



**For Public Comment**  
November 28, 2023–January 15, 2024  
Comments due 11:59 p.m. ET  
January 15, 2024

# Overview of Proposed Measure Updates

## *Health Plan Ratings 2024 and 2025*

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## Health Plan Ratings 2024 and 2025: Overview of Proposed Measure Updates

### Stakeholders Participating in Public Comment

NCQA shares these changes for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

### HEDIS/CAHPS Updates for Health Plan Ratings Scoring in 2024 and 2025

NCQA seeks feedback on proposed measure changes for the required measures list for 2024 Health Plan Ratings, using results from HEDIS measurement year (MY) 2023, and 2025 Health Plan Ratings, using results from HEDIS MY 2024.

A critical issue for any quality rating tool is the certainty of the judgment—we want to be sure that plans assigned a higher value deserve it. If a rating system includes redundant measures or measures with poor statistical properties, we risk rewarding random variation over true quality differences.

NCQA used the following Measure Selection Criteria when determining the measures proposed for inclusion in or removal from Health Plan Ratings.

#### Measure Selection Criteria

All HEDIS and CAHPS measures eligible for use in NCQA programs were reviewed against the following selection criteria:

##### 1. Measure exhibits desirable statistical properties.

- *Reliable.* A reliable measure permits statistical differentiation of one plan from the overall pattern of performance across plans. With higher reliability, we are less likely to make a mistake in assigning a plan's performance to a star rating. The common standard floor of acceptability is a value of 0.70.
- *Room to improve.* If all plans perform at a very high level, it is difficult to distinguish performance among plans. We define "room for improvement" as an average performance of less than 90%.
- *Meaningful variation.* The more variation in performance, the more certain we can be of calling a high performing plan, "high performing." This often goes hand in hand with "room to improve"—if most plans are above 90%, it becomes harder to distinguish the best from the next-best performers. Based on our experience working with the measures, we defined a  $\geq 10\%$ –15% range difference between the 10th and 90th percentiles as meaningful variation for measures where higher rates indicate better performance.
- *Consistently scoreable.* At least 40% of plans must have a scoreable rate. The rate is considered "scoreable" if the plan reports a valid rate for a measure (e.g., auditor deems it valid and between 0% and 100% performance) or the plan fails to submit ("NR" audit result), receiving a 0 on the rating scale, to support accountability for reporting accurate data. We continue to exempt plans that have small sample sizes or absence of benefit ("NA" or "NB" audit result, respectively), because not having a valid rate is not under the plan's control.

**\*Note:** NCQA aims to select measures that exhibit all statistical properties above, but reserves the right to modify our approach in the interest of the other measure selection criteria below.

**2. Use in programs and value-based payment initiatives.**

NCQA considers a measure’s use in external programs (e.g., Star Ratings, Medicaid core set), performance trends (e.g., declining performance) and strategic objectives (e.g., reward for reporting ECDS depression measures).

**3. Measures address quality, risk-adjusted utilization or patient experience of health care practices.**

This criterion eliminated Utilization measures that do not apply risk adjustment (no optimal volume of services without reference to a case-mix adjusted population).

**4. Eliminate redundancy between paired measures.**

For “paired” measures (e.g., 7-day and 30-day rates in the *Follow-Up After Hospitalization for Mental Illness* measure), choose the measure closest to the ultimate clinical outcome.

**Recommendations for HPR 2024**

Remove the following measure.

Measure		Commercial	Medicare	Medicaid
URI	Appropriate Treatment for Upper Respiratory Infection	KEEP	KEEP	REMOVE

**Appropriate Treatment for Upper Respiratory Infection (URI).** Medicaid plans reporting the URI measure have demonstrated consistently high performance on the measure. NCQA recommends permanent removal of this measure in HPR 2024 and beyond. We recommend keeping the measure in Ratings for the commercial and Medicare product lines, as there is still room for improvement in these product lines.

**Recommendations for HPR 2025**

**1. Revise the following measures.**

		Commercial	Medicare	Medicaid
Replace...	With...			
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8%) (HBD)	Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8%) (GSD)	✓	✓	✓
Colorectal Cancer Screening (COL)	ECDS reporting version of Colorectal Cancer Screening (COL-E)	✓	✓	✓ <i>(new measure for Medicaid product line)</i>
Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (ADD)	ECDS reporting version of Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (ADD-E)	✓		✓
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing (APM)	ECDS reporting version of Metabolic Monitoring for Children and Adolescents on	✓		✓

	Antipsychotics—Blood Glucose and Cholesterol Testing (APM-E)			
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**Hemoglobin A1c Control for Patients With Diabetes (HBD).** For HEDIS MY 2024, NCQA added a glucose management indicator (GMI) to the HBD measure and updated the measure title to Glycemic Status Assessment for Patients With Diabetes (GSD). NCQA proposes to replace the HBD—HbA1c Control (<8%) indicator with GSD—Glycemic Status (<8%) for HPR 2025 to reflect the updated measure.

**Colorectal Cancer Screening (COL), Follow-Up Care for Children Prescribed ADHD Medication (ADD), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).** For HEDIS MY 2024, NCQA retired the traditional reporting method for the COL, ADD and APM measures from HEDIS. When comparing measure performance rates generated from the traditional reporting methods to the ECDS method, results showed minimal to no difference between the rates. Additionally, the use and sharing of electronic clinical data have the potential to enrich the information available to the health care team and to patients. For these reasons, NCQA recommends replacing the traditional COL, ADD and APM measures with their ECDS counterparts for HPR 2025.

**2. Add the following new measures.**

Measure		Commercial	Medicare	Medicaid
LBP	Use of Imaging Studies for Low Back Pain	<i>(product line already scored for HPR)</i>	✓ <i>(new product line added)</i>	<i>(product line already scored for HPR)</i>
ACP	Advance Care Planning		✓	
LDM	Language Diversity of Membership	✓	✓	✓
PDS-E	Postpartum Depression Screening and Follow-up—Screening	✓		✓
	Postpartum Depression Screening and Follow-up—Follow-Up	✓		✓
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults—Screening	✓	✓	✓
	Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up	✓	✓	✓

**Use of Imaging Studies for Low Back Pain (LBP).** The LBP measure is a longstanding measure in both HEDIS and Health Plan Ratings for the commercial and Medicaid product lines. In HEDIS MY 2022, NCQA re-evaluated the measure and updated it to include the Medicare product line and expand the upper age limit to 75. Following a review of analysis results for MY 2022 data, NCQA’s Committee on Performance Measurement (CPM) approved public reporting beginning with MY 2023. Therefore, NCQA is proposing to add LBP for the Medicare product line for HPR 2025.

**Advance Care Planning (ACP).** The ACP measure was introduced as a first-year measure in HEDIS MY 2022 and assesses the percentage of Medicare members 81 years of age and older and members 66–80 years of age with advanced illness, an indication of frailty, or receiving palliative care, who had advance care planning during the measurement year. Following review of first-year analysis results from MY 2022 data, CPM approved public reporting of the measure. Therefore, NCQA is proposing to add ACP to HPR 2025 for the Medicare product line.

**Language Diversity of Membership (LDM).** The LDM measure is a longstanding measure in HEDIS and reports the number and percentage of members enrolled at any time during the measurement year, by preferred spoken language and preferred written language. Advancing equity is fundamental to NCQA’s mission of improving the quality of health care. This includes identifying

inequities in care and promoting health equity through performance measurement. The LDM measure provides insight into the extent to which health plans are collecting preferred spoken and written language values for their members. Collection of this information is a necessary step in continuing to assess and focus quality improvement efforts to reduce disparities. For this reason, NCQA recommends adding LDM, to accompany the RDM measure, in HPR 2025. We propose to score LDM similar to RDM, where organizations must achieve a specific threshold on collection of both preferred written language and preferred spoken language. The specific scoring methodology will be announced when the HPR 2025 Methodology document is posted in Spring 2024.

**Postpartum Depression Screening and Follow-Up (PDS-E).** The PDS-E measure was approved for public reporting beginning with MY 2022. It is applicable to the commercial and Medicaid product lines, and assesses the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Reported data demonstrate the measure is reliable and feasible to report, but that there is room for improvement. NCQA recommends including both the screening and follow-up indicators of the PDS-E measure for HPR 2025.

**Depression Screening and Follow-Up for Adolescents and Adults (DSF-E).** The DSF-E measure was approved for public reporting beginning with MY 2023. It is applicable to all product lines, and assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Reported data demonstrate the measure is reliable and feasible to report, but that there is room for improvement. NCQA recommends including both the screening and follow-up indicators of the PDS-E measure for HPR 2025.

### Measure Counts by Product Line for HPR 2025

HPR 2025 MEASURE COUNT				
	2024 Total	Remove	Add	2025 Total
Commercial – HEDIS	45	0	5	50
Commercial – CAHPS	7	0	0	7
Medicare – HEDIS	45	0	5	50
Medicare – CAHPS	7	0	0	7
Medicaid – HEDIS	44	1	6	49
Medicaid – CAHPS	5	0	0	5

### Informational Items for Health Plan Ratings 2025 and 2026

#### Required HEDIS Reporting vs Required HPR Scoring for First Surveys

Currently, for Interim and First Surveys, NCQA requires organizations to report HEDIS measures in the calendar year following the effective date of the organization's accreditation status. Annual reporting and scoring for HPR is required the following year (i.e., the second annual HEDIS reporting cycle following the effective date of the organization's accreditation status).

Since NCQA introduced HPR scoring as part of 2020 Health Plan Accreditation, the majority of organizations coming through First Surveys have voluntarily elected to report HEDIS measures and be scored for HPR in the calendar year following the effective date of their accreditation status. Because most organizations are not waiting until the second year following accreditation to be scored for HPR, NCQA proposes to require both reporting and scoring for HPR in the calendar year following the effective date of the organization's accreditation status, beginning with HPR 2025.

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### **Scoring Race/Ethnicity Diversity of Membership (RDM) in Health Plan Ratings 2025**

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NCQA introduced the RDM measure in the 2023 Health Plan Ratings. For the first year of inclusion, the measure had a 0.5 weight, and organizations received credit (an individual measure rating of “5”) if the reported Direct Race and Direct Ethnicity was >0%. Organizations that did not report Direct Race and Direct Ethnicity >0% receive an individual measure rating of “0.”

For 2024, the measure will have a weight of 1.0, and NCQA will require at least 20% direct data for RDM. Organizations reporting Direct Race and Direct Ethnicity  $\geq 20\%$  will receive an individual measure rating of “5.” Organizations reporting below 20% Direct Race and Direct Ethnicity will receive an individual measure rating of “0.”

For 2025, NCQA is evaluating the measure weight and thresholds, and will announce final scoring in the HPR 2025 Methodology document in the Spring 2024 posting.

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### **Advance Notice of Measures for Health Plan Ratings 2026 (MY 2025)**

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NCQA intends to replace the traditional measures with the ECDS-reporting version of the following measures for 2026 scoring:

- Childhood Immunization Status (CIS-E)—Combination 10.
- Immunizations for Adolescents (IMA-E)—Combination 2.
- Cervical Cancer Screening (CCS-E).

For more information about NCQA’s ECDS strategy, visit the [ECDS page](#).





**Targeted Questions**

1. Do you support NCQA's recommendation to remove the *Appropriate Treatment for Upper Respiratory Infection (URI)* measure from the Medicaid product line for 2024 Health Plan Ratings? If you do not, please explain.
2. Do you support NCQA's recommendation to replace the *Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8%) (HBD)* measure with the *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status (<8%) (GSD)* measure in the 2025 Health Plan Ratings for all product lines? If you do not, please explain.
3. Do you support NCQA's recommendation to replace the *Colorectal Cancer Screening (COL)*, *Follow-Up Care for Children Prescribed ADHD Medication (ADD)* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)* measures with the ECDS reporting versions of the measures in the 2025 Health Plan Ratings, for all applicable product lines? If you do not, please explain.
4. Do you support NCQA's recommendation to add the *Use of Imaging Studies for Low Back Pain (LBP)* measure to 2025 Health Plan Ratings for the Medicare product line? If you do not, please explain.
5. Do you support NCQA's recommendation to add the *Advance Care Planning (ACP)* measure to 2025 Health Plan Ratings for the Medicare product line? If you do not, please explain.
6. Do you support NCQA's recommendation to add the *Language Diversity of Membership (LDM)* measure to 2025 Health Plan Ratings for all three product lines? If you do not, please explain.
7. Do you support NCQA's recommendation to add both the Screening and Follow-Up rates of the *Postpartum Depression Screening and Follow-up (PDS-E)* measure to 2025 Health Plan Ratings for the commercial and Medicaid product lines? If you do not, please explain.
8. Do you support NCQA's recommendation to add both the Screening and Follow-Up rates of the *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measure to 2025 Health Plan Ratings for all three product lines? If you do not, please explain.
9. Do you have any additional feedback regarding the Health Plan Ratings measure list and/or methodology?

## How to Submit Comments

### Submitting Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select "**Proposed Updates to Health Plan Ratings (HPR) 2024 and 2025**" from the drop-down box.
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
  - a. If you choose **Do not support**, include your rationale in the text box.
  - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

**Note:** *There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

**All comments must be entered by Monday, January 15, by 11:59 p.m. ET**

### Next Steps

The methodology and final set of required HEDIS/CAHPS measures for Health Plan Ratings in 2024 (for HEDIS MY 2023) and 2025 (for HEDIS MY 2024) will be released in April 2024, following approval by the NCQA Standards Committee and the Board of Directors.

**Proposed 2025 Health Plan Ratings Measure List****HEDIS/CAHPS Measures Required for HP Accreditation—Commercial**

HEDIS MY 2024 &amp; CAHPS MY 2024 (Reporting Year 2025)

Measure Name		Display Name	Weight
<b>PATIENT EXPERIENCE</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
	Coordination of Care (Usually + Always)	Coordination of care	1.5
<b>Satisfaction With Plan and Plan Services</b>			
	Rating of Health Plan (9 + 10)	Rating of health plan	1.5
	Rating of All Health Care (9 + 10)	Rating of care	1.5
<b>PREVENTION AND EQUITY</b>			
<b>Children and Adolescent Well-Care</b>			
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—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
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
PRS-E	Prenatal Immunization Status—Combination Rate	Prenatal immunizations	1
PDS-E	Postpartum Depression Screening and Follow-Up—Screening Rate <i>(NEW MEASURE)</i>	Postpartum depression screening	1
	Postpartum Depression Screening and Follow-Up—Follow-Up Rate <i>(NEW MEASURE)</i>	Follow-up on positive depression screening	1
<b>Equity</b>			
RDM	Race/Ethnicity Diversity of Membership	Race and ethnicity of members	1
LDM	Language Diversity of Membership <i>(NEW MEASURE)</i>	Language diversity of members	1
<b>Cancer Screening</b>			
BCS-E	Breast Cancer Screening	Breast cancer screening	1
COL-E	Colorectal Cancer Screening—Total <i>(NEW REPORTING METHOD)</i>	Colorectal cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1

Measure Name		Display Name	Weight
<b>Other Preventive Services</b>			
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
AIS-E	Adult Immunization Status—Influenza	Influenza immunizations for adults	1
	Adult Immunization Status—Td/Tdap	Td/Tdap immunizations for adults	1
	Adult Immunization Status—Zoster	Zoster immunizations for adults	1
	Adult Immunization Status—Pneumococcal	Pneumococcal immunizations for adults	1
<b>TREATMENT</b>			
<b>Respiratory</b>			
AMR	Asthma Medication Ratio—Total	Asthma control	1
CWP	Appropriate Testing for Pharyngitis—Total	Appropriate testing and care for a sore throat	1
URI	Appropriate Treatment for Upper Respiratory Infection—Total	Appropriate antibiotic use for colds	1
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	Appropriate antibiotic use for acute bronchitis/bronchiolitis	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
<b>Diabetes</b>			
BPD	Blood Pressure Control (<140/90) for Patients With Diabetes	Patients with diabetes—blood pressure control (140/90)	3
EED	Eye Exam for Patients With Diabetes	Patients with diabetes—eye exams	1
HBD GSD	Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8%) Glycemic Status Assessment for Patients With Diabetes—Glycemic Status Control (<8%) <b>(NEW MEASURE)</b>	Patients with diabetes—glucose control Patients with diabetes—glycemic status 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
KED	Kidney Health Evaluation for Patients With Diabetes—Total	Patients with diabetes—kidney health evaluation	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
<b>Behavioral Health—Care Coordination</b>			
FUH	Follow-Up After Hospitalization for Mental Illness—7 days—Total	Follow-up after hospitalization for mental illness	1

Measure Name		Display Name	Weight
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 Substance Use—7 days—Total	Follow-up after ED for substance use disorder	1
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	Follow-up after high-intensity care for substance use disorder	1
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults—Screening <b>(NEW MEASURE)</b>	Depression screening	1
	Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up <b>(NEW MEASURE)</b>	Follow-up on positive depression screening	1
<b>Behavioral Health—Medication Adherence</b>			
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Adherence to antipsychotic medications for individuals with schizophrenia	1
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment	Patients with a new episode of depression—medication adherence for 6 months	1
POD	Pharmacotherapy for Opioid Use Disorder—Total	Patients with opioid use disorder—medication adherence for 6 months	1
<b>Behavioral Health—Access, Monitoring and Safety</b>			
APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total <b>(NEW REPORTING METHOD)</b>	Cholesterol and blood sugar testing for youth on antipsychotic medications	1
APP-E	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total <b>(NEW REPORTING METHOD)</b>	First-line psychosocial care for youth on antipsychotic medications	1
ADD-E	Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase <b>(NEW REPORTING METHOD)</b>	Continued follow-up after ADHD diagnosis	1
IET	Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total	Substance use disorder treatment engagement	1
<b>Risk-Adjusted Utilization</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 years	Plan all-cause readmissions	1
EDU	Emergency Department Utilization—Observed-to-Expected Ratio—Total	Emergency department utilization	1
<b>Other Treatment Measures</b>			
LBP	Use of Imaging Studies for Low Back Pain—Total	Appropriate use of imaging studies for low back pain	1

**HEDIS/CAHPS/HOS Measures Required for HP Accreditation—Medicare**

HEDIS MY 2024 (Reporting Year 2025); CAHPS MY 2023 (Reporting Year 2024);  
HOS MY 2023 (Reporting Year 2024)

Measure Name		Display Name	Weight
<b>PATIENT EXPERIENCE</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
	Coordination of Care (Usually + Always)	Coordination of care	1.5
<b>Satisfaction With Plan and Plan Services</b>			
	Rating of Health Plan (9 + 10)	Rating of health plan	1.5
	Rating of All Health Care (9 + 10)	Rating of care	1.5
<b>PREVENTION AND EQUITY</b>			
<b>Cancer Screening</b>			
BCS-E	Breast Cancer Screening—Total	Breast cancer screening	1
COL-E	Colorectal Cancer Screening—Total <i>(NEW REPORTING METHOD)</i>	Colorectal cancer screening	1
<b>Other Preventive Services</b>			
AIS-E	Adult Immunization Status—Influenza	Influenza immunizations for adults	1
	Adult Immunization Status—Td/Tdap	Td/Tdap immunizations for adults	1
	Adult Immunization Status—Zoster	Zoster immunizations for adults	1
	Adult Immunization Status—Pneumococcal	Pneumococcal immunizations for adults	1
<b>Equity</b>			
RDM	Race/Ethnicity Diversity of Membership	Race and ethnicity of members	1
LDM	Language Diversity of Membership <i>(NEW MEASURE)</i>	Language diversity of members	1
<b>TREATMENT</b>			
<b>Respiratory</b>			
CWP	Appropriate Testing for Pharyngitis—Total	Appropriate testing and care for a sore throat	1
URI	Appropriate Treatment for Upper Respiratory Infection—Total	Appropriate antibiotic use for colds	1
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	Appropriate antibiotic use for acute bronchitis/bronchiolitis	1

Measure Name		Display Name	Weight
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
<b>Diabetes</b>			
BPD	Blood Pressure Control (<140/90) for Patients With Diabetes	Patients with diabetes—blood pressure control (140/90)	3
EED	Eye Exam for Patients With Diabetes	Patients with diabetes—eye exams	1
HBD GSD	Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8%) Glycemic Status Assessment for Patients With Diabetes—Glycemic Status Control (<8%) <b>(NEW MEASURE)</b>	<del>Patients with diabetes—glucose control</del> Patients with diabetes—glycemic status 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
KED	Kidney Health Evaluation for Patients With Diabetes—Total	Patients with diabetes—kidney health evaluation	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
<b>Behavioral Health—Care Coordination</b>			
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 Substance Use—7 days—Total	Follow-up after ED for substance use disorder	1
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	Follow-up after high-intensity care for substance use disorder	1
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults—Screening <b>(NEW MEASURE)</b>	Depression screening	1
	Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up <b>(NEW MEASURE)</b>	Follow-up on positive depression screening	1
<b>Behavioral Health—Medication Adherence</b>			
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Adherence to antipsychotic medications for individuals with schizophrenia	1

Measure Name		Display Name	Weight
POD	Pharmacotherapy for Opioid Use Disorder—Total	Patients with opioid use disorder—medication adherence for 6 months	1
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment	Patients with a new episode of depression—medication adherence for 6 months	1
<b>Behavioral Health—Access, Monitoring and Safety</b>			
IET	Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total	Substance use disorder treatment engagement	1
<b>Patient Safety and Treatment for Older Adults</b>			
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 Older Adults—Total	Avoiding potentially harmful drug and disease interactions in older adults	1
DAE	Use of High-Risk Medications in Older Adults—Total Rate (Rate 3)	Avoiding high-risk medications for older adults	1
FRM	Fall Risk Management	Managing risk of falls	1
OMW	Osteoporosis Management in Women Who Had a Fracture	Managing osteoporosis in women after fracture	1
OSW	Osteoporosis Screening in Older Women	Screening for osteoporosis in women	1
<b>Care Coordination</b>			
ACP	Advance Care Planning <i>(NEW MEASURE)</i>	Advance care planning for members	1
FMC	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions—65+ years	Follow-up after ED for multiple high-risk chronic conditions	1
TRC	Transitions of Care—Notification of Inpatient Admission—65+ years	Transitions of Care—notification of inpatient admission	1
	Transitions of Care—Receipt of Discharge Information—65+ years	Transitions of Care—receipt of discharge information	1
	Transitions of Care—Patient Engagement After Inpatient Discharge—65+ years	Transitions of Care—patient engagement after inpatient discharge	1
	Transitions of Care—Medication Reconciliation Post-Discharge—65+ years	Transitions of Care—medication reconciliation post-discharge	1
<b>Risk-Adjusted Utilization</b>			
PCR	Plan All-Cause Readmissions—Observed-to-Expected Ratio—65+ years	Plan all-cause readmissions	1
EDU	Emergency Department Utilization—Observed-to-Expected Ratio—65+ years	Emergency department utilization	1
AHU	Acute Hospital Utilization—Observed-to-Expected Ratio—Total Acute—65+ years	Acute hospital utilization	1
HPC	Hospitalization for Potentially Preventable Complications—Total ACSC—Observed-to-Expected Ratio—Total	Hospitalization for potentially preventable complications	1



Measure Name		Display Name	Weight
HFS	Hospitalization Following Discharge From a Skilled Nursing Facility—30-Day—Total	Hospitalization following SNF discharge	1
<b>Other Treatment Measures</b>			
LBP	Use of Imaging Studies for Low Back Pain—Total (NEW MEASURE)	Appropriate use of imaging studies for low back pain	1

### HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

HEDIS MY 2024 & CAHPS MY 2024 (Reporting Year 2025)

Measure Name		Display Name	Weight
<b>PATIENT EXPERIENCE</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
<b>Satisfaction With Plan and Plan Services</b>			
	Rating of Health Plan (9 + 10)	Rating of health plan	1.5
	Rating of All Health Care (9 + 10)	Rating of care	1.5
<b>PREVENTION AND EQUITY</b>			
<b>Children and Adolescent Well-Care</b>			
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—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
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
PRS-E	Prenatal Immunization Status—Combination Rate	Prenatal immunizations	1
PDS-E	Postpartum Depression Screening and Follow-Up—Screening Rate (NEW MEASURE)	Postpartum depression screening	1
	Postpartum Depression Screening and Follow-Up—Follow-Up Rate (NEW MEASURE)	Postpartum depression follow-up	1
<b>Cancer Screening</b>			
BCS-E	Breast Cancer Screening	Breast cancer screening	1

Measure Name		Display Name	Weight
COL-E	Colorectal Cancer Screening—Total <i>(NEW MEASURE TO MEDICAID PRODUCT LINE)</i>	Colorectal cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
<b>Equity</b>			
RDM	Race/Ethnicity Diversity of Membership	Race and ethnicity of members	1
LDM	Language Diversity of Membership <i>(NEW MEASURE)</i>	Language diversity of members	1
<b>Other Preventive Services</b>			
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
MSC	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit	Smoking advice	1
AIS-E	Adult Immunization Status—Influenza	Influenza immunizations for adults	1
	Adult Immunization Status—Td/Tdap	Td/Tdap immunizations for adults	1
	Adult Immunization Status—Zoster	Zoster immunizations for adults	1
	Adult Immunization Status—Pneumococcal	Pneumococcal immunizations for adults	1
<b>TREATMENT</b>			
<b>Respiratory</b>			
AMR	Asthma Medication Ratio—Total	Asthma control	1
CWP	Appropriate Testing for Pharyngitis—Total	Appropriate testing and care for a sore throat	1
URI	Appropriate Treatment for Upper Respiratory Infection—Total <i>(REMOVE FROM HEALTH PLAN RATINGS 2024)</i>	Appropriate antibiotic use for colds	4
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	Appropriate antibiotic use for acute bronchitis/bronchiolitis	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
<b>Diabetes</b>			
BPD	Blood Pressure Control (<140/90) for Patients With Diabetes	Patients with diabetes—blood pressure control (140/90)	3
EED	Eye Exam for Patients With Diabetes	Patients with diabetes—eye exams	1
HBD GSD	Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8%) Glycemic Status Assessment for Patients With Diabetes—Glycemic Status Control (<8%) <i>(NEW MEASURE)</i>	Patients with diabetes—glucose control Patients with diabetes—glycemic status control	3

Measure Name		Display Name	Weight
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
KED	Kidney Health Evaluation for Patients With Diabetes—Total	Patients with diabetes—kidney health evaluation	1
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
<b>Behavioral Health—Care Coordination</b>			
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 Substance Use—7 days—Total	Follow-up after ED for substance use disorder	1
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	Follow-up after high-intensity care for substance use disorder	1
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults—Screening <i>(NEW MEASURE)</i>	Depression screening	1
	Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up <i>(NEW MEASURE)</i>	Follow-up on positive depression screening	1
<b>Behavioral Health—Medication Adherence</b>			
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Adherence to antipsychotic medications for individuals with schizophrenia	1
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment	Patients with a new episode of depression—medication adherence for 6 months	1
POD	Pharmacotherapy for Opioid Use Disorder—Total	Patients with opioid use disorder—medication adherence for 6 months	1
<b>Behavioral Health—Access, Monitoring and Safety</b>			
APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total <i>(NEW REPORTING METHOD)</i>	Cholesterol and blood sugar testing for youth on antipsychotic medications	1
ADD-E	Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase <i>(NEW REPORTING METHOD)</i>	Continued follow-up after ADHD diagnosis	1

Measure Name		Display Name	Weight
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes screening for individuals with schizophrenia or bipolar disorder	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
IET	Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total	Substance use disorder treatment engagement	1
<b>Risk-Adjusted Utilization</b>			
PCR	Plan All-Cause Readmissions—Observed-to-Expected Ratio—18-64 years	Plan all-cause readmissions	1
<b>Other Treatment Measures</b>			
LBP	Use of Imaging Studies for Low Back Pain—Total	Appropriate use of imaging studies for low back pain	1

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