Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
1	F1411	Not Currently Endorsed	Adolescent Well-Care Visits	The percent of members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The PCP does not have to be assigned to the member. Adolescents who had a claim/encounter with a code outlined in the technical specifications are considered to have had a comprehensive well-care visit.	Members 12–21 years as of December 31 of the measurement year.	None listed	NCQA	Member Experience	Access
2	E1388	1388	Annual Dental Visit	The percent of members 2–21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's contract.	One or more dental visits with a dental practitioner during the measurement year. A member had a dental visit if a submitted claim/encounter contains any code as outlined in the technical specifications.	Members 2–21 years as of December 31 of the measurement year. Report six age stratifications (2–3-years; 4–6-years; 7–10-years; 11–14-years; 15–18-years; 19–21-years)and a total rate (the total is the sum of the age stratifications).	None listed	NCQA	Clinical Quality Management	Prevention
3	E0002	0002	Appropriate Testing for Children With Pharyngitis	The percent of members 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	A group A streptococcus test in the seven-day period from three days prior to the IESD through three days after the IESD.	Members 2 years as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction
4	E0069	0069	Appropriate Treatment for Children With Upper Respiratory Infection	The percent of members 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.	Children dispensed prescription for antibiotic medication on or three days after the IESD.	Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year.	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction
5	E0006	0006	CAHPS - Customer Service	Percents of members reporting that they "always" got needed information and were treated with respect. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Plan Efficiency, Cost Reduction and Management	Plan Service
6	E0006	0006	CAHPS - Getting Care Quickly	Percents of members reporting that they "always" got urgent and non-urgent care as soon as they needed it. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Access
7	E0006	0006	CAHPS - Getting Needed Care	Percents of members reporting that they "always" found it easy to get appointments with specialists and to get care, tests, and treatment. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Access
8	E0006	0006	CAHPS - Rating of All Health Care	Member rating of all health care. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
9	E0006	0006	CAHPS - Global Rating of Health Plan	Member rating of health plan. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Plan Efficiency, Cost Reduction and Management	Plan Service
10	E0006	0006	CAHPS - Rating of Personal Doctor	Member rating of personal doctor. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care
11	E0006	0006	CAHPS - Rating of Specialist Seen Most Often	Member rating of specialist seen most often. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care
12	E0006	0006	CAHPS - Plan Information on Costs	Percents of members reporting that they "always" were able to get information on the costs of services, equipment, and prescriptions. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child	Members who responded to survey questions	None listed	AHRQ	Plan Efficiency, Cost Reduction and Management	Plan Service
13	BLANK	Not Currently Endorsed	CAHPS - Coordination of Members' Health Care Services	Percents of members reporting that their doctors "always" coordinate their care. NOTE: For testing this only includes Doctor Informed	Members' experience of coordination of care	Members who responded to survey questions	None listed	NCQA	Clinical Quality Management	Care Coordination
14	F1390	Not Currently Endorsed	Children and Adolescents' Access to Primary Care Practitioners	The percent of members 12 months–19 years of age who had a visit with a PCP. Reported as a total based on two components (sum of numerators/sum of denominators) for children 1 - 6 years and 7 - 19 years.	For 12–24 months, 25 months–6 years: One or more visits with a PCP during the measurement year. For 7–11 years, 12–19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year. Count all members who had an ambulatory or preventive care visit to any PCP, as defined by the organization, with a CPT or ICD-9-CM code as outlined in the technical specifications. Exclude specialist visits.	The percentage of members 12 months–19 years of age who had a visit with a PCP.	None listed	NCQA	Member Experience	Access

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
15	E0038	0038	Childhood Immunization Status	The percent of members 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Reported as a combination rate-- the percent of children who completed 3 or more vaccine sets.	For MMR, hepatitis B, VZV and hepatitis A, count any of the following: • Evidence of the antigen or combination vaccine, or • Documented history of the illness, or • A seropositive test result for each antigen. For DTaP, IPV, HiB, pneumococcal conjugate, rotavirus and influenza, count only: • Evidence of the antigen or combination vaccine. For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), the organization must find evidence of all the antigens. DTAP At least four DTaP vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth. IPV At least three IPV vaccinations, with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth cannot be counted. MMR At least one MMR vaccination, with a date of service falling on or before the child's second birthday. HiB At least three HiB vaccinations, with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after	Children who turn 2 years of age during the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population for each product line. Organizations may reduce the sample size using the current year's administrative rate for the lowest rate or the prior year's audited, product line-specific results for the lowest rate. Refer to the Guidelines for Calculations and Sampling for information on reducing sample size.	Exclude children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same. Exclude contraindicated children only if the administrative data do not indicate that the contraindicated immunization was rendered in its entirety. The exclusion must have occurred by the second birthday. Look for exclusions as far back as possible in the member's history. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. The exclusion must have occurred by the member's second birthday.	NCQA	Clinical Quality Management	Prevention
16	E0033	0033	Chlamydia Screening in Women	The percent of female members 16–20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	At least one chlamydia test during the measurement year as documented through administrative data. A woman is counted as having had a test if she had a claim/ encounter with a service date during the measurement year with one or more of the codes outlined in the technical specifications.	Women 16 - 20 years as of December 31 of the measurement year.	Exclude members who had a pregnancy test during the measurement year, followed within seven days (inclusive) by either a prescription for isotretinoin (Accutane) or an x-ray. This exclusion does not apply to members who qualify for the denominator based on services other than the pregnancy test alone.	NCQA	Clinical Quality Management	Prevention
17	E0108	0108	Follow - Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	The percent of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Identify all members who meet the following criteria: • An Initiation Phase Visit in the first 30 days, and • At least two follow-up visits from 31–300 days (10 months) after the IPSD. One of the two visits (during days 31–300) may be a telephone visit with practitioner. Refer to technical specifications for codes to identify follow-up visits and to identify telephone visits.	Members 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were prescribed an ADHD medication.	Exclude from the denominator for both rates, members diagnosed with narcolepsy at any point in their medical history.	NCQA	Clinical Quality Management	Clinical Effectiveness

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
18	E0108	0108	Follow - Up Care for Children Prescribed ADHD Medication: Initiation Phase	The percent of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Reported as a total of two rates (sum of numerators/sum of denominators) of initiation and continuation indicators.	Rate 1: One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. Note: Do not count a visit on the IPSD as the Initiation Phase visit. Rate 2: Identify all members who meet the following criteria: • An Initiation Phase Visit in the first 30 days, and • At least two follow-up visits from 31–300 days (10 months) after the IPSD. One of the two visits (during days 31–300) may be a telephone visit with practitioner. Refer to technical specifications for codes to identify follow-up visits and telephone visits.	Members six years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were prescribed an ADHD medication.	Administrative Specification - Exclude from the denominator for both rates, members diagnosed with narcolepsy at any point in their medical history.	NCQA	Clinical Quality Management	Clinical Effectiveness
19	E1407	1407	Immunizations for Adolescents	The percent of members 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoid vaccine (Td) by their 13th birthday. Reported as a combination rate.	For meningococcal and Tdap or Td, count only evidence of the antigen or combination vaccine. Meningococcal - One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays. Tdap/Td One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays. Combination 1 (Meningococcal, Tdap/Td) - Adolescents who received one meningococcal vaccine on or between the members 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays. Hybrid Specification: For meningococcal conjugate or polysaccharide and Tdap or Td, count only the evidence of the antigen or combination vaccine. Administrative - Refer to Administrative Specification to identify positive numerator hits from the administrative data. Medical record - For immunization information obtained from the medical record, organizations may count members where there is evidence that	Members who turn 13 years of age during the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population. Organizations may reduce the sample size using the current year's administrative rate for the lowest rate or the prior year's audited, product line-specific results for the lowest rate. For information on reducing the sample size, refer to the Guidelines for Calculations and Sampling.	Exclude adolescents who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rate. The denominator for all rates must be the same. Contraindicated adolescents may be excluded only if administrative data do not indicate that the contraindicated immunization was rendered. The exclusion must have occurred by the member's 13th birthday. Look for exclusions as far back as possible in the member's history and use the codes outlined in the technical specifications to identify exclusions. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. The exclusion must have occurred by the member's 13th birthday.	NCQA	Clinical Quality Management	Prevention

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
20	E0024	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	The percent of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of weight assessment and counseling. Reported as a total (sum of numerators/sum of denominators) of three indicators.	BMI Percentile - BMI percentile during the measurement year. Counseling for Nutrition - Counseling for nutrition during the measurement year. Counseling for Physical Activity - Counseling for physical activity during the measurement year. Hybrid Specification: BMI Percentile - BMI percentile during the measurement year as identified by administrative data or medical record review. Administrative - Refer to Administrative Specification to identify positive numerator hits from the administrative data. Medical record - Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source. Either of the following meets criteria for BMI percentile: • BMI percentile, or • BMI percentile plotted on age-growth chart. For members who are younger than 16 years of age on the date of service, only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria. A BMI value is not acceptable for this age range.	Members 3–17 years as of December 31 of the measurement year. Report two age stratifications (3 -11 years; 12 - 17 years) and a total for each of the three indicators. The total is the sum of the age stratifications. Hybrid Specification: A systematic sample drawn from the eligible population for each product line for the Total age band (3–17 years). The Total sample is stratified by age to report rates for the 3–11 and 12–17 age stratifications. Organizations may reduce the sample size using current year's administrative rate or the prior year's audited, product line-specific rate for the lowest of the three indicator rates for the Total age band. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size.	Exclude members who have a diagnosis of pregnancy during the measurement year. The denominator for all rates must be the same. An organization that excludes these members must do so for all rates. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year.	NCQA	Clinical Quality Management	Prevention
21	E1392	1392	Well-Child Visits in the First 15 Months of Life	The percent of members who turned 15 months old during the measurement year and who had Six or more well-child visits well-child visits with a PCP during their first 15 months of life.	Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.	Members 15 months old during the measurement year.	None listed	NCQA	Member Experience	Access
22	E1516	1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	The percent of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year	At least one well-child visit with a PCP during the measurement year. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. A child who had a claim/encounter with a code as outlined in the technical specifications is considered to have had a well-child visit.	Members 3–6 years as of December 31 of the measurement year.	None listed	NCQA	Member Experience	Access
23	BLANK	Not Currently Endorsed	CAHPS - Cultural Competency	Percents of members reporting that providers and plans "always" made it possible to get care in the preferred language.	Based on Clinician and Group CAHPS	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
24	E1959	1959	HPV Vaccination for Female Adolescents	The percent of female members 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.	Female adolescents who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. Hybrid: At least three HPV vaccinations, with different dates of service, on or between the member's 9th and 13th birthdays. HPV vaccines administered prior to a member's 9th birthday cannot be counted. Administrative - Refer to the Administrative Specification to identify positive numerator hits from the administrative data. Medical record - For immunization evidence obtained from the medical record, the organization may count members where there is evidence that the antigen was rendered from one of the following: • A note indicating the name of the specific antigen and the date of service, or • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. HPV vaccines administered prior to a member's 9th birthday cannot be counted.	Female adolescents who turned 13 years of age during the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population. Organizations that use the Hybrid Method to report the Immunizations for Adolescents (IMA) measure may use the female members from the IMA sample as a start for this measure and, using the sampling methodology in the Guidelines for Calculations and Sampling, may draw enough additional female members from the remaining eligible population of this measure until the full sample size and appropriate oversample is reached. Organizations may reduce the sample size using the current year's HPV administrative rate. For information on reducing the sample size, refer to the Guidelines for Calculations and Sampling.	Exclude adolescents who had a contraindication for the HPV vaccine	NCQA	Clinical Quality Management	Prevention
25	E1799	1799	Medication Management for People With Asthma (Ages 5-18)	The percent of members 5–18 years of age during the measurement year who were identified as having persistent asthma and who remained on an asthma controller medication for at least 75% of their treatment period.	Medication Compliance 75% : The number of members who achieved a PDC of at least 75% for their asthma controller medications during the measurement year. Follow the steps below to identify numerator compliance. Step 1 Identify the IPSD. The IPSD is the earliest dispensing event for any asthma controller medication during the measurement year. Step 2 To determine the treatment period, calculate the number of days from the IPSD (inclusive) to the end of the measurement year. Step 3 Count the days covered by at least one prescription for an asthma controller medication during the treatment period. To ensure that the days supply does not exceed the treatment period, subtract any days supply that extends beyond December 31 of the measurement year. Step 4 Calculate the member's PDC using the following equation. Total Days Covered by a Controller Medication in the Treatment Period (step 3) Total Days in Treatment Period (step 2) Medication Compliance 75% Sum the number of members whose PDC is ≥75% for their treatment period.	Age by December 31 of the measurement year. Report two age stratifications (5-11 years; 12 - 18 years) and a total rate.	None listed	NCQA	Clinical Quality Management	Clinical Effectiveness

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
1	F1411	Not Currently Endorsed	Adolescent Well-Care Visits	The percent of members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The PCP does not have to be assigned to the member. Adolescents who had a claim/encounter with a code listed in the technical specifications are considered to have had a comprehensive well-care visit.	Members 12–21 years as of December 31 of the measurement year.	None listed	NCQA	Member Experience	Access
2	F1690	Not Currently Endorsed	Adult BMI Assessment	The percent of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	BMI during the measurement year or the year prior to the measurement year. Hybrid Specification: BMI during the measurement year or the year prior to the measurement year as documented through either administrative data or medical record review. Administrative - Refer to administrative specification to identify positive numerator hits from the administrative data. Medical Records - Documentation in the medical record must indicate the weight and BMI value, dates during the measurement year or year prior to the measurement year. The weight and BMI must be from the same data source. For members younger than 19 years on the date of service, the following documentation of BMI percentile also meets criteria: - BMI percentile documented as a value (e.g., 85th percentile) - BMI percentile plotted on an age-growth chart.	Members 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population. The organization may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size.	Exclude members who have a diagnosis of pregnancy during the measurement year. Hybrid Specification - Refer to administrative specification for exclusive criteria. Exclusionary evidence in the medical record include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year or the year prior to the measurement year.	NCQA	Clinical Quality Management	Prevention
3	BLANK	Not Currently Endorsed	Adults' Access to Preventive and Ambulatory Health Services	The percent of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percents for each product line. • Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.	Commercial: One or more ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year.	Members 20–65 years and older as of December 31 of the measurement year. Report two age stratifications (20-44 and 45-64) and a total rate.	None listed	NCQA	Member Experience	Access
4	E1388	1388	Annual Dental Visit	The percent of members 2–21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's contract.	One or more dental visits with a dental practitioner during the measurement year. A member had a dental visit if a submitted claim/encounter contains any code as referenced in the technical specifications.	Members 2–21 years as of December 31 of the measurement year. Report six age stratifications (2–3-years; 4–6-years; 7–10-years; 11–14-years; 15–18-years; 19–21-years)and a total rate (the total is the sum of the age stratifications).	None listed	NCQA	Clinical Quality Management	Prevention

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
5	D0021	Not Currently Endorsed	Annual Monitoring for Patients on Persistent Medications	The percent of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Reported as a total of four rates (sum of numerators/sum of denominators) for different medications.	For each product line, report each of the four rates separately and as a combined rate. The total rate is the sum of the four numerators divided by the sum of the four denominators. Rate 1: Annual Monitoring for Members on ACE Inhibitors or ARBs - At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. The member must meet one of the following criteria to be compliant: • A code for a lab panel test during the measurement year. • A code for a serum potassium and a code for serum creatinine during the measurement year. • A code for serum potassium and a code for blood urea nitrogen during the measurement year. Note: The tests do not need to occur on the same service date, only within the measurement year. Rate 2: Annual Monitoring for Members on Digoxin - At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. The member must meet one of the following criteria to be compliant: • A code for a lab panel test during the measurement year.	Members 18 years of age and older as of December 31 of the measurement year who are on persistent medications, defined as members who received at least 180 treatment days of ambulatory medication in the measurement year Additional criteria for each Rate. Rate 1: Members who received at least 180 treatment days of ACE inhibitors or ARBs during the measurement year Rate 2: Members who received at least 180 treatment days of digoxin during the measurement year Rate 3: Members who received at least 180 treatment days of a diuretic during the measurement year Rate 4: Members who received at least 180 treatment days of anticonvulsant during the measurement year	Exclude members from each eligible population rate who had an inpatient (acute or nonacute) claim/ encounter during the measurement year.	NCQA	Clinical Quality Management	Patient Safety
6	E0105	0105	Antidepressant Medication Management	The percent of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Reported as a total of two rates (sum of numerators/ sum of denominators): • Effective Acute Phase Treatment. • Effective Continuation Phase Treatment.	Effective Acute Phase Treatment- At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the IPSD (inclusive). The continuous treatment allows gaps in medication treatment up to a total of 30 days during the 114-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication. Regardless of the number of gaps, there may be no more than 30 gap days. Count any combination of gaps (e.g., two washout gaps of 15 days each, or two washout gaps of 10 days each and one treatment gap of 10 days). Effective Continuation Phase- Treatment At least 180 days (6 months) of continuous treatment with antidepressant medication during the 231-day period following the IPSD (inclusive). Continuous treatment allows gaps in medication treatment up to a total of 51 days during the 231-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication. Regardless of the number of gaps, gap days may total no more than 51. Count any combination of gaps (e.g., two washout gaps, each 25 days or two washout gaps of 10 days each and one treatment	Members 18 years of age and older as of April 30 of the measurement year.	None listed	NCQA	Clinical Quality Management	Clinical Effectiveness

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
7	E0002	0002	Appropriate Testing for Children With Pharyngitis	The percent of members 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	A group A streptococcus test in the seven-day period from three days prior to the IESD through three days after the IESD.	Members 2 years as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction
8	BLANK	Not Currently Endorsed	CAHPS - Aspirin Use and Discussion	Reported as a total of two rates (sum of numerators/sum of denominators) • Aspirin Use. • Discussing Aspirin Risks and Benefits.	The two components of this measure assess different facets of aspirin use management. • Aspirin Use. A rolling average represents the percentage of members who are currently taking aspirin. A single rate is reported for which the denominator includes: – Women 56–79 years of age with at least two risk factors for cardiovascular disease. – Men 46–65 years of age with at least one risk factor for cardiovascular disease. – Men 66–79 years of age, regardless of risk factors. • Discussing Aspirin Risks and Benefits. A rolling average represents the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. A single rate is reported for which the denominator includes: – Women 56–79 years of age. – Men 46–79 years of age.	The two components of this measure assess different facets of aspirin use management. • Aspirin Use. A rolling average represents the percentage of members who are currently taking aspirin. A single rate is reported for which the denominator includes: – Women 56–79 years of age with at least two risk factors for cardiovascular disease. – Men 46–65 years of age with at least one risk factor for cardiovascular disease. – Men 66–79 years of age, regardless of risk factors. • Discussing Aspirin Risks and Benefits. A rolling average represents the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. A single rate is reported for which the denominator includes: – Women 56–79 years of age. – Men 46–79 years of age.	None listed	NCQA	Clinical Quality Management	Prevention
9	E0058	0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percent of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	Children dispensed prescription for antibiotic medication on or three days after the IESD.	Members 18 years as of January 1 of the year prior to the measurement year to 64 years as of December 31 of the measurement year.	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
10	D0031	Not Currently Endorsed	Breast Cancer Screening	The percent of female members 40-69 years of age who had a mammogram to screen for breast cancer.	Women 42–69 years of age as of Dec 31 of the measurement year (note: this denominator statement captures women age 40-69 years)	Women 42–69 years as of December 31 of the measurement year.	Exclude women who had a bilateral mastectomy. Look for evidence of a bilateral mastectomy as far back as possible in the member's history through December 31 of the measurement year. Use codes as outlined in the technical specifications. Any of the following meet criteria for bilateral mastectomy: • A bilateral mastectomy code. • A unilateral mastectomy code with a bilateral modifier. • Two unilateral mastectomy codes on different dates of service. • A unilateral mastectomy code with a right side modifier and a unilateral mastectomy code with a left side modifier (may be on the same date of service).	NCQA	Clinical Quality Management	Prevention
11	E0006	0006	CAHPS - Customer Service	Percents of members reporting that they "always" got needed information and were treated with respect. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Plan Efficiency, Cost Reduction and Management	Plan Service
12	E0006	0006	CAHPS - Getting Care Quickly	Percents of members reporting that they "always" got urgent and non-urgent care as soon as they needed it. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Access
13	E0006	0006	CAHPS - Getting Needed Care	Percents of members reporting that they "always" found it easy to get appointments with specialists and to get care, tests, and treatment. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Access
14	E0006	0006	CAHPS - Rating of All Health Care	Member rating of all health care. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care
15	E0006	0006	CAHPS - Global Rating of Health Plan	Member rating of health plan. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Plan Efficiency, Cost Reduction and Management	Plan Service

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
16	E0006	0006	CAHPS - Rating of Personal Doctor	Member rating of personal doctor. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care
17	E0006	0006	CAHPS - Rating of Specialist Seen Most Often	Member rating of specialist seen most often. Reported as a mean of member responses where ratings 0-6 are given a value of 1, ratings 7-8 are given a value of 2, and ratings 9-10 are given a value of 3.	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child http://cahps.ahrq.gov/	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care
18	E0006	0006	CAHPS - Plan Information on Costs	Percents of members reporting that they "always" were able to get information on the costs of services, equipment, and prescriptions. Reported as a single rate created by averaging rates for two ESS questions (unweighted average).	Based on CAHPS Health Plan Survey v. 5.0H Adult or Child	Members who responded to survey questions	None listed	AHRQ	Plan Efficiency, Cost Reduction and Management	Plan Service
19	BLANK	Not Currently Endorsed	CAHPS - Coordination of Members' Health Care Services	Percents of members reporting that their doctors "always" coordinate their care. NOTE: For testing this only includes Doctor Informed	Members' experience of coordination of care	Members who responded to survey questions	None listed	NCQA	Clinical Quality Management	Care Coordination
20	E0032	0032	Cervical Cancer Screening	The percent of female members 21-64 years of age who received one of more Pap tests to screen for cervical cancer.	One or more Pap tests during the measurement year or the two years prior to the measurement year. A woman had a Pap test if a submitted claim/encounter contains any code as outlined in technical specifications.	Women 24–64 years as of December 31 of the measurement year. Continuous enrollment - Commercial: The measurement year and the two years prior to the measurement year.	Exclude women who had a hysterectomy with no residual cervix. Look as far back as possible in the member's history for evidence of hysterectomy through December 31 of the measurement year.	NCQA	Clinical Quality Management	Prevention
21	E0038	0038	Childhood Immunization Status	The percent of members 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Reported as a combination rate-- the percent of children who completed 3 or more vaccine sets.	For MMR, hepatitis B, VZV and hepatitis A, count any of the following: • Evidence of the antigen or combination vaccine, or • Documented history of the illness, or • A seropositive test result for each antigen. For DTaP, IPV, HiB, pneumococcal conjugate, rotavirus and influenza, count only: • Evidence of the antigen or combination vaccine. For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), the organization must find evidence of all the antigens. DTAP At least four DTaP vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth. IPV At least three IPV vaccinations, with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth cannot be counted. MMR At least one MMR vaccination, with a date of service falling on or before the child's second birthday. HiB At least three HiB vaccinations, with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after	Children who turn 2 years of age during the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population for each product line. Organizations may reduce the sample size using the current year's administrative rate for the lowest rate or the prior year's audited, product line-specific results for the lowest rate. Refer to the Guidelines for Calculations and Sampling for information on reducing sample size.	Exclude children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same. Exclude contraindicated children only if the administrative data do not indicate that the contraindicated immunization was rendered in its entirety. The exclusion must have occurred by the second birthday. Look for exclusions as far back as possible in the member's history and use the codes identified in the technical specifications to identify allowable exclusions. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. The exclusion must have occurred by the member's second birthday.	NCQA	Clinical Quality Management	Prevention

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
22	BLANK	Not currently endorsed	Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Control (<100 mg/Dl)	The percent of members (18+) with cardiovascular conditions whose LDL-C control is LDC-C level of less than 100 mg/dL	LDC-C Control <100mg/dl - Use codes outlined in the technical specifications to identify the most recent LDL-C screening test during the measurement year. The member is numerator compliant if the most recent LDL-C level during the measurement year is <100 mg/dL. The member is noncompliant if the result for the most recent LDL-C test is ≥100 mg/dL or is missing, or if an LDL-C test was not done during the measurement year. An organization that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes outlined in the technical specifications and must use the most recent code during the measurement year to evaluate whether the member is numerator compliant. LDL-C Control <100mg/dl. Administrative - Refer to Administrative Specification to identify positive numerator hits from the administrative data. Medical record - Documentation in medical record must include, at a minimum, a note indicating the date when the LDL-C test was performed and the result or finding. The organization may calculate LDL-C levels from total cholesterol, HDL-C and triglycerides using the Friedewald equation if the triglycerides are ≤400 mg/dL.	Members 18 years of age or older as of Dec 31 of the measurement year who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1 to November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease during the measurement year and the year prior to the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population for each product line. The organization may reduce its sample size using the current year's lowest administrative rate or the prior year's audited, product line-specific results for the two rates. Refer to the Guidelines for Calculations and Sampling for information about sampling.	None listed	NCQA	Clinical Quality Management	Clinical Effectiveness
23	BLANK	Not currently endorsed	Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	The percent of members (18+) with cardiovascular conditions who were given a LDL-C screening.	LDL-C Screening - An LDL-C test performed during the measurement year, as identified by claim/ encounter or automated laboratory data. The organization may use a calculated or direct LDL for LDL-C screening and control indicators. Hybrid Specification: LDL-C Screening - Administrative - Refer to Administrative Specification to identify positive numerator hits from administrative data. Medical record - Documentation in medical record must include, at a minimum, a note indicating the date when the LDL-C test was performed and the result or finding. The organization may use a calculated or direct LDL for LDL-C screening and control indicators.	Members 18 years of age or older as of Dec 31 of the measurement year who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1 to November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease during the measurement year and the year prior to the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population for each product line. The organization may reduce its sample size using the current year's lowest administrative rate or the prior year's audited, product line-specific results for the two rates. Refer to the Guidelines for Calculations and Sampling for information about sampling.	None listed	NCQA	Clinical Quality Management	Clinical Effectiveness

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
24	E0034	0034	Colorectal Cancer Screening	The percent of members 50–75 years of age who had appropriate screening for colorectal cancer.	One or more screenings for colorectal cancer. Appropriate screenings are defined by one of the following: • Fecal occult blood test (FOBT) during the measurement year. Regardless of FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned. • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year. Hybrid Specification: One or more screenings for colorectal cancer. Appropriate screenings are defined by one of the following: • FOBT during the measurement year. • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year. Administrative Refer to Administrative Specification to identify positive numerator hits from the administrative data.	Members 51–75 years as of December 31 of the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population for each product line. Organizations may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size.	Exclude members with a diagnosis of colorectal cancer or total colectomy. Look for evidence of colorectal cancer or total colectomy as far back as possible in the member's history. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy. The diagnosis must have occurred by December 31 of the measurement year. Use the codes outlined in the technical specifications as synonyms for a diagnosis of colorectal cancer or total colectomy	NCQA	Clinical Quality Management	Prevention
25	E0055	0055	Diabetes Care: Eye Exam (Retinal) Performed	The percent of members 18–75 years of age with diabetes (type 1 or type 2) who had each of the following. • Eye exam (retinal) performed	An eye screening for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. For exams performed in the year prior to the measurement year, a result must be available. Hybrid Specification: An eye screening for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following. • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or • A negative retinal or dilated exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. Administrative Refer to Administrative Specification to identify positive numerator hits from administrative data. Medical record At a minimum, documentation in the medical record must include one of the	Members 18 to 75 years as of December 31 of the measurement year. Hybrid Specification: A systematic sample of 548 drawn from the eligible population for each product line. A sample size of 548 is based on the goal of achieving a sample of at least 411 for the HbA1c <7% denominator after required exclusions. Members who meet the required exclusion criteria for the HbA1c Control <7% for a Selected Population indicator should not be substituted with members from the oversample. These members will only be excluded when reporting the denominator for the HbA1c <7% for a Selected Population indicator. In other words, organizations should report the FSS for this indicator as 548 minus the required exclusions. Note: for the HbA1c Control <7% for a Selected Population indicator is reported after required exclusions are applied. The organization may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate for the lowest rate among all the reported CDC indicators. For indicators not reported in the prior year, the same audit result must apply	Exclude:• Members with a diagnosis of polycystic ovaries who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur at any time in the member's history, but must have occurred by December 31 of the measurement year. • Members with gestational or steroid-induced diabetes who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur during the measurement year or the year prior to the measurement year, but must have occurred by December 31 of the measurement year. Organizations that apply optional exclusions must	NCQA	Clinical Quality Management	Clinical Effectiveness

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
26	E0018	0018	Controlling High Blood Pressure	The percent of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.	Hybrid Specification: The number of members in the denominator whose most recent BP is adequately controlled during the measurement year. For a member's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a member's BP is adequately controlled, the representative BP must be identified. Medical record - Follow the steps below to determine representative BP. Step 1 Identify the most recent BP reading noted during the measurement year. The reading must occur after the date when the diagnosis of hypertension was made or confirmed. Do not include BP readings that meet the following criteria: • Taken during an acute inpatient stay or an ED visit. • Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole). • Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy). • Reported by or taken by the member.	Hybrid Specification: A systematic sample drawn from the eligible population for each product line whose diagnosis of hypertension is confirmed by chart review. The organization may reduce the sample size using the prior year's audited, product line-specific rate. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size. To confirm the diagnosis of hypertension, the organization must find notation of one of the following in the medical record on or before June 30 of the measurement year: • HTN. • High BP (HBP). • Elevated BP (☐BP). • Borderline HTN. • Intermittent HTN. • History of HTN. • Hypertensive vascular disease (HVD). • Hyperpiesia. • Hyperpiesis. The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:	Hybrid Specification - • Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD. • Exclude from the eligible population all members with a diagnosis of pregnancy during the measurement year. • Exclude from the eligible population all members who had an admission to a nonacute inpatient setting during the measurement year.	NCQA	Clinical Quality Management	Clinical Effectiveness
27	E0039	0039	CAHPS - Flu Shots for Adults	A rolling average represents the percent of members 50–64 years of age who received an influenza vaccination between September 1 of the measurement year and the date when the CAHPS 4.0H adult survey was completed. NOTE: in the process of being respecified to a single year	The number of members in the denominator who responded "Yes" to the question "Have you had a flu shot since September 1, YYYY?"	The number of members with a Flu Shots for Adults Ages 50–64 Eligibility Flag of "Eligible" who responded "Yes" or "No" to the question "Have you had a flu shot since September 1, YYYY?"	None listed	NCQA	Clinical Quality Management	Prevention
28	E0576	One indicator of NQF-endorsed measure 0576	Follow - Up After Hospitalization for Mental Illness: 7 days	The percent of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. The percent of discharges for which the member received follow-up within 7 days of discharge.	An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.	Members 6 years and older as of the date of discharge who were discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not members. Include all discharges for members who have more than one discharge on or between January 1 and December 1 of the measurement year.	None listed	NCQA	Clinical Quality Management	Clinical Effectiveness
29	E0108	One indicator of NQF-endorsed measure 0108	Follow - Up Care for Children Prescribed ADHD Medication: Initiation Phase	The percent of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.	One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. Note: Do not count a visit on the IPSD as the Initiation Phase visit.	Members 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were prescribed an ADHD medication.	Exclude from the denominator for both rates, members diagnosed with narcolepsy at any point in their medical history.	NCQA	Clinical Quality Management	Clinical Effectiveness

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
30	E1407	1407	Immunizations for Adolescents	The percent of members 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoid vaccine (Td) by their 13th birthday. Reported as a combination rate.	For meningococcal and Tdap or Td, count only evidence of the antigen or combination vaccine. Meningococcal - One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays. Tdap/Td One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays. Combination 1 (Meningococcal, Tdap/Td) - Adolescents who received one meningococcal vaccine on or between the members 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays. Hybrid Specification: For meningococcal conjugate or polysaccharide and Tdap or Td, count only the evidence of the antigen or combination vaccine. Administrative - Refer to Administrative Specification to identify positive numerator hits from the administrative data. Medical record - For immunization information obtained from the medical record, organizations may count members where there is evidence that the antigen was rendered from:	Members who turn 13 years of age during the measurement year. Hybrid Specification: A systematic sample drawn from the eligible population. Organizations may reduce the sample size using the current year's administrative rate for the lowest rate or the prior year's audited, product line-specific results for the lowest rate. For information on reducing the sample size, refer to the Guidelines for Calculations and Sampling.	Exclude adolescents who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rate. The denominator for all rates must be the same. Contraindicated adolescents may be excluded only if administrative data do not indicate that the contraindicated immunization was rendered. The exclusion must have occurred by the member's 13th birthday. Look for exclusions as far back as possible in the member's history and use the codes outlined in the technical specifications to identify exclusions. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. The exclusion must have occurred by the member's 13th birthday.	NCQA	Clinical Quality Management	Prevention
31	E0027	0027	CAHPS - Medical Assistance With Smoking and Tobacco Use Cessation	Percents of smoker members reporting that they "sometimes","usually", or "always" receive counseling regarding (reported as a total (sum of numerators/sum of denominators):	The number of members in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering "Sometimes" or "Usually" or "Always" to Q46. Discussing Cessation Medications (Commercial and Medicaid)- The number of members in the denominator who indicated that their doctor or health provider recommended or discussed cessation medications by answering "Sometimes" or "Usually" or "Always" to Q47. Discussing Cessation Strategies (Commercial and Medicaid) The number of members in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies by answering "Sometimes" or "Usually" or "Always" to Q48.	The number of members who responded to the survey and indicated that they were current smokers or tobacco users and had one or more visits during the measurement year. Member response choices must be as follows to be included in the denominator: Q56 = "Every day" or "Some days" Q57 = "Never" or "Sometimes" or "Usually" or "Always" Note: Medicare results for the Advising Smokers and Tobacco Users to Quit rate requires a minimum denominator of at least 30 responses. Discussing Cessation Medications (Commercial and Medicaid)- The number of members who responded to the survey and indicated that they were current smokers or tobacco users. Member response choices must be as follows to be included in the denominator: Q45 = "Every day" or "Some days" Q47 = "Never" or "Sometimes" or "Usually" or "Always" Discussing Cessation Strategies (Commercial and Medicaid) The number of members who responded to the	None listed	NCQA	Clinical Quality Management	Prevention

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
32	E1799	1799	Medication Management for People With Asthma	The percent of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who remained on an asthma controller medication for at least 75% of their treatment period.	Medication Compliance 75%: The number of members who achieved a PDC of at least 75% for their asthma controller medications during the measurement year. Follow the steps below to identify numerator compliance. Step 1 Identify the IPSD. The IPSD is the earliest dispensing event for any asthma controller medication during the measurement year. Step 2 To determine the treatment period, calculate the number of days from the IPSD (inclusive) to the end of the measurement year. Step 3 Count the days covered by at least one prescription for an asthma controller medication during the treatment period. To ensure that the days supply does not exceed the treatment period, subtract any days supply that extends beyond December 31 of the measurement year. Step 4 Calculate the member's PDC using the following equation. Total Days Covered by a Controller Medication in the Treatment Period (step 3) Total Days in Treatment Period (step 2) Medication Compliance 75% Sum the number of members whose PDC is ≥75% for their treatment period.	Members 5–64 years by December 31 of the measurement year. Report four age stratifications (5 - 11 years; 12 - 18 years; 19 - 50 years; 51 - 64 years) and a total rate.	None listed	NCQA	Clinical Quality Management	Clinical Effectiveness
33	E1768	1768	Plan All - Cause Readmissions	For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Reported as the Average Adjusted Probability of Readmission.	Count of 30-Day Readmissions	Count of Index Hospital Stays (IHS)	None listed	NCQA	Clinical Quality Management	Patient Safety

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
34	E1517	1517	Prenatal and Postpartum Care: Postpartum Care	The percent of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	Postpartum Care - A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery, as documented through either administrative data or medical record review. Administrative - Refer to Administrative Specification to identify positive numerator hits from the administrative data. Medical record - Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following. • Pelvic exam, or • Evaluation of weight, BP, breasts and abdomen, or – Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component. • Notation of postpartum care, including, but not limited to: – Notation of "postpartum care," "PP care," "PP check," "6-week check." – A preprinted "Postpartum Care" form in which information was documented during the visit.	Follow the first two steps below to identify the eligible population, which is the denominator for both rates. Step 1. Identify live births. Use Method A and Method B below to identify all women with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year. Organizations must use both methods to identify , but a member only needs to be identified by one to be included in the measure. Method A - Use codes outlined in the technical specifications to identify a delivery and indicate the outcome of the delivery was a live birth. Women who are identified through the codes listed in Method A are automatically included in and require no further verification of the outcome. Method B - Identify deliveries and verify live births. Organizations must use step B to eliminate deliveries that did not result in a live birth. Step 2. Identify continuous enrollment. For women identified in step 1, determine if	None listed	NCQA	Clinical Quality Management	Prevention
35	E1517	1517	Prenatal and Postpartum Care: Timeliness of Prenatal Care	The percent of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.	Timeliness of Prenatal Care - A prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy. Include only visits that occur while the member was enrolled. Step 3 Determine enrollment status during the first trimester. Determine if women identified in step 2 were enrolled on or before 280 days prior to delivery (or estimated date of delivery [EDD]). For these women, go to step 4. For women not enrolled on or before 280 days prior to delivery (or EDD), who were therefore pregnant at the time of enrollment, proceed to step 6. Step 4 Determine continuous enrollment for the first trimester. Determine if women identified in step 3 were continuously enrolled during the first trimester (176–280 days prior to delivery [or EDD]) with no gaps in enrollment. For these women, use one of the four decision rules outlined in the technical specifications to determine if there was a prenatal visit during the first trimester.4 For women who were not continuously enrolled during the first trimester, proceed to step 5. Step 5 For women who had a gap between 176	Follow the first two steps below to identify the eligible population, which is the denominator for both rates. Step 1 Identify live births. Use Method A and Method B below to identify all women with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year. Organizations must use both methods to identify , but a member only needs to be identified by one to be included in the measure. Method A - Use codes outlined in the technical specifications to identify a delivery and indicate the outcome of the delivery was a live birth. Women who are identified through the codes listed in Method A are automatically included in and require no further verification of the outcome. Method B - Identify deliveries and verify live births. Organizations must use step B to eliminate deliveries that did not result in a live birth. Step 2 Identify continuous enrollment. For women identified in step 1, determine if	None listed	NCQA	Clinical Quality Management	Prevention

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
36	E0052	0052	Use of Imaging Studies for Low Back Pain	The percent of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	An imaging study conducted on the IESD or in the 28 days following the IESD. Refer to codes outlined in the technical specifications. A diagnosis code as outlined in the technical specifications must be in conjunction with an imaging study code as outlined in the technical specifications.	Members 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction
37	E0024	One indicator of NQF-endorsed measure 0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile Documentation	The percent of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation.	BMI percentile during the measurement year. Hybrid Specification: BMI percentile during the measurement year as identified by administrative data or medical record review. Administrative - Refer to Administrative Specification to identify positive numerator hits from the administrative data. Medical record - Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source. Either of the following meets criteria for BMI percentile: • BMI percentile, or • BMI percentile plotted on age-growth chart. For members who are younger than 16 years of age on the date of service, only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria. A BMI value is not acceptable for this age range. For adolescents 16–17 years on the date of service, documentation of a BMI value expressed as kg/m2 is acceptable.	Members 3–17 years as of December 31 of the measurement year. Report two age stratifications (3 -11 years; 12 - 17 years) and a total for each of the three indicators. The total is the sum of the age stratifications. Hybrid Specification: A systematic sample drawn from the eligible population for each product line for the Total age band (3–17 years). The Total sample is stratified by age to report rates for the 3–11 and 12–17 age stratifications. Organizations may reduce the sample size using current year's administrative rate or the prior year's audited, product line-specific rate for the lowest of the three indicator rates for the Total age band. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size.	Optional: Exclude members who have a diagnosis of pregnancy during the measurement year. The denominator for all rates must be the same. An organization that excludes these members must do so for all rates. Hybrid Specification - Refer to Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year.	NCQA	Clinical Quality Management	Prevention
38	E1516	1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	The percent of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year	At least one well-child visit with a PCP during the measurement year. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. A child who had a claim/encounter with a code listed in the technical specifications is considered to have had a well-child visit.	Members 3–6 years as of December 31 of the measurement year.	None listed	NCQA	Member Experience	Access
39	BLANK	Not Currently Endorsed	CAHPS - Cultural Competency	Percents of members reporting that providers and plans "always" made it possible to get care in the preferred language.	Based on Clinician and Group CAHPS	Members who responded to survey questions	None listed	AHRQ	Member Experience	Doctor and Care

Row #	Measure ID	NQF ID	Measure Title	Description	Numerator	Denominator	Exclusions	Measure Steward	QRS Summary Indicator	QRS Domain
40	E0575	0575	Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0%	The percent of members 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c Control (<8.0%).	Members whose HbA1c level is <8.0% during the measurement year	Members 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	Exclude members with a diagnosis of polycystic ovaries who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur at any time in the member's history, but must have occurred by the end of the measurement year. Exclude members with gestational or steroid-induced diabetes who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur during the measurement year or the year prior to the measurement year, but must have occurred by the end of the measurement year.	NCQA	Clinical Quality Management	Clinical Effectiveness
41	E1557	1557	Relative Resource Use for People with Diabetes - Inpatient Facility Index	Compared to other plans, relative use of inpatient facility resources for patients with diabetes--scores below 1.0 reflect below-average resource use.	This measure addresses the resource use of members identified with diabetes (Type I and Type II). Diagnosis of the disease or use of anti-diabetic medications are used to identify members for inclusion in the eligible population and the results are adjusted to account for age, gender, and HCC-RRU risk classifications that predict cost variability. Resource Use Inpatient Service Categories: Inpatient facility services Evaluation and management; Procedures and surgeries; Imaging and diagnostic ; Lab services; Admissions/discharges.	This measure addresses the resource use of members identified with diabetes (Type I and Type II). Diagnosis of the disease or use of anti-diabetic medications are used to identify members for inclusion in the eligible population and the results are adjusted to account for age, gender, and HCC-RRU risk classifications that predict cost variability. Resource Use Inpatient Service Categories: Inpatient facility services; Evaluation and management; Procedures and surgeries; Imaging and diagnostic ; Lab services; Admissions/discharges.	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction
42	E1558	1558	Relative Resource Use for People with Cardiovascular Conditions Inpatient Facility Index	Compared to other plans, relative use of inpatient facility resources for patients with cardiovascular conditions--scores below 1.0 reflect below-average resource use.	This measure addresses the resource use of members identified with significant cardiovascular disease. Major cardiac events (AMI, CABG, PCI) and /or cardiovascular-related diagnoses (ischemic vascular disease) are used to identify members for inclusion in the eligible population and the results are adjusted to account for age, gender, and HCC-RRU risk classifications that predict cost variability. Resource Use Inpatient Service Categories: Inpatient facility services; Evaluation and management; Procedures and surgeries; Imaging and diagnostic ; Lab services; Admissions/discharges.	This measure addresses the resource use of members identified with significant cardiovascular disease. Major cardiac events (AMI, CABG, PCI) and /or cardiovascular-related diagnoses (ischemic vascular disease) are used to identify members for inclusion in the eligible population and the results are adjusted to account for age, gender, and HCC-RRU risk classifications that predict cost variability. Resource Use Inpatient Service Categories: Inpatient facility services; Evaluation and management; Procedures and surgeries; Imaging and diagnostic ; Lab services; Admissions/discharges.	None listed	NCQA	Plan Efficiency, Cost Reduction and Management	Efficiency and Cost Reduction