



ID	NQF ID	Measure Name	Relevant at Carrier Level	Commercial				Medicaid Analysis Applicable at Product Type	Medicare Analysis Applicable at Product Type	Measure Description	Measure Developer	National Benchmark	NCOA Accreditation	URAC Accreditation	ICSI Variation	Aspects of Quality								
				HMO		PPO & Other										Populations of Interest	Diseases and Conditions	Stages of Care	Effective & safe resource utilization	Plan programs & services	Plan level organization & management	Customer Service/Claims	Network Adequacy	Enrollee Experience
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21	0643	Cardiac Rehabilitation Patient Referral From an Outpatient Setting		X		X		X	Percentage of patients with 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 are referred to an outpatient cardiac rehabilitation/secondary prevention program.	American College of Cardiology						Cardiovascular Condition	Getting Better							
22	0227	Influenza Immunization		X		X		X	Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis who received the influenza immunization during the flu season (September through February)	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)							Staying Healthy							
23	1822	External Beam Radiotherapy for Bone Metastases		X		X		X	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.	American Society for Radiation Oncology (ASTRO)						Cancer								
24	0216	Proportion admitted to hospice for less than 3 days		X		X		X	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there	American Society of Clinical Oncology						Cancer								
25	0213	Proportion admitted to the ICU in the last 30 days of life		X		X		X	Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life	American Society of Clinical Oncology						Cancer								
26	0215	Proportion not admitted to hospice		X		X		X	Percentage of patients who died from cancer not admitted to hospice	American Society of Clinical Oncology						Cancer								
27	0210	Proportion receiving chemotherapy in the last 14 days of life		X		X		X	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life	American Society of Clinical Oncology						Cancer								
28	0211	Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)		X		X		X	Percentage of patients who died from cancer with more than one emergency room visit in the last days of life	American Society of Clinical Oncology						Cancer								
29	0704	Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)		X		X		X	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).	Bridges to Excellence						Cardiovascular Condition	Getting Better	X						
30	0708	Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)		X		X		X	Percent of adult population aged 18 – 65 years who were admitted to a hospital with Pneumonia, 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	Bridges To Excellence						Respiratory Condition	Getting Better	X						
31	0705	Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)		X		X		X	Percent of adult population aged 18 – 65 years who were admitted to a hospital with stroke, 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	Bridges to Excellence				Seniors	Neurological Condition	Getting Better	X							
32	0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.		X		X		X	Percent of adult population aged 18 – 65 years who were identified as having at least one of the following six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs).	Bridges To Excellence						Living with Illness		X						







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73	0731	Comprehensive Diabetes Care		X	4	X	4	X	X	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), Smoking status and cessation advice or treatment	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
74		Diabetes: HbA1c control (<7.0%)		X	4	X	4	X	X	The percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<7.0%).	National Committee for Quality Assurance	X			X		Diabetes	Living with Illness						
75	0575	Comprehensive Diabetes Care: HbA1c control (<8.0%)		X	4	X	4	X	X	The percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).	National Committee for Quality Assurance	X			X		Diabetes	Living with Illness						
76	0064	Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100		X		X		X	X	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	National Committee for Quality Assurance	X			X		Diabetes	Living with Illness						
77	0061	Diabetes: Blood Pressure Management		X	4	X	4	X	X	Percentage of patients aged > 18 years with diagnosed hypertension who had visits where blood pressure measurement was recorded.	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
78		Diabetes: Blood Pressure Management		X	4	X	4	X	X	Percentage of patients aged > 18 years with diagnosed hypertension who had visits where blood pressure measurement was recorded.	National Committee for Quality Assurance	X			X		Diabetes	Living with Illness						
79	0055	Diabetes: Retinal eye Exams		X	2	X	2	X	X	Percentage of adult patients with diabetes aged 18-75 years who received an eye screening for diabetic retinal disease during the measurement year	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
80	0064	Diabetes: LDL-C Controlled <100mg/dL		X	4	X	4	X	X	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.	National Committee for Quality Assurance	X			X		Diabetes	Living with Illness						
81	0062	Diabetes: Nephropathy Monitoring		X	4	X	4	X	X	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.	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
82	0059	Diabetes: Hemoglobin A1c Poor Control (>9.0%)		X	4	X	4	X	X	Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control)	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
83	0057	Diabetes: Hemoglobin A1c testing		X	4	X	4	X	X	Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
84	0063	Diabetes: Lipid profile		X	4	X	4	X	X	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)	National Committee for Quality Assurance	X	X		X		Diabetes	Living with Illness						
85	1934	Diabetes Monitoring for People with Diabetes and Schizophrenia			1		1			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.	National Committee for Quality Assurance	X					Diabetes, Mental Health	Living with Illness						
86	1932	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications			1		1			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.	National Committee for Quality Assurance	X					Diabetes, Mental Health	Living with Illness						
87	0039	Flu Shots for Adults Ages 50 and Over		X	4	X	4		X	This measure represents the percentage of adults aged 50 and over who received an influenza vaccine within the measurement period within the respective age-stratified CAHPS surveys.	National Committee for Quality Assurance	X	X			Seniors		Staying Healthy						





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116		Children's Access to Primary Care Practitioners		X	4	X	4	X	The percentage of children and young adults 12 months to 19 years of age who had a visit with a PCP.	National Committee for Quality Assurance	X				Children		Staying Healthy							
117		Adolescent Well-Care Visits		X	4	X	4	X	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.	National Committee for Quality Assurance	X				Adolescents		Staying Healthy							
118	0024	WCC- Weight Assessment-- BMI Percentile -- Total		X	4	X	4	X	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.	National Committee for Quality Assurance	X				Children		Staying Healthy							
119	0024	WCC-- Counseling for Nutrition -- Total		X	4	X	4	X	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.	National Committee for Quality Assurance	X				Children		Staying Healthy							
120	0024	WCC -- Counseling for Physical Activity -- Total		X	4	X	4	X	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.	National Committee for Quality Assurance	X				Children		Staying Healthy							
121		Lead Screening in Children			2		2	X	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.	National Committee for Quality Assurance	X				Children		Staying Healthy							
122		Adult BMI Assessment		X	4	X	4	X	Percentage of patients age 18-74 years who have a screening body mass index measurement during the last 12 months.	National Committee for Quality Assurance	X						Staying Healthy							
123		Glaucoma Screening						X	Patients 65 years and older, without a prior diagnosis of glauc	National Committee for Quality Assurance	X	X		Seniors	Vision		Staying Healthy							
124		Health Outcomes - Mental						X	Sampled Medicare enrollees whose mental health status was	HOS	X			Seniors			Staying Healthy							
125		Health Outcomes - Physical						X	Sampled Medicare enrollees whose physical health status was	HOS	X			Seniors			Staying Healthy							
126		Fall Risk Management -- Strategies						X	An NCOA HEDIS measure that is comprised of four HOS questions, which collect information on a beneficiary's history of falls or problems with balance or walking, a discussion of falls with a medical provider, and a provider's management of fall risk.	HOS	X			Seniors		Staying Healthy								
127	101	Falls: Screening for Fall Risk		X	1	X	1	X	Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months	National Committee for Quality Assurance				Seniors		Staying Healthy								
128		Potentially Harmful Drug-Disease Interactions in the Elderly						X	The percentage of adults 65 and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for acontraindicated medication, concurrent with or after the diagnosis. The percentage of adults 65 and older who received at least one high-risk medication and the percentage of adults 65 and older who received at least two different high-risk medications.	National Committee for Quality Assurance	X			Seniors		Staying Healthy	X							
129		Adults' Access to Preventive/Ambulatory Health Services		X	4	X	4	X	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.	National Committee for Quality Assurance	X						Staying Healthy							
130		Call Abandonment	X	X		X		X		National Committee for Quality Assurance	X												X	
131		Call Answer Timeliness	X	X	3	X	3	X	Proportion of calls answered by a live voice within 30 seconds	National Committee for Quality Assurance	X											X		X













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209		Continuous beta blocker treatment.							Proportion of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months after discharge	Medicare	X				Seniors	Cardiovascular Condition	Getting Better							
210		Complaints about the drug plan.							[(Total number of complaints logged into the CTM for the drug plan regarding any issues) / (Average Contract enrollment)] x 1,000 x 30 / (Number of Days in Period)	Medicare	X				Seniors						X		X	
211		Beneficiary access and performance problems.							This measure is based on CMS' performance audits of health and drug plans (contracts), sanctions, civil monetary penalties (CMP) as well as Compliance Actions Module (CAM) data (this includes: notices of non compliance, warning letters {with or without business plan}, and ad-hoc corrective action plans (CAP) and the CAP severity). This case-mix adjusted measure is used to assess member satisfaction related to getting help from the drug plan (CAHPS).	Medicare	X				Seniors									X
212		Getting information from drug plan.							This case-mix adjusted measure is used to assess member satisfaction related to the ease with which a beneficiary gets the medicines his/her doctor prescribed (CAHPS).	Medicare	X				Seniors						X		X	
213		Getting needed prescription drugs.							This case-mix adjusted measure is used to assess member satisfaction related to the ease with which a beneficiary gets the medicines his/her doctor prescribed (CAHPS).	Medicare	X				Seniors									X
214		Call center - information accuracy.	X						Proportion of times the customer service representative (CSR) answered questions correctly	Medicare	X				Seniors						X			
215		Call center - foreign language interpreter and text availability.	X						This measure is defined as the percent of the time a foreign language interpreter or text telephone/telecommunication device for the deaf (TTY/TDD) service was available to callers who spoke a foreign language or were hearing impaired.	Medicare	X				Seniors						X		X	
216		Appeals auto-forward.	X						Proportion of cases auto-forwarded to the IRE	Medicare	X				Seniors						X			
217		Appeals upheld.	X						Proportion of cases upheld	Medicare	X				Seniors						X			
218		Diabetes treatment.							Proportion of member-years of enrolled beneficiaries from eligible population who received an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medication during period measured	Medicare	X				Seniors	Diabetes	Living with Illness							
219		Rating of drug plan.							This case-mix adjusted measure is used to assess member satisfaction related to the beneficiary's overall rating of the plan (CAHPS).	Medicare	X				Seniors									X
220		Call center - pharmacy hold time	X						This measure is defined as the average time spent on hold by the call surveyor following navigation of the Interactive Voice Response (IVR) system, touch tone response system, or recorded greeting and before reaching a live person for the Pharmacy Technical Help Desk phone number.	Medicare	X				Seniors							X		
221		MPF composite.	X						This measure evaluates both stability in a plan's prices at the point of sale and the accuracy of drug prices posted on the MPF tool.	Medicare	X				Seniors							X		
222		Part D medication adherence for cholesterol (statins).							Proportion of member-years of beneficiaries enrolled during the measurement period with a proportion of days covered (PDC) at 80 percent or over for statin cholesterol medications	Medicare	X				Seniors	Cardiovascular Condition	Living with Illness	X						

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223		Part D medication adherence for hypertension (angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB)).							X	Medicare	X			Seniors	Cardiovascular Condition	Living with Illness	X								
224		Enrollment timeliness. Members choosing to leave the plan.	X						X	Medicare	X			Seniors											
225									X	Medicare	X			Seniors											
226		Part D medication adherence for oral diabetes medications.							X	Medicare	X			Seniors	Diabetes	Living with Illness	X								
227		Timely receipt of case files for appeals.	X						X	Medicare	X			Seniors										X	
228		Timely effectuation of appeals.	X						X	Medicare	X			Seniors										X	
229		Calls disconnected when customer calls drug plan.	X						X	Medicare	X			Seniors									X		X
230		Drug interactions.		X		X		X	X	Medicare	X		X	Seniors				X							
231		Diabetes medication dosing.							X	Medicare	X			Seniors	Diabetes	Living with Illness	X								
232		Completeness of the drug plan's information on plan members who need extra help (LIS match rate).							X	Medicare	X			Seniors									X		
233		Drug plan provides pharmacist with up-to-date and complete enrollment information about plan members (4Rx timeliness).							X	Medicare	X			Seniors									X		
234		Call center - beneficiary hold time.	X						X	Medicare	X			Seniors									X		X
235		Drug plan provides current information on costs and coverage for Medicare's Web site.							X	Medicare	X			Seniors									X	X	
236		Consumer Engagement		X		X				NBCH: eValue8	X												X	X	

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237		Provider Measurement		X		X			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.	NBCH: eValue8	X						X	X	X					
238		Pharmaceutical Management,		X		X			The eValue8 survey asks questions about 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	NBCH: eValue8	X						X	X						
239		Prevention and health promotion		X		X			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	NBCH: eValue8	X				Staying Healthy		X	X						
240		Chronic Disease Management		X		X			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, etc. 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.	NBCH: eValue8	X				Living with Illness		X	X						
241		Behavioral Management		X		X				NBCH: eValue8	X			Mental/Behavioral Health	Living with Illness		X	X						
242		Health Plan Profile (Accreditation, Plan Design, Disparities)		X		X			This section of the survey looks at a plan's accreditation status, health information technology capabilities, how it works with employers to promote safe and effective care, and a plan's ability to provide culturally sensitive services.	NBCH: eValue8	X						X	X						
243		Adult Asthma Admission Rate		X		X		X	Assesses the number of admissions for asthma in adults per 100,000 population in Metro Area* or county.	AHRQ Ambulatory Care Sensitive Conditions	X	X		Respiratory Condition	Living with Illness	X								
244		Pediatric Asthma Admission Rate		X		X		X	Admissions per 10,000 qualified enrollees 2-17 years. Proper outpatient treatment may reduce the incidence or exacerbation of asthma requiring hospitalization.	AHRQ Ambulatory Care Sensitive Conditions	X	X	Children	Respiratory Condition	Living with Illness	X								



























