

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Medical Assistance with Smoking and Tobacco Use Cessation -- Advising Smokers to Quit	Rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.	X	X	X			0027		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Medical Assistance with Smoking and Tobacco Use Cessation -- Strategies for Quitting	Rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.	X	X				0027		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Medical Assistance with Smoking and Tobacco Use Cessation -- Medications for Quitting	Rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.	X	X				0027		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Flu Shots for those ages 50-64	A rolling average represents the percentage of members 50-64 years of age who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS 4.0H adult survey was completed.	X	X	X			0039		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Adult BMI Assessment	Percentage of patients age 18-74 years who have a screening body mass index measurement during the last 12 months.	X	X						Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Breast Cancer Screening	The percentage of women 40-69 years of age who had a mammogram to screen for breast cancer at least once every two years	X	X	X			0031		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Cervical Cancer Screening	cancer screening at least once every two years	X	X	X			0032		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Colorectal Cancer Screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.		X	X	X		0034		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Chlamydia screening in women	Assesses the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.		X	X			0033		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Prevention and Management of Obesity in Mature Adolescents and Adults	Part 1: Measures percentage of patients >=18 y/o with a documented elevated body mass index (BMI). (Mandatory/Equivalent) Part 2: Measures percentage of patients with elevated BMI who were given education and counseling for weight loss strategies. (Explanation)				X				Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	High Risk for Pneumococcal Disease--Pneumococcal Vaccination	The percentage of patients aged 5 through 64 with a high risk condition, or aged 65 years and older who either received a pneumococcal vaccine (reported separately) or had a contraindication to pneumococcal vaccine (reported separately)				X		0617		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Annual cervical cancer screening or follow-up in high-risk women	This measure identifies women age 12 to 65 diagnosed with cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS prior to the measurement year, and who still have a cervix, who had a cervical CA screen during the measurement year.						0579		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Under 1500g infant Not Delivered at Appropriate Level of Care	The number per 1,000 livebirths of <1500g infants delivered at hospitals not appropriate for that size infant.						0477		Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Percent of live newborn infants that receive hepatitis B vaccination before discharge at each single hospital/birthing facility during given time period (one year).						0475		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Low birth weight: rate of infants with low birth weight.	This measure is used to assess the number of low birth weight infants per 100 births.				X				Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Outpatient Newborn Visit Within One Month of Birth	Measures percentage of infants who had an outpatient newborn visit within one month of birth.				X				Process		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Frequency of Ongoing Prenatal Care	Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits. <ul style="list-style-type: none"> •<21 percent of expected visits •21 percent–40 percent of expected visits •41 percent–60 percent of expected visits •61 percent–80 percent of expected visits •=81 percent of expected visits This measure uses the same denominator as the Prenatal and						1391		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Prenatal & Postpartum Care	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. <ul style="list-style-type: none"> • Rate 1: Timeliness of Prenatal Care. The percentage 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. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. 	X	X	X			1517		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Well-Child Visits in the First 15 Months of Life	Percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. Seven rates are reported: <ul style="list-style-type: none"> •No well-child visits •One well-child visit •Two well-child visits •Three well-child visits •Four well-child visits •Five well-child visits 		X				1392		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year		X				1516		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Adolescent Well-Care Visits	This measure is used to assess the percentage of enrolled members 12 through 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year.		X						Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	WCC- Weight Assessment-- BMI Percentile -- Total	Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of body mass index (BMI) percentile documentation during the measurement year.		X				0024		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	WCC-- Counseling for Nutrition -- Total	Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had counseling for nutrition during the measurement year.		X				0024		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	WCC -- Counseling for Physical Activity -- Total	Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had counseling for physical activity during the measurement year.		X				0024		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Lead Screening in Children	Assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.		X						Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Promoting Healthy Development Survey (PHDS)	<p>The Promoting Healthy Development Survey (PHDS) assesses national recommendations for preventive and developmental services for young children such as those included in the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents—Third Edition. The PHDS is a survey of parents or guardians of children 3-48 months of age. Information is gathered on the following issues:</p> <ul style="list-style-type: none"> • Anticipatory guidance and parental education by a doctor or other health provider. • Health information. • Developmental surveillance: Ask about and address parents' concerns about their child's learning, development, and behavior. • Standardized screening for developmental, behavioral, and social problems. • Follow-up for children at risk for developmental, behavioral, or social problems. • Assessment of psychosocial well-being and safety in the family. • Assessment of smoking, drug, and alcohol use in the family. • Family-centered care (experience of care). • Helpfulness and effect of care provided. <p>The PHDS is a valid measure for system, plan, and provider-level assessments. It can be administered by mail, telephone, online (http://www.onlinephds.org), and in pediatric offices. All versions are available in English, and some versions are</p>						0011		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Young Adult Health Care Survey (YAHCS)	<p>The Young Adult Health Care Survey (YAHCS) is a survey of adolescents 14-18 years of age that assesses how well the health care system provides adolescents with recommended preventive care. The YAHCS assesses the provision of private and confidential care, experience of care, helpfulness of care provided, and the following aspects of preventive care:</p> <ul style="list-style-type: none"> • Preventive screening and counseling on risky behaviors. • Preventive screening and counseling on sexual activity and sexually transmitted diseases (STDs). • Preventive screening and counseling on weight, healthy diet, and exercise. • Preventive screening and counseling on emotional health and relationship issues. • Private and confidential care. • Helpfulness of counseling. • Communication and experience of care. • Health information. <p>The YAHCS has been used to assess health care quality at the national, State, geographic, county, and health plan levels. English and Spanish versions of the YAHCS are available free of charge on CAHMI's web site (http://www.cahmi.org), and additional information is available at the Child Healthcare Quality Toolbox: www.ahrq.gov/chttoolbox/measure7.htm</p> <p>Please contact CAHMI staff at cahmi@ohsu.edu for more</p>						0010		Process		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Pediatric Symptom Checklist (PSC)	The Pediatric Symptom Checklist (PSC) is a brief parent report questionnaire that is used to measure overall psychosocial functioning in children from 4 to 16 years of age. Originally developed to be a screen that would allow pediatricians and other health professionals to identify children with poor overall functioning who were in need of further evaluation or referral, the PSC has seen such wide use in large systems that it has been used as an outcome measure to assess changes in functioning over time. In addition to the original 35 item parent report form of the PSC in English, there are now many other validated forms including translations of the original form into more than a dozen other languages, a youth self report, a pictorial version, and a briefer 17 item version for both the parent and youth forms.						0722		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Childhood Immunization Status	Percentage of children 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); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.		X	X			0038		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Human Papillomavirus Vaccine for Female Adolescents	Percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday						1959		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Immunizations for Adolescents	The percentage of adolescents 13 years of age who had recommended immunizations by their 13th birthday		X				1407		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Preventative Services: Percentage of Enrolled Members Ages Less than or Equal to 18 years Who Are Up-to-date For All Appropriate Preventive Services	This measure is used to assess the percentage of enrolled members ages less than or equal to 18 years who are up-to-date for all preventive immunizations based on age and gender. (Note: Reporting for members, ages 0-6 years, is mandatory, and reporting for members, ages 7-18 years is exploratory.				X				Process		Measure Overlap, would recommend dropping this measure
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Pre-School Vision Screening in the Medical Home	Percentage of pre-school aged children who receive vision screening in the medical home						1412		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Annual Dental Visit	Percentage 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 Medicaid contract.				X		1388		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	ADHERENCE TO STATINS	To ensure that members who are taking statins to treat hyperlipidemia filled sufficient medication to have at least 80% coverage during the measurement year.						0569		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Adult(s) taking insulin with evidence of self-monitoring blood glucose testing.	This measure identifies patients with diabetes mellitus taking insulin that had evidence of self-monitoring blood glucose testing in last 12 reported months.						0603		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months.	This measure identifies adults with diabetes mellitus that had a serum creatinine test in last 12 reported months.						0604		Process		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Comprehensive Diabetes Care	The percentage of individuals 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none"> HbA1c poor control (>9.0%) HbA1c control (<8.0%) HbA1c control (<7.0%) * Eye exam (retinal) performed LDL-C screening LDL-C control (<100 mg/dL) Medical attention for nephropathy BP control (<140/90 mm Hg) Smoking status and cessation advice or treatment 	X	X	X			0731		Process/Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Comprehensive Diabetes Care: HbA1c control (<8.0%)	The percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).						0575		Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL C <100	Percentage of adult patients with diabetes aged 18-75 years with most recent (LDL-C) <130 mg/dL B: Percentage of patients 18-75 years of age with diabetes whose most recent LDL-C test result during the measurement year was <100 mg/dL						0064		Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Blood Pressure Management	Percentage of patients aged > 18 years with diagnosed hypertension who had visits where blood pressure measurement was recorded. (Blood Pressure is <140/90 mmHg during the measurement year)		X	X			0061		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Retinal eye Exams	Percentage of adult patients with diabetes aged 18-75 years who received an eye screening for diabetic retinal disease during the measurement year		X	X			0055		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: LDL-C Controlled <100mg/dL	The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) whose most recent LDL level is <100 mg/dL.		X				0064		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Nephropathy Monitoring	The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had a Annual albumin/creatinine ratio or urine microalbumin or positive urine macroalbumin or diagnosed with and treated for nephropathy or treated with ACE/ARB		X	X			0062		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Hemoglobin A1c Poor Control (>9.0%)	Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control)		X	X			0059		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Hemoglobin A1c testing	Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year		X	X			0057		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Lipid profile	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)		X	X			0063		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes Monitoring for People with Diabetes and Schizophrenia	The percentage of individuals 18 – 64 years of age with schizophrenia and diabetes who had both and LDL-C test and an HbA1c test during the measurement year.						1934		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications	The percentage of individuals 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed any antipsychotic medication and had a diabetes screening during the measurement year.						1932		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Relative Resource Use for People with Diabetes (RDI)	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 (Refer to Attachment S8_Clinical Logic for additional information).						1557	X	Cost	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Appropriate Treatment of Hypertension	The percentage of patients who were dispensed a medication for diabetes and hypertension that are receiving an angiotensin-converting -enzyme-inhibitor (ACEI) or angiotensin receptor blocker (ARB) or direct renin inhibitor (DRI) renin-angiotensin-antagonist medication.						0546		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Long-Term Complication Admission Rate	Admissions per 10,000 qualified enrollees 18 years and older. Long-term diabetes complications include renal, eye, neurological and circulatory disorders. All of these complications are expected to some degree for most diabetic patients. Appropriate outpatient treatment and patient adherence to prevention may reduce the incidence of long-term complications. Race is a major bias in this measure since native and Hispanic Americans have significantly higher rates of the disease.				X				Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Short-Term Complication Admission Rate	This measure is used to assess the number of admissions for diabetes short-term complications per 100,000 population. Short-term complications include: diabetic ketoacidosis, hyperosmolarity and coma which are life-threatening emergencies. Proper outpatient treatment and adherence to care may reduce the incident of complications. As indicated in the long-term complications, populations of color have higher diabetes rates and may bias the measure.				X				Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: All or None Process Measure (Optimal Testing: HbA1c, LDL-C, nephropathy)	This measure contains three goals, all of which must be reached by each patient in order to meet the measure: Two A1C tests performed during the 12-month reporting period; One LDL-C cholesterol test performed during the 12-month reporting period; and One kidney function test and/or diagnosis and treatment of kidney disease during the 12-month reporting period.				X				Process		Measure Overlap, would recommend dropping this measure
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: All or None Outcome Measure: Optimal Results for HbA1c, LDL-C, and BP	The percentage of diabetic patients 18-75 years of age who had the following during the 12-month measurement period: 1. Most recent A1c blood sugar level controlled to less than 7% or less than 8% for high risk patients. 2. Most recent LDL-C cholesterol controlled to less than 100 mg/dl 3. Most recent blood pressure controlled to a level of less than 130/80 mmHg				X				Outcome		Measure Overlap, would recommend dropping this measure
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Atherosclerotic Disease and LDL Greater than 100 - Use of Lipid Lowering Agent	The percentage of patients aged 18 and older with a diagnosis of atherosclerotic disease whose most recent LDL-C value is greater than 100 mg/dL and who are taking a lipid lowering agent						0636		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Atrial Fibrillation - Warfarin Therapy	The percentage of adult patients, with atrial fibrillation and major stroke risk factors, on warfarin				X		0624		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cardiac Rehabilitation Patient Referral From an Inpatient Setting	Percentage of patients admitted to a hospital with a primary diagnosis of an acute myocardial infarction or chronic stable angina or who during hospitalization have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation who are referred to an early outpatient cardiac rehabilitation/secondary prevention						0642		Process		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program.						0643		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	Percent of adult population aged 18 – 65 years who were admitted to a hospital with acute myocardial infarction (AMI), were followed for one-month after discharge, and had one or more potentially avoidable complications (PACs). PACs may occur during the index stay or during the 30-day post discharge period (Please reference attached document labeled NQF_AMI_PACs_Risk_Adjustment_2.16.10.xls, tabs labeled CIP_Index_PAC_Stays and CIP_PAC_Readmission). We define PACs during each time period as one of three types: (A) PACs during the Index Stay (Hospitalization): (1) PACs related to the anchor condition: The index stay is regarded as having a PAC if during the index hospitalization the patient develops one or more complications such as cardiac arrest, ventricular fibrillation, cardiogenic shock, stroke, coma, acute post-hemorrhagic anemia etc. that may result directly due to AMI or its management. (2) PACs due to Comorbidities: The index stay is also regarded as having a PAC if one or more of the patient's controlled comorbid conditions is exacerbated during the hospitalization (i.e. it was not present on admission). Examples of these PACs are diabetic emergency with hypo- or hyperglycemia, tracheostomy, mechanical ventilation, pneumonia, lung complications gastritis, ulcer, GI hemorrhage etc. (3) PACs suggesting Patient Safety Failures: The index stay is regarded as having a PAC if there are one or more complications related to patient safety issues. Examples of						0704		Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Patient(s) with an emergency medicine visit for non-traumatic chest pain that had an ECG.	This measure identifies patients with an emergency medicine visit for non-traumatic chest pain that had an ECG done as part of their evaluation.						0665		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Patient(s) with hypertension that had a serum creatinine in last 12 reported months.	This measure identifies patients with hypertension (HTN) that had a serum creatinine in last 12 reported months						0605		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack	The percentage of patients age 18 years and older during the measurement year who were hospitalized and discharged alive July 1 of the year prior to the measurement year through June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	X	X	X			0071		Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Heart Disease - Controlling High Blood Pressure	Percentage of adults 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.	X	X	X			0018		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cholesterol Management for Patients with Cardiovascular Conditions - Screening	The percentage of patients with certain cardiovascular conditions who received an LDL test in the measurement year.	X	X	X			0075		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cholesterol Management for Patients with Cardiovascular Conditions - LDL<100	Percentage of patients with certain cardiovascular conditions who most recent LDL level is <100 mg/dL in the measurement year.		X	X					Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	The percentage of individuals 18 - 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.						1933		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Relative Resource Use for People with Cardiovascular Conditions	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 (Refer to Attachment S8_Clinical Logic for additional information).						1558	X	Cost	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Dyslipidemia new med 12-week lipid test	This measure identifies patients age 18 or older who started lipid-lowering medication during the measurement year and had a lipid panel checked within 3 months after starting drug therapy.				X		0583		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	New Atrial Fibrillation: Thyroid Function Test	This measure identifies patients with new-onset atrial fibrillation during the measurement year who have had a thyroid function test 6 weeks before or after the diagnosis of atrial fibrillation.						0600		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Post MI: ACE inhibitor or ARB therapy	This measure identifies patients with ST elevation MI (STEMI), or non-ST elevation MI (NSTEMI) plus a history of hypertension, heart failure and/or diabetes prior to the measurement year who are taking an ACEI or an ARB during the measurement year.						0594		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Stent drug-eluting clopidogrel	This measure identifies patients undergoing percutaneous coronary intervention (PCI) with placement of a drug-eluting intracoronary stent during the first 9 months of the measurement year, who filled a prescription for clopidogrel in the 3 months following stent placement.						0588		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Warfarin PT/ INR Test	This measure identifies the percentage of patients taking warfarin during the measurement year who had at least one PT/INR test within 30 days after the first warfarin prescription in the measurement year.						0586		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Congestive Heart Failure Admission Rate	This measure is used to assess the number of admissions for congestive heart failure (CHF) per 100,000 population in Metro Area* or county. CHF can be controlled in the outpatient setting however; the disease is chronic and progressive for which hospitalizations are appropriate and expected. The causes for admissions may be due to poor quality of care, limited access to care, or patient non-compliance. Low income and high rates for other ACSCs in addition to age and gender may be the key determinate.				X				Outcome		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Atherosclerotic Disease—Lipid Panel Monitoring	The percentage of patients aged 12 years and older with coronary artery disease, or 18 years and older with cerebrovascular disease or peripheral vascular disease that have been screened for dyslipidemia with a lipid profile				X		0616		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	30 Day Post-Hospital AMI Discharge Care Transition Composite Measure	Accesses the incidence among patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits, and evaluation and management (E&M) services				X		0698		Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	External Beam Radiotherapy for Bone Metastases	This measure reports the percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline.						1822		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Proportion admitted to hospice for less than 3 days	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there						0216		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Proportion admitted to the ICU in the last 30 days of life	Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life						0213		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Proportion not admitted to hospice	Percentage of patients who died from cancer not admitted to hospice						0215		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Proportion receiving chemotherapy in the last 14 days of life	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life						0210		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Proportion with more than one emergency room visit in the last days of life	Percentage of patients who died from cancer with more than one emergency room visit in the last days of life						0211		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy	To ensure that all eligible members who have been newly diagnosed and resected with colorectal cancer receive a follow-up colonoscopy within 15 months of resection.						0572		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Cancer	Patients with Advanced Cancer Screened for Pain at Outpatient Visits	Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit						1628		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Antidepressant Medication Management	The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. a) Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks). b) Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).	X	X	X			0105		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Follow-Up After Hospitalization for Mental Illness	This measure assesses the percentage 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. Two rates are reported. Rate 1. The percentage of members who received follow-up within 30 days of discharge Rate 2. The percentage of members who received follow-up	X	X	X	X		0576		Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following. a. Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. b. Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	X	X				0004		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Mental Health Utilization	This measure assesses the number and percentage of members receiving the following mental health services during the measurement year: •Any service •Inpatient •Intensive outpatient or partial hospitalization •Outpatient or emergency department (ED)	X							Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Bipolar antimanic agent	This measure identifies the percentage of patients with newly diagnosed bipolar disorder who have received at least 1 prescription for a mood-stabilizing agent during the measurement year.						0580		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Lithium Annual Creatinine Test in ambulatory setting	This measure identifies the percentage of patients taking lithium who have had at least one creatinine test after the earliest observed lithium prescription during the measurement year.						0609		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Lithium Annual Lithium Test in ambulatory setting	This measure identifies the percentage of patients taking lithium who have had at least one lithium level test after the earliest observed lithium prescription during the measurement year.						0595		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Lithium Annual Thyroid Test in ambulatory setting	This measure identifies the percentage of patients taking lithium who have had at least one thyroid function test after the earliest observed lithium prescription during the measurement year.						0596		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Depression Remission at Six Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.								Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement	31- questions that supplement the CAHPS Child Survey v 3.0 Medicaid and Commercial Core Surveys, that enables health plans to identify children who have chronic conditions and assess their experience with the health care system. Level of analysis: health plan – HMO, PPO, Medicare, Medicaid, commercial.								Member Experience		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Patient(s) 2 years of age and older with acute otitis externa who were NOT prescribed systemic antimicrobial therapy.	This measure identifies patients 2 years of age and older with acute otitis externa who were or were not prescribed systemic antimicrobial therapy.						0663		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Appropriate testing for children with pharyngitis	The percentage of children 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 higher rate represents better performance (i.e., appropriate testing).		X	X			0002		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Appropriate treatment for children with upper respiratory infection (URI)	The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.		X	X			0069		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	The percentage 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. Two rates are reported. • Initiation Phase. The percentage of members 6–12 years of age as of the IPSP 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. • Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSP 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.		X	X			0108		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Asthma Emergency Department Visits	Percentage of patients with asthma who have greater than or equal to one visit to the emergency room for asthma during the measurement period.				X		1381		Outcome		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Pediatric Asthma Admission Rate	Admissions per 10,000 qualified enrollees 2-17 years. Proper outpatient treatment may reduce the incidence or exacerbation of asthma requiring hospitalization.				X				Outcome		Measure Overlap, would recommend dropping this measure
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Use of Imaging Studies for Low Back Pain	The percentage 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.	X	X	X			0052		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Monitoring of Persistent Medications	This measure assesses the percentage of adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for the following therapeutic agents during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. • Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • Digoxin • Diuretics • Anticonvulsants	X	X	X			0021		Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Renin Angiotensin System (RAS) Antagonists, Calcium-Channel Blockers (CCB), Diabetes Medications, Statins	X			X		0541		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Use of appropriate medications for people with asthma	The measure assesses the percentage of members 5-64 years of age during the measurement year who were identified as having moderate to severe persistent asthma and who were appropriately prescribed medication during the measurement year.	X	X	X			0036		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Asthma Medication Ratio (AMR)	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.						1800		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)	Rate 1: The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period. Rate 2: The percentage of patients with persistent asthma during the measurement year who were dispensed more than three canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period. The full detailed measure specifications have also been submitted as a separate attachment.				X		0548		Process		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.		X	X			0058		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	This measure assesses the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.		X	X			0577		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	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. Data are reported in the following categories: 1. Count of Index Hospital Stays (IHS) (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission 4. Observed Readmission (Numerator/Denominator) 5. Total Variance Note: For commercial, only members 18-64 years of age are collected and reported; for Medicare, only members 18 and older are collected, and only members 65 and older are reported.	X					1768		Outcome	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Ambulatory Care	This measure summarizes utilization of ambulatory services in the following categories: Outpatient visits & Emergency department (ED) visits. Outpatient visits include office visits or routine visits to hospital outpatient departments. Emergency rooms often deliver nonemergency care. This measure summarizes utilization of ambulatory care by calculating the number of ED visits per measurement year.	X							Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Inpatient Utilization - General Hospital/Acute Care	This measure summarizes utilization of acute inpatient care and services in the following categories: •Total inpatient •Medicine •Surgery •Maternity Inpatient utilization measures the extent to which the organization's members receive inpatient hospital treatment because of pregnancy and childbirth, for surgery or for nonsurgical medical treatment. The organization reports how many hospital stays occurred during the measurement year and the length of hospitalization.	X							Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Dehydration Admission Rate	This measure is used to assess the number of admissions for dehydration per 100,000 population in Metro Area* or county. Dehydration is potentially a fatal acute condition especially for the elderly, very young and fail with serious comorbid conditions. Appropriate outpatient attention to fluid status can prevent or reduce admissions.	X					0280		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	HIV/AIDS Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit	X							Process	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		How Well Doctors Communicate	CAHPS composite comprised of the following four questions: In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand? In the last 12 months, how often did your personal doctor listen carefully to you? In the last 12 months, how often did your personal doctor show respect for what you had to say? In the last 12 months, how often did your personal doctor spend enough time with you?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Shared Decision Making	CAHPS composite comprised of three questions: When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine? When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine? When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?							X	Member Experience	X	**New composite not reportable in 2013
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Plan Information on Costs	CAHPS composite comprised of two questions: In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?						0006	X	Member Experience	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Rating of Personal Doctor	CAHPS rating of personal doctor using the following question: Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Rating of Specialist	CAHPS rating of specialist using the following question: We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Rating of Overall Health Care	CAHPS rating of health care using the following question: Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Overall Rating of Health Plan	CAHPS rating of health plan using the following question: Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Health Plan Profile measures	This section of the survey looks at a plan's accreditation status, health information technology capabilities, and a plan's ability to provide culturally sensitive services. Other aspects of the way a plan is structured and managed are assessed as well. Specifically, the Health Plan Profile module of an eValue8 survey gathers important information about: <ul style="list-style-type: none"> • Whether and at what level the plan has been accredited • The plan's health information technology infrastructure and how effectively they use it to coordinate care and make it safer • What culturally-, racially- and language-sensitive services the plan provides its members to ensure that all members have unfettered access to care • The extent of the plan's reporting capabilities, and especially whether the plan can interpret quality and utilization data in a way that helps purchasers to pursue improvement strategies 					X		X	Structure/Process	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Prevention and Health Promotion	The Prevention and Health Promotion module of an eValue8 survey gathers important information about: <ul style="list-style-type: none"> • Plan capabilities for supporting employers' on-site health promotion efforts, such as health fairs and screenings • Plan strategies for getting members to complete health risk assessments • Plan programs for using health risk assessment information to guide members to needed care • Cancer screening rates for breast, cervical and colorectal cancer • Immunization programs for children, adolescents and adults • The efficacy of programs to prevent and reduce tobacco use • Plan capabilities to address obesity • Pregnancy and early child care initiatives 					X		X	Structure/Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Chronic Disease Management	<p>Chronic disease management is the core responsibility of any health plan; roughly 75 percent of all health care costs are related to chronic conditions such as diabetes, heart disease, asthma, obesity, depression and smoking. For most people, these illnesses and conditions can be managed effectively, but effective management requires a combination of incentives and interventions. With proper diet, exercise and other behaviors the prevalence and impact of most chronic conditions can be significantly reduced. The Chronic Disease Management module of an eValue8 survey gathers important information about:</p> <ul style="list-style-type: none"> • How effectively a plan identifies members in need of chronic disease care or support • How effectively a plan helps coordinate care for patients with multiple conditions • Whether the plan supports patients with a wide variety of tools and interventions that are activated when needed to avoid adverse events and help members understand their conditions • How the plan responds to gaps in care when patients miss tests or fail to refill prescriptions • Whether one-on-one counseling is available • The type and efficacy of support provided to physicians by connecting their chronic services to practices enabling 					X		X	Structure/Pro	X		
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Behavioral Management	<p>The questions in this section of the eValue8 survey have a particular focus on depression and substance abuse – two widespread behavioral health issues with enormous cost implications and serious quality of care issues. Most estimates put the annual treatment, lost wages and other costs of alcohol abuse in the U.S. at around \$180 billion³; other substance abuse costs roughly double that burden. Depression costs another \$50 billion in terms of direct treatment costs and lost productivity⁴. Yet historically, treatment for these conditions has faced the twin obstacles of societal stigma and insufficient funding. This module of the survey draws attention to the need for greater resources to treat these conditions and better integration of behavioral health with traditional medical/surgical care. Specifically, the Behavioral Health module of an eValue8 survey gathers important information about:</p> <ul style="list-style-type: none"> • A plan's ability to track members with depression and alcohol abuse and guide them to various treatment options and support programs • Whether and how plans help providers screen members for behavioral health issues • How a plan follows up when a patient is treated in the emergency room for alcohol-related injuries • Whether the plan can provide timely emergency clinical support 24 hours a day, seven days a week. 					X			X	Structure/Pro	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Consumer Engagement	<p>Within this section of the survey are questions focused on how effectively a plan helps members navigate the health system, stay involved in the course of their own care, and make the best choices of health behaviors, providers, and treatment alternatives. For example, the Consumer Engagement module gathers information on:</p> <ul style="list-style-type: none"> • The range of information and functionality of provider choice tools, with special attention to quality indicators that raise the level of convenience and accountability for consumers • The availability of web-based visits and e-mail contact with providers • Whether the plan provides members with decision support tools to help them make key health care decisions (e.g., benefits and risks of alternative treatments for prostate cancer) • The pre-population and interactive features of the plan's electronic personal health records • The plan's ability to provide members with relative cost information for different treatment options as well as the relative efficiency of available providers • The plan's performance on the CAHPS member satisfaction survey 					X		X	Structure/Pro	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Pharmaceutical Management	<p>Health plans and purchasers have the ability to influence the prescribing practices of physicians and the medication choices and adherence of members through benefit design, education and related programs. Appropriate prescribing and better patient support and compliance would help avoid some of the estimated \$300 billion cost of poor patient adherence to prescription regimens¹ and help reduce other health care costs such as hospitalizations, ER visits, etc. The eValue8 survey asks questions about important aspects of pharmaceutical management such as:</p> <ul style="list-style-type: none"> • How the plan promotes adherence to prescription regimens • How the plan promotes generic drugs and ensures that specialty pharmaceuticals are used appropriately • Identifying and closing gaps in care by monitoring and influencing patient compliance and adherence • The availability of formulary/benefit designs that incorporate comparative effectiveness and impact member adherence • Electronic prescribing capacities and built-in patientsafety systems such as drug-drug interactions 					X		X	Structure/Pro	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Cultural Competency Implementation Measure	The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed® cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting.						1919	X	Process	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Getting Needed Care	CAHPS composite comprised of the following two questions: In the last 12 months, how often was it easy to get the care, tests, or treatment you needed? In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Getting Care Quickly	CAHPS composite comprised of the following two questions: In the last 12 months, when you needed care right away, how often did you get care as soon as you needed? In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Children's Access to Primary Care Practitioners	The percentage of children and young adults 12 months to 19 years of age who had a visit with a PCP. The measure reports on four separate percentages: • Children 12–24 months who had a visit with a PCP during the measurement year • Children 25 months–6 years who had a visit with a PCP during the measurement year • Children 7–11 years who had a visit with a PCP during the measurement year or the year prior to the measurement year • Adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.		X						Process	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Adults' Access to Preventive/Ambulatory Health Services	This measure is used to assess the percentage of members 20 through 44 years, 45 through 64 years, and 65 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each age stratification and product line (commercial, Medicaid and Medicare) and a total rate: • Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year • Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year							X	Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Measurement	eValue8's heavy emphasis on measuring and rewarding provider performance reflects objective evidence and purchaser input, both of which suggest that increasing accountability and realigning incentives can help physicians deliver better care. Beyond simply measuring performance, this module of the eValue8 survey looks at whether and how effectively a plan uses incentives to promote high performing providers. Specific questions addressed in the Provider Performance Measurement module include: <ul style="list-style-type: none"> • How plans use clinical performance, relative efficiency and other data to differentiate among doctors and hospitals • How effectively plans use reimbursement strategies and other contractual terms to motivate hospitals to avoid serious errors and infections • Whether the plan uses incentives and benefit design to promote high performing doctors and hospitals • The extent to which physicians leverage the potential of sophisticated health information technology • The extent to which health plans collaborate with other plans to measure and improve physician performance. 					X		X	Structure/Pro	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Selection and Credentialing	The health maintenance organization shall have policies and procedures for provider selection, credentialing, and recredentialing that, at a minimum, are consistent with accepted community standards.			X					Structure		
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Network Adequacy: Number of Specialists Accepting New Patients At End of Reporting Period by Specialist Type	Assesses the number of specialists accepting new patients at the end of the reporting period, stratified by specialist/facility type and zip code for the following provider categories: Hospitals; Home Health Agencies; Cardiologists; Oncologists; Pulmonologists; Endocrinologists; Skilled Nursing Facilities; Rheumatologists; Ophthalmologists; Urologists; Psychiatrist and State Licensed Clinical Psychologist (adapted by URAC from CMS measure).				X			X	Structure	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Network Adequacy: Number of Primary Care Providers (PCP) accepting new patients at end of reporting period by PCP type.	Assesses the number of primary care practitioners accepting new patients at the end of the reporting period, stratified by practitioner type and zip code for the following provider categories: General Medicine; Family Medicine; Internal Medicine; Obstetricians; Pediatricians; State Licensed Nurse Practitioners				X			X	Structure	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Processing		Claims Processing	CAHPS composite comprised of the following two questions: In the last 12 months, how often did your health plan handle your claims quickly? In the last 12 months, how often did your health plan handle your claims correctly?	X	X	X	X		0006		Member Expe	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Processing		Customer Service	CAHPS composite comprised of the following two questions: In the last 12 months, how often did your health plan's customer service give you the information or help you needed? In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?	X	X	X	X		0006		Member Expe	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Processing		Call Center Performance	Assesses 30-second call response rate and call abandonment rate.				X				Process		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Processing		Complaint Response Timeliness	This measure has two parts: Part A assesses the percentage of consumer complaints to which the organization responded within the timeframe that it has established for complaint response (this timeframe may be standardized in the future by URAC); Part B assesses the average time, in business days, for complaint response.				X				Process		

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan				Overall Rating of Health Plan	CAHPS rating of health plan using the following question: Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit	Rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.	X	X	X			0027		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Medical Assistance with Smoking and Tobacco Use Cessation – Strategies for Quitting	Rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.	X	X				0027		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Medical Assistance with Smoking and Tobacco Use Cessation – Medications for Quitting	Rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.	X	X				0027		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Flu Shots for those ages 50-64	A rolling average represents the percentage of members 50–64 years of age who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS 4.0H adult survey was completed.	X	X	X			0039		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Adult BMI Assessment	Percentage of patients age 18-74 years who have a screening body mass index measurement during the last 12 months.	X	X						Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Breast Cancer Screening	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer at least once every two years	X	X	X			0031		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Cervical Cancer Screening	cancer screening at least once every two years	X	X	X			0032		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Colorectal Cancer Screening	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.		X	X	X		0034		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy	Chlamydia screening in women	Assesses the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.		X	X			0033		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy	Prenatal & Postpartum Care	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Rate 1: Timeliness of Prenatal Care. The percentage 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. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	X	X	X			1517		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Well-Child Visits in the First 15 Months of Life	Percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. Seven rates are reported: •No well-child visits •One well-child visit •Two well-child visits •Three well-child visits •Four well-child visits •Five well-child visits		X				1392		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year		X				1516		Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Adolescent Well-Care Visits	This measure is used to assess the percentage of enrolled members 12 through 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year.		X						Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	WCC- Weight Assessment-- BMI Percentile -- Total	Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of body mass index (BMI) percentile documentation during the measurement year.		X				0024		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	WCC-- Counseling for Nutrition -- Total	Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had counseling for nutrition during the measurement year.		X				0024		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	WCC -- Counseling for Physical Activity -- Total	Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had counseling for physical activity during the measurement year.		X				0024		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Lead Screening in Children	Assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.		X						Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Childhood Immunization Status	Percentage of children 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); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.		X	X			0038		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy	Immunizations for Adolescents	The percentage of adolescents 13 years of age who had recommended immunizations by their 13th birthday		X				1407		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Comprehensive Diabetes Care	The percentage of individuals 18-75 years of age with diabetes (type 1 and type 2) who had each of the following: • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%) * • Eye exam (retinal) performed • LDL-C screening • LDL-C control (<100 mg/dL) • Medical attention for nephropathy • BP control (<140/90 mm Hg)	X	X	X			0731	Process/Outcome	X		
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Blood Pressure Management	Percentage of patients aged > 18 years with diagnosed hypertension who had visits where blood pressure measurement was recorded. (Blood Pressure is <140/90 mmHg during the measurement year.)		X	X			0061		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Retinal eye Exams	Percentage of adult patients with diabetes aged 18-75 years who received an eye screening for diabetic retinal disease during the measurement year		X	X			0055		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: LDL-C Controlled <100mg/dL	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent LDL level is <100 mg/dL.		X				0064		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Nephropathy Monitoring	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had a Annual albumin/creatinine ratio or urine microalbumin or positive urine macroalbumin or diagnosed with and treated for nephropathy or treated with ACE/ARB.		X	X			0062		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Hemoglobin A1c Poor Control (>9.0%)	Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control)		X	X			0059		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Hemoglobin A1c testing	Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year		X	X			0057		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Diabetes: Lipid profile	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)		X	X			0063		Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes	Relative Resource Use for People with Diabetes (RDI)	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 (Refer to Attachment S8_Clinical Logic for additional information).						1557	X	Cost	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack	The percentage of patients age 18 years and older during the measurement year who were hospitalized and discharged alive July 1 of the year prior to the measurement year through June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	X	X	X			0071		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Heart Disease - Controlling High Blood Pressure	Percentage of adults 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.	X	X	X			0018		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cholesterol Management for Patients with Cardiovascular Conditions - Screening	The percentage of patients with certain cardiovascular conditions who received an LDL test in the measurement year.	X	X	X			0075		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Cholesterol Management for Patients with Cardiovascular Conditions - LDL<100	Percentage of patients with certain cardiovascular conditions who most recent LDL level is <100 mg/dL in the measurement year.		X	X					Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease	Relative Resource Use for People with Cardiovascular Conditions	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 (Refer to Attachment S8_Clinical Logic for additional information).						1558	X	Cost	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Antidepressant Medication Management	The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. a) Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks). b) Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).	X	X	X			0105		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Follow-Up After Hospitalization for Mental Illness	This measure assesses the percentage 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. Two rates are reported. Rate 1. The percentage of members who received follow-up within 30 days of discharge Rate 2. The percentage of members who received follow-up within 7 days of discharge.	X	X	X	X		0576		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following. a. Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. b. Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	X	X				0004		Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health	Mental Health Utilization	This measure assesses the number and percentage of members receiving the following mental health services during the measurement year: •Any service •Inpatient •Intensive outpatient or partial hospitalization •Outpatient or emergency department (ED)	X							Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Appropriate testing for children with pharyngitis	The percentage of children 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 higher rate represents better performance (i.e., appropriate testing).		X	X			0002		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Appropriate treatment for children with upper respiratory infection (URI)	The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.		X	X			0069		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	The percentage 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. Two rates are reported. • Initiation Phase. The percentage 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. • Continuation and Maintenance (C&M) Phase. The percentage 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.		X	X			0108		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Use of Imaging Studies for Low Back Pain	The percentage 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.	X	X	X			0052		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Monitoring of Persistent Medications	This measure assesses the percentage of adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for the following therapeutic agents during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. • Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • Digoxin • Diuretics • Anticonvulsants A combined rate is also reported.	X	X	X			0021		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Renin Angiotensin System (RAS) Antagonists, Calcium-Channel Blockers (CCB), Diabetes Medications, Statins.	X			X		0541		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Use of appropriate medications for people with asthma	The measure assesses the percentage of members 5-64 years of age during the measurement year who were identified as having moderate to severe persistent asthma and who were appropriately prescribed medication during the measurement year.	X	X	X			0036		Process	X	

Level One	Level Two	Level Three	Level Four			Included in NCCA's quality reporting recommendations	NCCA Plan Rankings	NCCA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCCA Recommended, NCCA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
				Individual Measure	Measure Description										
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.		X	X			0058		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	This measure assesses the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.		X	X			0577		Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	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. Data are reported in the following categories: 1. Count of Index Hospital Stays (IHS) (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission 4. Observed Readmission (Numerator/Denominator) 5. Total Variance Note: For commercial, only members 18–64 years of age are collected and reported; for Medicare, only members 18 and older are collected, and only members 65 and older are reported. This measure summarizes utilization of ambulatory services in the following categories: Outpatient visits & Emergency department (ED) visits. Outpatient visits include office visits or routine visits to hospital outpatient departments. Emergency rooms often deliver nonemergency care. This measure summarizes utilization of ambulatory care by calculating the number of ED visits per measurement year.	X					1768		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Ambulatory Care	This measure summarizes utilization of acute inpatient care and services in the following categories: •Total inpatient •Medicine •Surgery •Maternity Inpatient utilization measures the extent to which the organization's members receive inpatient hospital treatment because of pregnancy and childbirth, for surgery or for nonsurgical medical treatment. The organization reports how many hospital stays occurred during the measurement year and the length of hospitalization. This measure is used to assess the number of admissions for dehydration per 100,000 population in Metro Area* or county. Dehydration is potentially a fatal acute condition especially for the elderly, very young and frail with serious comorbid conditions. Appropriate outpatient attention to fluid status can prevent or reduce admissions.	X							Process	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Inpatient Utilization - General Hospital/Acute Care	This measure is used to assess the number of admissions for dehydration per 100,000 population in Metro Area* or county. Dehydration is potentially a fatal acute condition especially for the elderly, very young and frail with serious comorbid conditions. Appropriate outpatient attention to fluid status can prevent or reduce admissions.	X					0280		Outcome	X	
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other Tests and Treatments	Dehydration Admission Rate	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit	X							Process	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		HIV/AIDS Medical Visit	CAHPS composite comprised of the following four questions: In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand? In the last 12 months, how often did your personal doctor listen carefully to you? In the last 12 months, how often did your personal doctor show respect for what you had to say? In the last 12 months, how often did your personal doctor spend	X	X	X	X		0006		Member Experience	X	
				How Well Doctors Communicate											

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCOA's quality reporting recommendations	NCOA Plan Rankings	NCOA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCOA Recommended, NCOA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Shared Decision Making	CAHPS composite comprised of three questions: When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine? When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine? When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?							X	Member Experience	X	**New composite not reportable in 2013
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Plan Information on Costs	CAHPS composite comprised of two questions: In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?						0006	X	Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Rating of Personal Doctor	CAHPS rating of personal doctor using the following question: Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Rating of Specialist	CAHPS rating of specialist using the following question: We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care		Rating of Overall Health Care	CAHPS rating of health care using the following question: Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Health Plan Profile measures	This section of the survey looks at a plan's accreditation status, health information technology capabilities, and a plan's ability to provide culturally sensitive services. Other aspects of the way a plan is structured and managed are assessed as well. Specifically, the Health Plan Profile module of an eValue8 survey gathers important information about: <ul style="list-style-type: none"> • Whether and at what level the plan has been accredited • The plan's health information technology infrastructure and how effectively they use it to coordinate care and make it safer • What culturally-, racially- and language-sensitive services the plan provides its members to ensure that all members have unfettered access to care • The extent of the plan's reporting capabilities, and especially whether the plan can interpret quality and utilization data in a way that helps purchasers to pursue improvement strategies 					X		X	Structure/Processes/Outcome	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Prevention and Health Promotion	The Prevention and Health Promotion module of an eValue8 survey gathers important information about: <ul style="list-style-type: none"> • Plan capabilities for supporting employers' on-site health promotion efforts, such as health fairs and screenings • Plan strategies for getting members to complete health risk assessments • Plan programs for using health risk assessment information to guide members to needed care • Cancer screening rates for breast, cervical and colorectal cancer • Immunization programs for children, adolescents and adults • The efficacy of programs to prevent and reduce tobacco use • Plan capabilities to address obesity • Pregnancy and early child care initiatives 					X		X	Structure/Processes/Outcome	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Chronic Disease Management	<p>Chronic disease management is the core responsibility of any health plan; roughly 75 percent of all health care costs are related to chronic conditions such as diabetes, heart disease, asthma, obesity, depression and smoking. For most people, these illnesses and conditions can be managed effectively, but effective management requires a combination of incentives and interventions. With proper diet, exercise and other behaviors the prevalence and impact of most chronic conditions can be significantly reduced. The Chronic Disease Management module of an eValue8 survey gathers important information about:</p> <ul style="list-style-type: none"> • How effectively a plan identifies members in need of chronic disease care or support • How effectively a plan helps coordinate care for patients with multiple conditions • Whether the plan supports patients with a wide variety of tools and interventions that are activated when needed to avoid adverse events and help members understand their conditions • How the plan responds to gaps in care when patients miss tests or fail to refill prescriptions • Whether one-on-one counseling is available • The type and efficacy of support provided to physicians by connecting their chronic services to practices enabling practices to reduce gaps in care • The percent of members who should be engaged in disease 					X		X	Structure/Processes/Outcome	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Behavioral Management	<p>The questions in this section of the eValue8 survey have a particular focus on depression and substance abuse – two widespread behavioral health issues with enormous cost implications and serious quality of care issues. Most estimates put the annual treatment, lost wages and other costs of alcohol abuse in the U.S. at around \$180 billion³; other substance abuse costs roughly double that burden. Depression costs another \$50 billion in terms of direct treatment costs and lost productivity⁴. Yet historically, treatment for these conditions has faced the twin obstacles of societal stigma and insufficient funding. This module of the survey draws attention to the need for greater resources to treat these conditions and better integration of behavioral health with traditional medical/ surgical care. Specifically, the Behavioral Health module of an eValue8 survey gathers important information about:</p> <ul style="list-style-type: none"> • A plan's ability to track members with depression and alcohol abuse and guide them to various treatment options and support programs • Whether and how plans help providers screen members for behavioral health issues • How a plan follows up when a patient is treated in the emergency room for alcohol-related injuries • Whether the plan can provide timely emergency clinical support 24 hours a day, seven days a week 					X		X	Structure/Processes/Outcome	X	

Level One	Level Two	Level Three	Level Four			Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
				Individual Measure	Measure Description										
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Consumer Engagement	<p>Within this section of the survey are questions focused on how effectively a plan helps members navigate the health system, stay involved in the course of their own care, and make the best choices of health behaviors, providers, and treatment alternatives. For example, the Consumer Engagement module gathers information on:</p> <ul style="list-style-type: none"> • The range of information and functionality of provider choice tools, with special attention to quality indicators that raise the level of convenience and accountability for consumers • The availability of web-based visits and e-mail contact with providers • Whether the plan provides members with decision support tools to help them make key health care decisions (e.g., benefits and risks of alternative treatments for prostate cancer) • The pre-population and interactive features of the plan's electronic personal health records • The plan's ability to provide members with relative cost information for different treatment options as well as the relative efficiency of available providers • The plan's performance on the CAHPS member satisfaction survey • How effectively the plan encourages members to use quality data when selecting a physician, clinic or hospital • How effectively the plan promotes and engages members to use quality data when selecting treatment alternatives 					X		X	Structure/Processes/Outcome	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Pharmaceutical Management	<p>Health plans and purchasers have the ability to influence the prescribing practices of physicians and the medication choices and adherence of members through benefit design, education and related programs. Appropriate prescribing and better patient support and compliance would help avoid some of the estimated \$300 billion cost of poor patient adherence to prescription regimens¹ and help reduce other health care costs such as hospitalizations, ER visits, etc. The eValue8 survey asks questions about important aspects of pharmaceutical management such as:</p> <ul style="list-style-type: none"> • How the plan promotes adherence to prescription regimens • How the plan promotes generic drugs and ensures that specialty pharmaceuticals are used appropriately • Identifying and closing gaps in care by monitoring and influencing patient compliance and adherence • The availability of formulary/benefit designs that incorporate comparative effectiveness and impact member adherence • Electronic prescribing capacities and built-in patientsafety systems such as drug-drug interactions 					X		X	Structure/Processes/Outcome	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy		Cultural Competency Implementation Measure	<p>The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed[®] cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting.</p>						1919	X	Process	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Getting Needed Care	CAHPS composite comprised of the following two questions: In the last 12 months, how often was it easy to get the care, tests, or treatment you needed? In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Getting Care Quickly	CAHPS composite comprised of the following two questions: In the last 12 months, when you needed care right away, how often did you get care as soon as you needed? In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Children's Access to Primary Care Practitioners	The percentage of children and young adults 12 months to 19 years of age who had a visit with a PCP. The measure reports on four separate percentages: • Children 12–24 months who had a visit with a PCP during the measurement year • Children 25 months–6 years who had a visit with a PCP during the measurement year • Children 7–11 years who had a visit with a PCP during the measurement year or the year prior to the measurement year • Adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.		X						Process	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Adults' Access to Preventive/Ambulatory Health Services	This measure is used to assess the percentage of members 20 through 44 years, 45 through 64 years, and 65 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each age stratification and product line (commercial, Medicaid and Medicare) and a total rate: •Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year •Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year							X	Process	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Measurement	eValue8's heavy emphasis on measuring and rewarding provider performance reflects objective evidence and purchaser input, both of which suggest that increasing accountability and realigning incentives can help physicians deliver better care. Beyond simply measuring performance, this module of the eValue8 survey looks at whether and how effectively a plan uses incentives to promote high performing providers. Specific questions addressed in the Provider Performance Measurement module include: • How plans use clinical performance, relative efficiency and other data to differentiate among doctors and hospitals • How effectively plans use reimbursement strategies and other contractual terms to motivate hospitals to avoid serious errors and infections • Whether the plan uses incentives and benefit design to promote high performing doctors and hospitals • The extent to which physicians leverage the potential of sophisticated health information technology • The extent to which health plans collaborate with other plans to measure and improve physician performance.					X		X	Structure/Process/Outcome	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Network Adequacy: Number of Specialists Accepting New Patients At End of Reporting Period by Specialist Type	Assesses the number of specialists accepting new patients at the end of the reporting period, stratified by specialist/facility type and zip code for the following provider categories: Hospitals; Home Health Agencies; Cardiologists; Oncologists; Pulmonologists; Endocrinologists; Skilled Nursing Facilities; Rheumatologists; Ophthalmologists; Urologists; Psychiatrist and State Licensed Clinical Psychologist (adapted by URAC from CMS measure).				X			X	Structure	X	

Level One	Level Two	Level Three	Level Four	Individual Measure	Measure Description	Included in NCQA's quality reporting recommendations	NCQA Plan Rankings	NCQA Accreditation	URAC Accreditation	eValue8	NQF Endorsed	Fills Gap Identified in Memo Two	Measure Type	NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two	Notes
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care		Provider Network Adequacy: Number of Primary Care Providers (PCP) accepting new patients at end of reporting period by PCP type.	Assesses the number of primary care practitioners accepting new patients at the end of the reporting period, stratified by practitioner type and zip code for the following provider categories: General Medicine; Family Medicine; Internal Medicine; Obstetricians; Pediatricians; State Licensed Nurse Practitioners.				X			X	Structure	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Processing		Claims Processing	CAHPS composite comprised of the following two questions: In the last 12 months, how often did your health plan handle your claims quickly? In the last 12 months, how often did your health plan handle your claims correctly?	X	X	X	X		0006		Member Experience	X	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Processing		Customer Service	CAHPS composite comprised of the following two questions: In the last 12 months, how often did your health plan's customer service give you the information or help you needed? In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?	X	X	X	X		0006		Member Experience	X	

Overall Quality Level	Drill Down Level 1	Drill Down Level 2	Drill Down Level 3
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Adults Staying Healthy
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Mother and Baby Staying Healthy
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Stay Healthy	Children and Adolescents Staying Healthy
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Diabetes
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Heart disease
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Mental health
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Child and adolescent health
Quality of Health Plan	Quality of Health Care	Members Get Tests and Treatments to Get Better	Other tests and treatments
Quality of Health Plan	Quality of Health Care	What Members Say About Their Health Care	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Quality of Customer Service and Claims Handling	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Plan Programs and Information to Help Members Get Better and Stay Healthy	
Quality of Health Plan	Quality of Plan Features, Services, and Processes	Access to Quality Health Care	