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## **NCQA Health Insurance Plan Ratings Methodology August 2019**

## REVISION CHART

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<b>Date Published</b>	<b>Description</b>
March 28, 2019	<i>2019–2020 Health Insurance Plan Ratings Methodology March Release.</i>
July 2, 2019	<i>Revised text in Section 4.1.3: Scoring Risk Adjusted Utilization Measures.</i>
August 27, 2019	<i>Updated measure display names for inverted measures in Section 9.2. Clarified Risk Adjusted Utilization Measures use the Calibrated O/E and Calibrated Confidence Levels in the calculations.</i>

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## 1. Terminology and timing

### 1.1.1 Ratings

The 2019–2020 Health Insurance Plan Ratings are scheduled to be publicly released in September 2019.

## 2. Summary

Health plans are rated in three categories: private plans in which people enroll through work or on their own; plans that serve Medicare<sup>1</sup> beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries. This year's ratings do not include Exchange 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<sup>®2</sup>); measures of consumer satisfaction using Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®3</sup>); 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*.

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<sup>1</sup>Medicare ratings on approval from CMS.

<sup>2</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>3</sup>CAHPS<sup>®</sup> 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 = <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>
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>

## 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.

	<b>Rating</b>
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>

### 4.1.3 Scoring Risk Adjusted Utilization Measures

*Plan All-Cause Readmissions (PCR), Emergency Department Utilization (EDU), Acute Hospital Utilization (AHU) and Hospitalization for Potentially Preventable Complications (HPC)* are case-mix adjusted measures. AHU and HPC (Medicare only) are new to HPR 2019. 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; AHU is reported as O/E acute hospital discharges; HPC is reported as O/E hospital discharges for ambulatory care sensitive conditions.

To identify meaningful distinctions between plans, NCQA will distinguish between three levels of performance using statistical significance testing; better-than-expected performance, lower-than-expected performance and same-as-expected performance. Before evaluating the plan's O/E thresholds as outlined below, the plan's ratio and upper/lower confidence limits need to be calibrated to determine what percent above or below the national average the plan's ratio is. In order to calibrate the O/E ratio, divide the plan's ratio and upper and lower confidence limits by the national average O/E ratio. This calibrated value is then compared to 1.0 for scoring.

- *A calibrated O/E ratio >1.0 means the plan had a below average O/E ratio, based on its case mix.*
- *A calibrated O/E ratio <1.0 means 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, AHU and HPC) are scored NA. To help protect against trivial (though 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 thresholds; 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 upper and lower confidence limits (CL) for scoring, we apply the formulas below using the reported values in the measure. Table 1 outlines the points earned for each group of plans.

$$(1) \text{ Upper CL} = \frac{\text{Observed Count} + 1.96\sqrt{\text{Variance}}}{\text{Expected Count}}$$

$$(2) \text{ Lower CL} = \frac{\text{Observed Count} - 1.96\sqrt{\text{Variance}}}{\text{Expected Count}}$$

$$(3) \text{ Calibrated Upper CL} = \frac{\text{Upper CL}}{\text{NationalAvg O/E}}$$

$$(4) \text{ Calibrated Lower CL} = \frac{\text{Lower CL}}{\text{National Average O/E}}$$

**Table 1. Scoring Algorithm for PCR, EDU, AHU and HPC**

PCR, EDU, AHU & HPC Scoring Rule	HPR Scoring
Calibrated O/E <0.9 and Calibrated 95% upper confidence limit <1.0	5
Calibrated O/E not meaningfully and significantly different from 1.0 (0.9 ≤ Calibrated O/E ≤ 1.1 or Calibrated 95% confidence limit includes 1.0)	3
Calibrated O/E >1.1 and Calibrated 95% lower confidence limit >1.0	1
Not Reported (NR), BR (Biased Rated), or NQ (Not Required) HEDIS <sup>®4</sup> audit result	0
Plan's denominator/eligible population <150	NA

**Note:** NCQA will calculate the confidence limits for all organizations.

## 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.

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<sup>4</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).



## 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).<sup>5</sup>

Plans designate the CAHPS component when completing the 2019 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.

### 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

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

For Medicare, if "CAHPS Submitted = False" and "CAHPS Required = FALSE"	Display as NA, overall Rating=Partial Data Reported
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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
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 2019 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 2019–2020 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
<b>CONSUMER SATISFACTION</b>		
<b>Getting care</b>		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
<b>Satisfaction With Plan Physicians</b>		
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
<b>Satisfaction With Plan Services</b>		
Claims Processing (Usually + Always)	Handling claims	1.5
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
<b>PREVENTION</b>		
<b>Children and Adolescent Well-Care</b>		
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
<b>Women's Reproductive Health</b>		
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
<b>Cancer Screening</b>			
BCS	Breast Cancer Screening	Breast cancer screening	1
COL	Colorectal Cancer Screening	Colorectal cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
<b>Other Preventive Services</b>			
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
<b>TREATMENT</b>			
<b>Asthma</b>			
AMR	Asthma Medication Ratio—Total	Asthma control	1
MMA	Medication Management for People With Asthma: Medication Compliance 75%—Total	Asthma drug management	1
<b>TREATMENT</b>			
<b>Diabetes</b>			
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
<b>Heart Disease</b>			
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	Controlling high blood pressure	3

Measure Name		Web Display Name	Weight
<b>Mental and Behavioral Health</b>			
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—Total	Follow-up after hospitalization for mental illness	1
FUM	Follow Up After Emergency Department Visit for Mental Illness—7 days—Total	Follow-up after ED for mental illness	1
FUA	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	Follow-up after ED for alcohol and other drug abuse or dependence	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
<b>TREATMENT</b>			
<b>Other Treatment Measures</b>			
AHU	Acute Hospital Utilization—Observed-To-Expected Ratio—Total Acute—Total	Acute hospital utilization	1
PCR	Plan All-Cause Readmissions—Observed-To-Expected Ratio (18-64)—Total	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
UOD	Use of Opioids at High Dosage	Avoiding opioids at high dosage	1
UOP	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	Avoiding opioids from multiple prescribers and multiple pharmacies	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	
<b>CONSUMER SATISFACTION</b>			
<b>Getting Care</b>			
Getting Needed Care (Usually + Always)	Getting care easily	1.5	
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5	
<b>Satisfaction With Plan Physicians</b>			
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	
<b>Satisfaction With Plan Services</b>			
Rating of Health Plan (9 + 10)	Rating of health plan	1.5	
<b>PREVENTION</b>			
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	
<b>TREATMENT</b>			
<b>Diabetes</b>			
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
<b>Heart Disease</b>			
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	Controlling high blood pressure	3
MSC	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit	Smoking advice	1
<b>Mental and Behavioral Health</b>			
AMM	Antidepressant Medication Management—Continuation Phase	Depression: Adhering to medication for 6 months	1
FUH	Follow Up After Hospitalization For Mental Illness—7 days—Total	Follow-up after hospitalization for mental illness	1
FUM	Follow Up After Emergency Department Visit for Mental Illness—7 days—Total	Follow-up after ED for mental illness	1
FUA	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	Follow-up after ED for alcohol and other drug abuse or dependence	1
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment—Engagement of Treatment	Alcohol or drug abuse or dependence treatment engaged	1
<b>Other Treatment Measures</b>			
PCRb	Plan All-Cause Readmissions—Observed-To-Expected Ratio (65+)	Observed-to-expected hospital readmissions	3
EDU	Emergency Department Utilization—Observed-To-Expected Ratio (65+)	Emergency department utilization	1
AHU	Acute Hospital Utilization—Observed-To-Expected Ratio—Total Acute—(65+)	Acute hospital utilization	1
HPC	Hospitalization for Potentially Preventable Complications—Total ACSC—Total	Hospitalization for potentially preventable complications	1
FMC	Follow Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (65+)	Follow-up after ED for multiple high-risk chronic conditions	1
MRP	Medication Reconciliation Post-Discharge	Medication reconciliation post-discharge	1
FRM	Managing Fall Risk	Managing risk of falls	1
PSA	Non-Recommended PSA-Based Screening in Older Men	Avoiding non-recommended prostate cancer screening in older men	1
DDE	Potentially Harmful Drug Disease Interactions in the Elderly—Total	Avoiding potentially harmful drug and disease interactions in older adults	1

DAE	Use of High-Risk Medications in the Elderly—At Least 2 Prescriptions	Avoiding high-risk medications for older adults	1
UOD	Use of Opioids at High Dosage	Avoiding opioids at high dosage	1
UOP	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	Avoiding opioids from multiple prescribers and multiple pharmacies	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
TRC	Transitions of Care—Notification of Inpatient Admission (65+)	Transitions of Care—notification of inpatient admission	1
	Transitions of Care—Receipt of Discharge Information (65+)	Transitions of Care—receipt of discharge information	1
	Transitions of Care—Patient Engagement After Inpatient Discharge (65+)	Transitions of Care—patient engagement after inpatient discharge	1
	Transitions of Care—Medication Reconciliation Post-Discharge (65+)	Transitions of Care—medication reconciliation post-discharge	1
OMW	Osteoporosis Management in Women Who Had a Fracture	Managing osteoporosis in women after fracture	1



**Medicaid**

Measure Name	Web Display Name	Weight
<b>CONSUMER SATISFACTION</b>		
<b>Getting Care</b>		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
<b>Satisfaction With Plan Physicians</b>		
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
<b>Satisfaction With Plan Services</b>		
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
<b>PREVENTION</b>		
<b>Children and Adolescent Well-Care</b>		
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
<b>Women's Reproductive Health</b>		
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
<b>Cancer Screening</b>			
BCS	Breast Cancer Screening	Breast cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
<b>Other Preventive Services</b>			
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
<b>TREATMENT</b>			
<b>Asthma</b>			
AMR	Asthma Medication Ratio—Total	Asthma control	1
MMA	Medication Management for People With Asthma: Medication Compliance 75%—Total	Asthma drug management	1
<b>Diabetes</b>			
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
<b>Heart Disease</b>			
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	Controlling high blood pressure	3
MSC	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit	Smoking advice	1

<b>Mental and Behavioral Health</b>			
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
FUM	Follow Up After Emergency Department Visit for Mental Illness—7 days—Total	Follow-up after ED for mental illness	1
FUA	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	Follow-up after ED for alcohol and other drug abuse or dependence	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
<b>Other Treatment Measures</b>			
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
UOD	Use of Opioids at High Dosage	Avoiding opioids at high dosage	1
UOP	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	Avoiding opioids from multiple prescribers and multiple pharmacies	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