Plan Ratings are scheduled to be publicly released in September 2018.

2. Summary

Health plans are rated in three categories: private plans in which people enroll through work or on their own; plans that serve Medicare¹ beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries. This year's ratings do not include Marketplace plans because they have not 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^{®2}); measures of consumer satisfaction using Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®3}); and results from NCQA's review of a health plan's health quality processes (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/>.

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):

1. **Consumer Satisfaction:** Patient-reported experience of care, including experience with doctors, services and customer service (measures in the Consumer Satisfaction category).
2. **Rates for Clinical Measures:** The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures).
3. **NCQA Accreditation Standards Score:** Partial and proportionally adjusted results of NCQA Accreditation surveys (actual NCQA Accreditation standards score divided by the maximum possible NCQA Accreditation standards score).

Refer to *Section 9.2: Measure Lists*.

¹Medicare ratings on approval from CMS.

²HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

³CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

3.1.2 Measures included

All publicly reportable clinical and consumer satisfaction measures are eligible for inclusion. Selected measures have good differentiating properties, up-to-date evidence and high population impact. After data are received, NCQA removes measures that violate the 40% Rule, which states that if less than 40 percent of responses contain scorable rates (non NA or NB), the measure is removed from the HPR methodology.

Note: At NCQA's discretion, there may be exceptions to measures included in the 40% Rule scorable measure calculation.

Refer to Section 9 for a full list of measures and indicators.

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 (a valid performance rate, NR, NQ, 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 (e.g., HbA1c or blood pressure control and childhood immunizations) are given a weight of 3.
- Patient experience measures are given 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" (the plan's score on the Accreditation standards) component. Because rating calculations include HEDIS results, NCQA uses only the standards score in the ratings—applying HEDIS results would be redundant. If a plan has an NCQA status modifier (e.g., Under Review by NCQA) as of June 30, it will be appended to the Accreditation status.

The standards score is calculated using data as of June 30:

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 = Yes
Interim	Actual points / possible points	(Actual points / possible points) * 5 * (1/3) * 10% of the weight of valid reported measures	NCQA Accreditation = Yes—Interim
In Process	No final standards score	0.0000	NCQA Accreditation = No (In process)
Scheduled	No final standards score	0.0000	NCQA Accreditation = No (Scheduled)
None	None	0.0000	NCQA Accreditation = No

4. Final plan rating

NCQA displays rating results by plan name in alphabetical order, from 0–5 in increments of 0.5.

4.1 Measure and Composite ratings

4.1.1 Composites and subcomposites

NCQA combines and sorts measures into 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 those categories. The weight of any NR, NQ, and BR measure is included. NCQA uses the following formula to score composites and subcomposites:

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

4.1.2 Deriving ratings from individual results and national benchmarks

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

	Rating
A plan that is in the top decile of plans.....	5
A plan that is in the top 3rd of plans, but not in the top 10th.....	4
A plan in the middle 3rd of all plans.....	3
A plan that is in the bottom 3rd of plans, but not in the bottom 10 percent.....	2
A plan that is in the bottom 10 percent of plans	1

4.1.3 Scoring Plan All-Cause Readmissions and Emergency Department Utilization

Plan All-Cause Readmissions (PCR) and Emergency Department Utilization (EDU) are case-mix adjusted measures. EDU is new to HPR 2018. The traditional scoring model was modified: PCR is reported as a ratio of observed to expected (O/E) hospital readmissions; EDU is reported as O/E emergency department visits.

To identify meaningful distinctions between plans, NCQA distinguishes between three levels of performance using statistical significance testing: better-than-expected, lower-than-expected, same-as-expected. Before evaluating the plan's O/E thresholds as outlined below, the ratio is divided by the national average O/E ratio to determine its percentage above or below the national average. This calibrated value is then compared to 1.0 for scoring.

- A calibrated O/E ratio >1.0: The plan had a below-average O/E ratio, based on its case mix.
- A calibrated O/E ratio <1.0: The plan had an above-average O/E ratio, based on its case mix.

Plans with fewer than 150 denominator events (Count of Index Stays for PCR, Total Number of Members in Eligible Population for EDU) are scored NA. To help protect against trivial (but statistically significant) differences, we use an effect size threshold of 0.9 and 1.1.

Calibrated O/Es must be significantly different from 1.0 and exceed the upper and lower confidence intervals; therefore, these measures use a 3-point scale to determine low, medium and high levels of performance that we have mapped to HPR's 5-point scale.

To calculate the calibrated Upper and Lower Confidence Intervals use the following:

- Lower Confidence Interval: $\frac{((\text{Observed Count} - (1.96 * \sqrt{\text{variance}})) / (\text{Expected Count}))}{\text{Mean O/E}}$
- Upper Confidence Interval: $\frac{((\text{Observed Count} + (1.96 * \sqrt{\text{variance}})) / (\text{Expected Count}))}{\text{Mean O/E}}$

The following table outlines the three-level grouping and points earned for each group:

PCR and EDU Scoring Rule	HPR Scoring
Calibrated O/E <0.9 and calibrated upper confidence interval <1.0	5
Calibrated O/E not meaningfully and significantly different from 1.0 (0.9 ≤ O/E ≤ 1.1 or calibrated confidence intervals include 1.0)	3
Calibrated O/E >1.1 and calibrated lower confidence interval >1.0	1
O/E has a NR, BR, or NQ HEDIS ^{®4} audit result	0
Plan's denominator/eligible population <150 or plan has a missing variance or a variance equal to zero	NA

⁴HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

5. How are plans displayed?

5.1 What plans are rated or receive scores?

Plans with complete data (both HEDIS and CAHPS) that have elected to publicly report data are rated; plans with partial or no data, or that do not publicly report, are listed but not rated.

5.2 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 measures used in the methodology. Plans that fall into this category receive an overall rating status of “Partial Data Reported” and their measure rates are displayed as “NC” (No Credit). Refer to *HEDIS Volume 2: Technical Specifications* for information about missing values.
- Submits HEDIS data for public reporting but does not submit CAHPS data, or vice versa. Plans that fall into this category receive an overall rating status of “Partial Data Reported” and their measure rates for the dataset they did not submit are displayed as “NC” (No Credit).
- Earned NCQA Accreditation without HEDIS data (health plan accreditation standards only) and did not submit HEDIS or CAHPS data for public reporting. Plans that fall into this category receive an overall rating status of “Partial Data Reported” and their measure rates are displayed as “NC” (No Credit).

5.2.1 No data reported

Plans that submit results but do not report 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 are displayed as “NC” (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 ratings.

6. Additional rules

6.1 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).⁵

Plans designate the CAHPS component when completing the 2018 Healthcare Organization Questionnaire (HOQ). Designations may not be changed and are benchmarked by component selected:

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

⁵CAHPS components are described in more detail in *HEDIS Volume 3: Specifications for Survey Measures*.

6.2 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 differs from the HEDIS submission schedule, NCQA uses the previous year's data for measures in the CAHPS and HOS domain in the 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" (No Credit).

6.3 1876 Cost Plans

As of 2017, CMS no longer allows 1876 Cost Plans to submit data on measures that require inpatient data; therefore, submit "NQ" for these measures. "NQ" will be treated the same as "NA" and "NB," and will not count against a Medicare plan's NA limit.

6.4 Other Display Scenarios

To simplify the ratings display logic, NCQA developed the following display rules:

Apply First	
Rate/Scenario	Display
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

Apply Second	
Rate/Scenario	Display
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.	<i>Plans that are NCQA Accredited with HEDIS and marked their submission "Not Publicly Reported" on the Attestation are eligible for ratings. All measures are used to calculate the overall rating, but only scores for measures required for accreditation are displayed. Measures not required for accreditation are displayed as "Not Public [NP]."</i>
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

Apply Second	
Rate/Scenario	Display
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

7. Special Needs Plans

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

8. Schedule

Find the 2018 ratings schedule [here](#).

9. Appendix

9.1 *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, including 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.

9.2 Measure lists

The following lists include all measures included in NCQA's Health Insurance Plan Ratings for the 2018–2019 methodology for each product line. This list is subject to change at any time.

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
CONSUMER SATISFACTION		
Getting care		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
Satisfaction With Plan Physicians		
Rating of Personal Doctor (9 + 10)	Rating of primary-care doctor	1.5
Rating of Specialist Seen Most Often (9 + 10)	Rating of specialists	1.5
Rating of All Health Care (9 + 10)	Rating of care	1.5
Coordination of Care (Usually + Always)	Coordination of care	1.5
Satisfaction With Plan Services		
Claims Processing (Usually + Always)	Handling claims	1.5
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
PREVENTION		
Children and Adolescent Well-Care		
CIS Childhood Immunization Status—Combo 10	Childhood immunizations status-combination 10	3
IMA Immunizations for Adolescents—Combo 2	Adolescent immunizations: Combo 2	3
WCC Weight Assessment and Counseling—BMI Percentile—Total	BMI percentile assessment	1
Women's Reproductive Health		
PPC Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
PPC Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1

Measure Name		Web Display Name	Weight
Cancer Screening			
BCS	Breast Cancer Screening	Breast cancer screening	1
COL	Colorectal Cancer Screening	Colorectal cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
Other Preventive Services			
ABA	Adult BMI Assessment	Adult BMI assessment	1
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
FVA	Flu Vaccinations for Adults Ages 18-64	Flu shots for adults	1
TREATMENT			
Asthma			
AMR	Asthma Medication Ratio—Total	Asthma control	1
MMA	Medication Management for People With Asthma: Medication Compliance 75% –Total	Asthma drug management	1
TREATMENT			
Diabetes			
CDC	Comprehensive Diabetes Care—Eye Exams	Eye exams	1
	Comprehensive Diabetes Care—Blood Pressure Control (<140/90)	Blood pressure control (140/90)	3
	Comprehensive Diabetes Care—HbA1c Control (<8%)	Glucose control	3
SPD	Statin Therapy for Patients With Diabetes Received Statin Therapy	Patients with diabetes—received statin therapy	1
	Statin Therapy for Patients With Diabetes Statin Adherence 80%	Patients with diabetes—statin adherence 80%	1
Heart Disease			
SPC	Statin Therapy for Patients With Cardiovascular Disease Received Statin Therapy—Total	Patients with cardiovascular disease—received statin therapy	1
	Statin Therapy for Patients With Cardiovascular Disease Statin Adherence 80%—Total	Patients with cardiovascular disease—statin adherence 80%	1
CBP	Controlling High Blood Pressure—Total	Controlling high blood pressure	3

Measure Name		Web Display Name	Weight
Mental and Behavioral Health			
ADD	Follow Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	Continued follow-up after ADHD diagnosis	1
AMM	Antidepressant Medication Management—Continuation Phase	Depression: Adhering to medication for 6 months	1
FUH	Follow Up After Hospitalization For Mental Illness—7 days	Follow-up after hospitalization for mental illness	1
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment—Engagement of AOD—Total	Alcohol or drug abuse or dependence treatment engaged	1
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total	Cholesterol and blood sugar testing for youth on antipsychotic medications	1
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	First-line psychosocial care for youth on antipsychotic medications	1
TREATMENT			
Other Treatment Measures			
PCR	Plan All-Cause Readmissions—Observed-To-Expected Ratio	Observed-to-expected hospital readmissions	3
EDU	Emergency Department Utilization—Observed-To-Expected Ratio—Total	Emergency department utilization	1
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Appropriate antibiotic use, adults with acute bronchitis	1
CWP	Appropriate Testing for Children With Pharyngitis	Appropriate testing and care, children with sore throat	1
LBP	Use of Imaging Studies for Low Back Pain	Appropriate use of imaging studies for low back pain	1
PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid after hospitalization for acute COPD	1
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator after hospitalization for acute COPD	1
URI	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate antibiotic use, children with colds	1

Medicare

Measure Name	Web Display Name	Weight	
CONSUMER SATISFACTION			
Getting Care			
Getting Needed Care (Usually + Always)	Getting care easily	1.5	
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5	
Satisfaction With Plan Physicians			
Rating of Personal Doctor (9 + 10)	Rating of primary-care doctor	1.5	
Rating of Specialist (9 + 10)	Rating of specialists	1.5	
Rating of Your Health Care (9 + 10)	Rating of care	1.5	
Coordination of Care (Usually + Always)	Coordination of care	1.5	
Satisfaction With Plan Services			
Rating of Your Health Plan (9 + 10)	Rating of health plan	1.5	
PREVENTION			
BCS Breast Cancer Screening	Breast cancer screening	1	
COL Colorectal Cancer Screening	Colorectal cancer screening	1	
FVO Flu Vaccinations for Adults Ages 65 and Older	Flu shots	1	
PNU Pneumococcal Vaccination Status for Older Adults	Pneumonia shots	1	
TREATMENT			
Diabetes			
CDC	Comprehensive Diabetes Care—Blood Pressure Control (<140/90)	Blood pressure control (140/90)	3
	Comprehensive Diabetes Care—Eye Exams	Eye exams	1
	Comprehensive Diabetes Care—HbA1c Control (<8%)	Glucose control	3
SPD	Statin Therapy for Patients With Diabetes Received Statin Therapy	Patients with diabetes—received statin therapy	1
	Statin Therapy for Patients With Diabetes Statin Adherence 80%	Patients with diabetes—statin adherence 80%	1

Measure Name		Web Display Name	Weight
Heart Disease			
SPC	Statin Therapy for Patients With Cardiovascular Disease Received Statin Therapy—Total	Patients with cardiovascular disease—received statin therapy	1
	Statin Therapy for Patients With Cardiovascular Disease Statin Adherence 80%—Total	Patients with cardiovascular disease—statin adherence 80%	1
CBP	Controlling High Blood Pressure—Total	Controlling high blood pressure	3
MSC	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit	Smoking advice	1
Mental and Behavioral Health			
AMM	Antidepressant Medication Management—Continuation Phase	Depression: Adhering to medication for 6 months	1
FUH	Follow Up After Hospitalization For Mental Illness—7 days	Follow-up after hospitalization for mental illness	1
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment—Engagement of Treatment	Alcohol or drug abuse or dependence treatment engaged	1
Other Treatment Measures			
PCR	Plan All-Cause Readmissions—Observed-To-Expected Ratio (65+)	Observed-to-expected hospital readmissions	3
FRM	Managing Fall Risk	Managing risk of falls	1
PSA	Non-Recommended PSA-Based Screening in Older Men	Non-recommended prostate cancer screening in older men	1
DDE	Potentially Harmful Drug Disease Interactions in the Elderly—Total	Avoiding harmful drug and disease interactions	1
DAE	Use of High-Risk Medications in the Elderly—One Prescription	Avoiding high-risk medications	1
PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid after hospitalization for acute COPD	1
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator after hospitalization for acute COPD	1
OTO	Osteoporosis Testing in Older Women	Testing for osteoporosis	1
OMW	Osteoporosis Management in Women Who Had a Fracture	Managing osteoporosis in women after fracture	1

Medicaid

Measure Name	Web Display Name	Weight	
CONSUMER SATISFACTION			
Getting Care			
Getting Needed Care (Usually + Always)	Getting care easily	1.5	
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5	
Satisfaction With Plan Physicians			
Rating of Personal Doctor (9 + 10)	Rating of primary-care doctor	1.5	
Rating of Specialist Seen Most Often (9+ 10)	Rating of specialists	1.5	
Rating of All Health Care (9 + 10)	Rating of care	1.5	
Coordination of Care (Usually + Always)	Coordination of care	1.5	
Satisfaction With Plan Services			
Rating of Health Plan (9 + 10)	Rating of health plan	1.5	
Customer Service (Usually + Always)	Customer service	1.5	
PREVENTION			
Children and Adolescent Well-Care			
ADV Annual Dental Visits—Total	Dental visits	1	
CIS Childhood Immunization Status—Combo 10	Childhood immunizations status-combination 10	3	
IMA Immunizations for Adolescents—Combo 2	Adolescent immunizations: Combo 2	3	
WCC Weight Assessment—BMI Percentile—Total	BMI percentile assessment	1	
Women's Reproductive Health			
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1

Measure Name		Web Display Name	Weight
Cancer Screening			
BCS	Breast Cancer Screening	Breast cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
Other Preventive Services			
ABA	Adult BMI Assessment	Adult BMI assessment	1
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
FVA	Flu Vaccinations for Adults Ages 18-64	Flu shots	1
TREATMENT			
Asthma			
AMR	Asthma Medication Ratio—Total	Asthma control	1
MMA	Medication Management for People With Asthma: Medication Compliance 75%—Total	Asthma drug management	1
Diabetes			
CDC	Comprehensive Diabetes Care—Eye Exams	Eye exams	1
	Comprehensive Diabetes Care—Blood Pressure Control (<140/90)	Blood pressure control (140/90)	3
	Comprehensive Diabetes Care—HbA1c Control (<8%)	Glucose control	3
SPD	Statin Therapy for Patients With Diabetes Received Statin Therapy	Patients with diabetes—received statin therapy	1
	Statin Therapy for Patients With Diabetes Statin Adherence 80%	Patients with diabetes—statin adherence 80%	1
Heart Disease			
SPC	Statin Therapy for Patients With Cardiovascular Disease Received Statin Therapy – Total	Patients with cardiovascular disease – received statin therapy	1
	Statin Therapy for Patients With Cardiovascular Disease Statin Adherence 80% – Total	Patients with cardiovascular disease – statin adherence 80%	1
CBP	Controlling High Blood Pressure – Total	Controlling high blood pressure	3
MSC	Medical Assistance With Smoking and Tobacco Use Cessation – Advising Smokers and Tobacco Users to Quit	Smoking advice	1

Mental and Behavioral Health			
AMM	Antidepressant Medication Management—Continuation Phase	Depression: Adhering to medication for 6 months	1
FUH	Follow Up After Hospitalization For Mental Illness—7 days	Follow-up after hospitalization for mental illness	1
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment—Engagement—Total	Alcohol or drug abuse or dependence treatment engaged	1
ADD	Follow Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	Continued follow-up after ADHD diagnosis	1
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Drugs	Schizophrenia: Diabetes screening for schizophrenia or bipolar	1
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Adherence to antipsychotic medications for individuals with schizophrenia	1
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total	Cholesterol and blood sugar testing for youth on antipsychotic medications	1
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	First-line psychosocial care for youth on antipsychotic medications	1
Other Treatment Measures			
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Appropriate antibiotic use, adults with acute bronchitis	1
CWP	Appropriate Testing for Children With Pharyngitis	Appropriate testing and care, children with sore throat	1
LBP	Use of Imaging Studies for Low Back Pain	Appropriate use of imaging studies for low back pain	1
URI	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate antibiotic use, children with colds	1
PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid after hospitalization for acute COPD	1
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator after hospitalization for acute COPD	1