Adherence to Antipsychotic Medication for Individuals with Schizophrenia – SAA

Intent: Assess the percentage of members with schizophrenia who were dispensed appropriate medication and remained on it for at least 80% of their treatment period.

Age: 19-64 years of age
Product Lines: Commercial, Medicaid, HARP
Timeframe: Prescription start date to December 31 of measurement year

At a minimum for compliance, SAA documentation requires the following components:

- Member was prescribed an antipsychotic medication
- Clear documentation of adherence for at least 80% of the treatment period

How to submit compliant data:
Encounters/claims and pharmacy data

Tips and Recommendations
- Educate members on the importance of staying on the medication.
- Encourage members to verbalize possible reasons for noncompliance. Together, explore ways to reduce them.
- Consider a 90-day prescription, when appropriate.
- Maintain open communication between with behavioral health providers to coordinate care.

Reporting Requirement: HEDIS®, NYS QARR
Adolescent Preventive Care - ADL

Intent: At least outpatient visit during the measurement year.

Age: 12-17 years of age
Product Lines: Commercial, Medicaid
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, ADL documentation requires the following components:

- Assessment or counseling or education on risk behaviors with sexual activity and preventive actions
- Assessment or counseling or education for depression
- Assessment or counseling or education about the risk of tobacco usage
- Assessment or counseling or education about the risk of substance use (including alcohol and excluding tobacco)

Practitioner Type:
Primary Care Provider (PCP) or OB/GYN

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Document all components of service rendered with notation indicating specific compliance component that was addressed.
- Use checklist indicating topics were discussed.
- Use standardized templates that allow for check boxes for standard counseling activities.

Reporting Requirement: NYS QARR
Adolescent Well-Care Visits – AWC

Intent: At least one comprehensive well-care visit during the measurement year.

Age: 12-21 years of age
Product Lines: Commercial, Medicaid
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, AWC documentation requires the following components:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

Practitioner Type:
PCP or OB/GYN

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Preventive services may be rendered on other visits such as sick and sports physical.
- Use standardized templates that allow for check boxes for standard counseling activities.
- Reinforce the importance of annual dental visit at this visit.

Reporting Requirement: HEDIS®, NYS QARR
Adult BMI Assessment - ABA

Intent: To identify the percentage of members who had an outpatient visit and whose body mass index (BMI) was documented the measurement year (MY) or the year prior (PY) to the measurement year.

Age: 18-74 years of age
Product Lines: Commercial, Medicaid, HARP
Timeframe: Measurement and prior year

At a minimum for compliance, BMI documentation requires the following components:

- BMI value and date of service
- Weight value and date of service
- For members ages 18 and 19, a height value, weight value, BMI percentile and date of service must be documented

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- For members younger than 20 years old, a BMI percentile plotted on an age growth chart in the members chart is acceptable.
- BMI percentile documented must be definite and not written as a range.

Reporting Requirement: HEDIS®, NYS QARR
Annual Dental Visit – ADV

Intent: At least one dental visit during the measurement year.

Age: 2-20 years of age
Product Lines: Medicaid
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, ADV documentation requires the following component:

- One or more dental visits with a dental practitioner during the measurement year

Practitioner Type:
Dentist, certified and licensed dental hygienists

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Encourage six month dental visits.
- Submit claims and encounter data in a timely manner.

Reporting Requirement: HEDIS®, NYS QARR
Annual Monitoring for Patients on Persistent Medication – MPM

Intent: Adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year

Age: 18 years and older
Product Lines: Commercial, Medicaid, HARP
Timeframe: The measurement year

At a minimum for compliance, MPM documentation requires the following components:

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB): Need either a lab panel test or a serum potassium test and a serum creatinine test
- Annual monitoring for patients on digoxin: Need either a lab panel test and a serum digoxin test, or a serum potassium test and a serum creatinine test and a serum digoxin test
- Annual monitoring for patients on diuretics: Need a lab panel test or a serum potassium test and a serum creatinine test

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations

- Schedule a follow-up visit for no more than 30 days out, prior to patient leaving the office.
- Schedule two more visits in the five months after the first 30 days to continue to monitor your patient’s progress.
- Document all elements of this visit, including new medications, patient’s response to medication and lab test results.
- Review missing services list to identify patients.
- Code appropriately using the above codes as guidelines.
- Ensure progress note is closed out with a provider signature.
At a minimum for compliance, AMM documentation requires the following two components:

- Effective acute phase - Patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective continuation phase - Patients who remained on an antidepressant medication for at least 180 days (6 months)

**How to submit compliant data:**
Encounters/claims and pharmacy data

**Tips and Recommendations**
- Educate patients on the importance of taking medications as ordered.
- Encourage patients to verbalize possible reasons for noncompliance. Together, explore ways to reduce the identified barriers.
- Assist patients in scheduling follow-up visits in advance.
- Maintain open communication with behavioral health providers to coordinate care.

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**Antidepressant Medication Management – AMM**

**Intent:** Identify members with a diagnosis of major depression, who were treated with antidepressant medication and who remain on an antidepressant medication treatment.

**Age:** 18 years and older as of April 30 of the measurement year

**Product Lines:** Commercial, Medicaid, HARP

**Timeframe:** May 1 of the year prior to the measurement year - April 30 of the measurement year

**Reporting Requirement:** HEDIS®, NYS QARR
Breast Cancer Screening - BCS

Intent: Assess the percentage of women who had at least one mammogram screening for breast cancer.

Age: 50-74 years of age
Product Lines: Commercial, Medicaid, HARP
Timeframe: Refer to the minimum compliance requirements on the right

At a minimum for compliance, BCS documentation requires the following component:

- An encounter with the most recent mammogram test performed between October 1 and December 31 of the measurement year, and two years prior

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
• Refer member for mammogram.
• Educate member on the importance of early screening.
• Use appropriate coding from the Affinity coding guide.

Reporting Requirement: HEDIS®, NYS QARR
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia – SMC

Intent: Assess the percentage of members with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.

Age: 18–64 years of age
Product Lines: Commercial, Medicaid, HARP
Timeframe: January-December 31 of measurement year

At a minimum for compliance, SMC documentation requires the following component:

- An LDL-C test during the measurement year

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Maintain open communication with behavioral health providers to coordinate care.
- Order labs prior to visits.
- Member education.
- Use correct diagnosis and procedure codes.

Reporting Requirement: HEDIS®, NYS QARR
Cervical Cancer Screening – CCS

Intent: Women 21 to 64 who were screened for cervical cancer using either of the following methods: 1) Women 21-64 who had a cervical cytology; or 2) Women 30-64 who had a cervical cytology/HPV co-testing performed every five years.

Age: 21-64 years
Product Lines: Commercial, Medicaid, HARP
Timeframe: Refer to the minimum compliance requirements on the right

At a minimum for compliance, CCS documentation requires the following components:

- Evidence of a PAP test performed during measurement year or two years prior to the measurement year for woman 21-64 years old with date and result
- Evidence of a PAP with HPV co-testing on the same day; or four days or less apart for women 30-64; done in the measurement year or four years prior to the measurement year

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Submit all lab tests/screenings.
- Outreach to members who are overdue for Pap testing.
- PAP/HPV co-testing must be done within four days to meet compliance.
- Documentation of hysterectomy in combination with documentation that the patient no longer needs PAP testing/cervical cancer screening meets compliance.

Reporting Requirement: HEDIS®, NYS QARR
Childhood Immunization Status – CIS

Intent: The percentage of children 2 years of age who had all recommended immunizations by their second birthday.

Age: Children who turn 2 years of age during the measurement year

Product Lines: Commercial, Medicaid

Timeframe: During the first two years of life

At a minimum for compliance, CIS documentation requires the following components:

**Encounter note indicating date and type of immunization given.**
- Four each — diphtheria, tetanus, pertussis (DTP); pneumococcal conjugate vaccine (PCV)
- Three each — Hepatitis B, Haemophilus influenza type B (HIB), inactivated polio vaccine (IPV)
- Two or three — Rotavirus (RV) available in Rotarix (two dose) or Rota Teq (three dose)
- Two each — Influenza

- One each — Hepatitis A; measles, mumps and rubella (MMR); varicella zoster virus (VZV) or had chickenpox
  - Children must receive all vaccines before their second birthday.

**How to submit compliant data:**
Encounters/claims, supplemental data and medical records

**Tips and Recommendations**
- Document caregiver refusal.
- Document allergies/contraindication.
- Report all immunizations to New York State Immunization registry.
- Family/caregiver education.

Reporting Requirement: HEDIS®, NYS QARR
Chlamydia Screening in Women – CHL

Intent: Women identified as sexually active and who had at least one chlamydia testing.

Age: 16-24 years in the measurement year
Product Lines: Commercial, Medicaid, HARP
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, CHL documentation requires the following component:

- At least one chlamydia test during the measurement year

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Perform chlamydia screening before prescribing a birth control prescription.
- Submit claims/encounter data in a timely manner.

Reporting Requirement: HEDIS®, NYS QARR
Colorectal Cancer Screening – COL

Intent: Assess members who had an appropriate screening for colorectal cancer.

Age: 50-74 years of age
Product Lines: Commercial, Medicaid, Medicare, HARP
Timeframe: Refer to the minimum compliance requirements on the right

At a minimum for compliance, COL documentation requires the following components:

- Fecal occult blood testing (FOBT) in measurement year
  * FOBT tests performed in an office setting or on a digital rectal exam do not count
- Fecal immunochemical DNA test (FIT-DNA) a.k.a. Colorguard® (in the last three years)
- Flexible sigmoidoscopy (in the last five years)
- CT colonography (in the last five years)
- Colonoscopy (within last 10 years)

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Member self-reported is acceptable if the date is recorded. Documentation must include a note indicating when the screening was performed.
- For patients who refuse a colonoscopy, discuss other options.
- A consult without a report that the procedure was performed does not meet the criteria.

Reporting Requirement: HEDIS®, NYS QARR
Comprehensive Diabetes Care - CDC

Intent: Identify members who had Hemoglobin A1c (HbA1c) testing, eye exam, medical attention for nephropathy, and blood pressure control.

Age: 18-75 years
Product Lines: Commercial, Medicaid, Medicare, HARP
Timeframe: Refer to the minimum compliance requirements on the right.

At a minimum for compliance, CDC documentation requires the following components:

- **Hemoglobin A1c Testing/A1c Controlled** – An HbA1c test during the measurement year with an HbA1c result value <8%
- **Eye Exam** – a) A retinal or dilated exam by an eye care professional, b) Negative for retinopathy in the year prior to the measurement year by an eye care professional, or c) Bilateral eye enucleation anytime during the member’s history through the end of the measurement year
- **Medical Attention for Nephropathy** – a) Documentation of a visit to a nephrologist or a nephropathy screening or monitoring test (i.e., urine protein tests) during the measurement year or b) At least one ACE inhibitor/ARB therapy (e.g., Lisinopril, Valsartan) during the measurement year or c) Evidence of nephropathy or documentation of renal transplant
- **Blood Pressure Control** – The most recent adequate BP reading (<140/90 mm Hg) during the measurement year

*Practitioner Type:
An eye care professional (optometrist or ophthalmologist) for eye exams

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Ensure all documents sent to us contain the patient’s name, date of birth, date of service, and provider’s signature.
- A letter from an eye care professional confirming the date of eye exam and result is acceptable.
- If available, please send documentation of patient having ESRD, chronic renal failure, chronic kidney disease, renal insufficiency, proteinuria, albuminuria, renal dysfunction, acute renal failure, and dialysis.

Reporting Requirement: HEDIS®, NYS QARR
Continuity of Care From Inpatient Detox To Lower Level of Care – COD

Intent: Inpatient alcohol and other drug (AOD) dependence detox discharges who had a follow-up lower level for AOD treatment within 14 days of the discharge date.

Age: 21 years and older as of December 31 of the measurement year
Product Lines: HARP
Timeframe: January 1 - December 17 of the measurement year

At a minimum for compliance, continuity of care from inpatient detox documentation requires the following component:

- A follow-up inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, with a primary diagnosis of AOD within 14 days after the inpatient detox discharge

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Educate patient/support system on the importance of continuity of care.
- Submit claims and encounter data in a timely manner.

Reporting Requirement: NYS QARR
Continuity of Care From Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment To Lower Level of Care - COR

Intent: Inpatient discharges for alcohol and other drug abuse (AOD) or dependence treatment, who had a follow-up lower level AOD visit within 14 days of the discharge date.

- Age: 21 years and older as of December 31 of the measurement year
- Product Lines: HARP
- Timeframe: January 1 - December 17 of the measurement year

At a minimum for compliance, continuity of care from inpatient rehabilitation documentation requires the following component:

- A follow-up outpatient visit, intensive outpatient encounter or partial hospitalization, with a primary diagnosis of AOD within 14 days after the inpatient AOD treatment discharge

How to submit compliant data:
Encounters/claims and supplemental data

Tips & Recommendations
- Educate patient/support system on the importance of continuity of care.
- Submit claims and encounter data in a timely manner.

Reporting Requirement: NYS QARR
Controlling High Blood Pressure – CBP

Intent: Identify the percentage of members who had a diagnosis of hypertension and whose BP was controlled (<140/90 mm Hg) during the measurement year.

Age: 18–85 years of age
Product Lines: Commercial, Medicaid, Medicare, HARP
Timeframe: The measurement year

At a minimum for compliance, controlled high blood pressure requires the following component:

- The most recent adequate blood pressure reading (<140/90 mm Hg) during the measurement year

Practitioner type:
Primary care provider regardless of practitioner type

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
• A visit by the patient via telephone, online assessment, and/or telehealth can be used. However, only one of these visit types (with the diagnosis code for hypertension) can be submitted.
• Include the date of entry of diagnosis when documenting ‘hypertension’ on the Problem List section of the medical records.

Reporting Requirement: HEDIS®, NYS QARR
At a minimum for compliance, SMD documentation requires the following component:

- Patients with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test

**How to submit compliant data:**
Encounters/claims and supplemental data

**Tips and Recommendations**
- Ensure LDL-C and HbA1c tests are being performed for patients with schizophrenia or diabetes.

**Diabetes Monitoring for People With Diabetes and Schizophrenia – SMD**

Intent: Identify members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

- Age: 18–64 years of age
- Product Lines: Medicaid, HARP
- Timeframe: The measurement year

**Reporting Requirement:** HEDIS®, NYS QARR
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications – SSD

Intent: Identify members with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Age: 18-64 years of age
Product Lines: Medicaid, HARP
Timeframe: The measurement year

At a minimum for compliance, SSD documentation requires the following component:

- Patients with schizophrenia, schizoaffective disorder or bipolar disorder and who are not diabetic who had a diabetes screening test (a glucose test or an HbA1c test) during the measurement year

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Ensure diabetes screening tests are being performed for patients with schizophrenia or bipolar disorder.

Reporting Requirement: HEDIS®, NYS QARR
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis – ART

Intent: Assess the percentage of members who were diagnosed with rheumatoid arthritis and were prescribed at least one prescription disease-modifying anti-rheumatic drug (DMARD).

Age: 18 years of age and older
Product Lines: Commercial, Medicaid, HARP
Timeframe: From January 1 - November 30 of the measurement year

At a minimum for compliance, ART documentation requires the following component:

- Evidence of anti-rheumatic medication

How to submit compliant data:
Encounters/claims and pharmacy data

Tips and Recommendations
- Prescribe medications when indicated.
- Encourage members to verbalize possible reasons for noncompliance. Together, explore ways to reduce them.
- Consider a 90-day prescription, when applicable.
- Refer to rheumatologist when appropriate for consultation and/or co-management.
- Member education on the benefits of regular exercise.
- Use appropriate coding from the Affinity coding guide.

Reporting Requirement: HEDIS®, NYS QARR
The FVA question on the CAHPS® assesses the following:

- Patients who have received an influenza vaccination

How is this measure assessed?
This measure is collected through the CAHPS® health plan survey completed by your patients. The survey is administered by the NYSDOH and NCQA-certified CAHPS® vendors.

Tips and Recommendations
- Ensure that your patients receive a flu vaccine each year.
- Stress the importance of having a flu vaccine and provide any health education resources.
Follow-Up After Emergency Department Visit for Alcohol and other Drug Abuse or Dependence – FUA

Intent: Members with principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Age: 13 years old as of the ED visit
Product Lines: Commercial, Medicaid, Medicare, HARP
Timeframe: January 1 - December 1 of the measurement year

At a minimum for compliance, FUA documentation requires the following components:

- A follow-up visit to a mental health practitioner within 7 days after hospitalization
- A follow-up visit to a mental health practitioner within 30 days after hospitalization

Practitioner type:
Mental health practitioner

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Educate patient/support system on the importance of follow-up visits.
- Submit claims/encounter data in a timely manner.
Follow-Up After Hospitalization for Mental Illness – FUH

Intent: Identify members who were hospitalized for selected mental illness or intentional self-harm diagnoses and had a follow-up visit to a mental health practitioner a) within 30 days after discharge and b) within seven days after discharge.

Age: 6 years of age and older
Product Lines: Commercial, Medicaid, Medicare, HARP
Timeframe: The measurement year

At a minimum for compliance, FUH documentation requires the following components:

- A follow-up visit to a mental health practitioner within 7 days after hospitalization
- A follow-up visit to a mental health practitioner within 30 days after hospitalization

Practitioner type:
Mental health practitioner

How to submit compliant data:
Encounters/claims, supplemental data, and medical records

Tips and Recommendations
• Do not include the date of visit to mental health practitioner on the date of discharge.
• The measure is based on unique discharges, not on members. Provide all documentations of follow-up visits regardless of the number of discharges during the measurement year.

Reporting Requirement: HEDIS®, NYS QARR
Follow-Up After Emergency Department Visit for Mental Illness – FUM

Intent: Assess members with a diagnosis of mental illness who had a follow-up visit within 7-30 days of an ED visit.

Age: 6 years of age and older
Product Lines: Commercial, Medicaid, HARP
Timeframe: From January 1 - December 31 of the measurement year

At a minimum for compliance, FUM documentation requires the following components:

- A follow-up visit to a mental health practitioner within 7 days after hospitalization
- A follow-up visit to a mental health practitioner within 30 days after hospitalization

Practitioner type:
Mental health practitioner

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Review gaps in care timely.
- Follow up with member once notified of the event.
- Follow up with members who cancel appointments.
- Service may be provided in Behavioral Health Centers.

Reporting Requirement: HEDIS®, NYS QARR
Follow-Up Care for Children Prescribed ADHD Medication – ADD

Intent: 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.

Age: 6-12 years of age
Product Lines: Commercial, Medicaid
Timeframe: March 1 of the prior year to the last calendar day in February of measurement year

At a minimum for compliance, ADD documentation requires the following components:

Two rates are reported.

- **Initiation Phase** - Members 6–12 years of age who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase

- **Continuation and Maintenance (C&M) Phase** - Percentage of members who remained on the medication and had at least two follow-up visits with a practitioner within the next 270 days (nine months) at the conclusion of the Initiation Phase

**How to submit compliant data:**
Encounters/claims, supplemental data and medical records

**Tips and Recommendations**
- Schedule at least two follow-up visits which may include one telephone/telehealth visit.
- Family/caregiver education on the importance of following up.
Immunizations for Adolescents – IMA

Intent: Identify adolescents who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

Age: Adolescents who turn 13 years of age during the measurement year
Product Lines: Commercial, Medicaid
Timeframe: The measurement year

At a minimum for compliance, IMA documentation requires the following components:

- At least one meningococcal vaccine with a date of service on or between the patient’s 11th and 13th birthdays
- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) with a date of service on or between the patient’s 10th and 13th birthdays
- At least two HPV vaccines with different dates of service on or between the patient’s 9th and 13th birthdays.
  - There must be at least 146 days between the first and second dose of HPV vaccine OR patient must have at least three HPV vaccines with different dates of service on or between the member’s 9th and 13th birthdays

How to submit compliant data:
Encounters/claims, medical records and supplemental data

Tips and Recommendations
- Ensure all given vaccinations have the date of immunizations on the medical records.
- Provide all documentation of the vaccinations regardless of the patient missing one or more vaccinations.

Reporting Requirement: HEDIS®, NYS QARR
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – IET

Intent: Identify adolescents and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence, who received initiation and engagement of AOD treatment.

- Age: 13 years and older as of December 31 of the measurement year
- Product Lines: Commercial, Medicaid, HARP
- Timeframe: January 1 - November 14 of the measurement year

At a minimum for compliance, IET documentation requires the following components:

- Initiation of AOD treatment through an inpatient AOD admission, an outpatient visit, an intensive outpatient encounter or a partial hospitalization telehealth or medication treatment within 14 days of the diagnosis

- Engagement of AOD treatment: Members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Consider patient/support system engagement with three follow-up visits scheduled within the first 34 days for newly-diagnosed patients to help address access barriers.
- Submit claims/encounter data in a timely manner.

Reporting Requirement: HEDIS®, NYS QARR
Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence – POD

Intent: Individuals who initiate pharmacotherapy with at least one prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid dependence.

- **Age:** 18 years and older as of December 31 of the measurement year
- **Product Lines:** Medicaid, HIVSNP, HARP
- **Timeframe:** January 1 - December 31 of the measurement year

At a minimum for compliance, initiation of pharmacotherapy treatment within 30 days of the index episode requires the following components:

- A medication assisted therapy (MAT) dispensing event
- Dispensed a prescription for opioid abuse or dependence

**How to submit compliant data:**
Encounters/claims, supplemental data and pharmacy data

**Tips and Recommendations**
- MAT for opioid abuse or dependence.
- Opioid dependence - Buprenorphine HCL & Naloxone HCL
- Alcohol/opioid dependence - Naltrexone HCL & Naltrexone Microspheres
- Submit claims and encounter data in a timely manner.

**Reporting Requirement:** NYS QARR
Lead Screening in Children – LSC

Intent: One or more capillary or venous lead blood test for lead poisoning.

Age: Children who turn two years old during the measurement year

Product Lines: Medicaid

Timeframe: Measurement year

At a minimum for compliance, LSC medical record documentation requires the following components:

- A note indicating the date test was performed
- Test occurred on or before the child’s second birthday

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Perform LSC test within required timeframe.
- Perform LSC test regardless of history and living conditions.

Reporting Requirement: HEDIS®, NYS QARR
At a minimum for compliance, the following three components are assessed for the MSC measure:

- Advise smokers and tobacco users to quit
- Discuss or recommend cessation medications to smokers and tobacco users
- Discuss or provide cessation methods or strategies to smokers and tobacco users

How is this measure assessed?
This measure is collected through the CAHPS® health plan survey completed by your patients. The survey is administered by the NYSDOH and NCQA-certified CAHPS® vendors.

Tips and Recommendations
- Confirm if patient is a smoker or a tobacco user and reinforce the need for smoking and tobacco cessation during each visit.
- Provide health education materials to encourage smoking and tobacco cessation.

Medical Assistance with Smoking and Tobacco Use Cessation – MSC

Intent: Provide medical assistance to members with smoking and tobacco use cessation.

Age: 18 years of age and older
Product Lines: Medicaid, Essential Plan
Timeframe: The measurement year

Reporting Requirement: HEDIS®, NYS QARR
Medication Management for People With Asthma – MMA

Intent: Members who were identified as having persistent asthma during the measurement year and were dispensed appropriate medications on which they remained during the treatment period.

Age: 5–64 years of age
Product Lines: Commercial, Medicaid, HARP
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, MMA documentation requires the following components:

- Members who remained on an asthma controller medication for at least 50% of their treatment period
- Members who remained on an asthma controller medication for at least 75% of their treatment period

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Educate patient/support system on the difference between controller and rescue medications and proper technique for using inhaler and medication adherence.
- Consider a 90-day prescription, when appropriate.
- Submit claims and encounter data in a timely manner.

Reporting Requirement: HEDIS®, NYS QARR
Metabolic Monitoring for Children and Adolescents on Antipsychotics – APM

Intent: Identify children and adolescents who were prescribed two or more antipsychotic prescriptions and had metabolic testing.

Age: 1-17 years of age as of December 31 of the measurement year
Product Lines: Commercial, Medicaid
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, APM documentation requires the following components:

Both of the following tests during the measurement year on the same or different dates of service:

- At least one test for blood glucose or glycated hemoglobin test (HbA1c)
- At least one test for LDL-C or cholesterol

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Discuss metabolic testing results with patient at a follow-up visit

Reporting Requirement: HEDIS®, NYS QARR
Prenatal and Postpartum Care – PPC

Intent: To assess whether prenatal and preventive care was rendered on a routine outpatient basis.

- **Age:** None specified
- **Product Lines:** Commercial, Medicaid, HARP
- **Timeframe:** Live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year

At a minimum for compliance, PPC documentation requires the following components:

- **Prenatal care** – A prenatal care visit in the first trimester or within 42 days of enrollment in the organization

- **Postpartum care** – A postpartum visit on or between 21 and 56 days after delivery

**How to submit compliant data:**
Encounters/claims, supplemental data and medical records

**Tips and Recommendations**
- Encourage patient discussion on the importance of timely prenatal care and postpartum care visits.
- Submit claims/encounter data in a timely manner.

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**Reporting Requirement:** HEDIS®, NYS QARR
Statin Therapy for Patients with Cardiovascular Disease – SPC

Intent: Identify members having clinical atherosclerotic cardiovascular disease (ASCVD) who received statin therapy and/or adhered to statin medication for at least 80% of the treatment period.

Age: 21-75 years of age (male)
40-75 years of age (female)
Product Lines: Commercial, Medicaid, HARP
Timeframe: The measurement year

At a minimum for compliance, SPC documentation requires the following components:

- Patients with ASCVD who received at least one high-intensity or moderate-intensity statin medication
- Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- Communicate with patients to ensure that they have the necessary prescriptions to cover their statin therapy.

Reporting Requirement: HEDIS®, NYS QARR
Statin Therapy for Patients with Diabetes – SPD

Intent: Members with diabetes who do not have clinical atherosclerotic cardiovascular disease.

Age: 40-75 years of age
Product Lines: Medicaid, Medicare, HARP
Timeframe: The measurement year

At a minimum for compliance, SPD documentation requires the following components:

- Evidence of statin therapy during measurement year
- Evidence of statin medication adherence

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
• Member education on the importance of medication schedule and adherence.
• Member education regarding nutrition and physical activity.

Reporting Requirement: HEDIS®, NYS QARR
Use of Pharmacotherapy for Alcohol Abuse or Dependence – POA

Intent: Any encounter associated with alcohol use or dependence, with at least one prescription for appropriate pharmacotherapy at any time during the measurement year.

Age: 18 years and older as of December 31 of the measurement year
Product Lines: Medicaid, HIVSNP, HARP
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, use of pharmacotherapy for alcohol abuse or dependence requires the following component:

- At least one prescription for appropriate pharmacotherapy at any time during the measurement year

How to submit compliant data:
Encounters/claims, supplemental data and pharmacy data

Tips and Recommendations
- Medication assisted therapy for alcohol abuse or dependence medications
- Aldehyde dehydrogenase inhibitor - Disulfiram (Oral)
- Antagonist - Naltrexone (oral and injectable)
- Other - Acamprosate (oral; delayed-release tablet)

Reporting Requirement: NYS QARR
At a minimum for compliance, SPR documentation requires the following component:

- At least one spirometry testing during the 730 days (two years) prior to the diagnosis of COPD through 180 days (six months) after the first visit of the COPD diagnosis

**How to submit compliant data:**
Encounters/claims and supplemental data

**Tips and Recommendations**
- Do not bill the COPD diagnosis code when screening to rule out the condition; instead, use code Z13.83 (encounter for screening for respiratory disorder NEC).

**Use of Spirometry Testing in the Assessment and Diagnosis of COPD - SPR**

**Intent:** Members with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

- **Age:** 42 years or older as of December 31 of the measurement year
- **Product Lines:** Commercial, Medicaid, Medicare, HARP
- **Timeframe:** July 1 of the year prior to the measurement year - June 30 of the measurement year

**Reporting Requirement:** HEDIS®, NYS QARR
Viral Load Suppression

Intent: Confirmed HIV-positive who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Age: 2 years of age or older
Product Lines: Medicaid HMO/PHSP, Medicaid HIVSNP, Medicaid HARP
Timeframe: January 1 - December 31 of the measurement year

At a minimum for compliance, viral load suppression documentation requires the following component:

- HIV viral load less than 200 copies/mL for the most recent HIV viral load test during the measurement year

How to submit compliant data:
Encounters/claims and supplemental data

Tips and Recommendations
- All PCPs (family practice, internal medicine, pediatricians and OB/GYN) and infectious disease providers can render primary care services.
- Submit claims and encounter data in a timely manner.

Reporting Requirement: NYS QARR
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents – WCC

Intent: The percentage of children who had a visit during the measurement year where BMI percentile, nutrition and physical activity were assessed.

Age: 3-17 years of age
Product Lines: Commercial, Medicaid
Timeframe: January-December 31 of measurement year

At a minimum for compliance, WCC documentation requires evidence of the following components:

- Height, weight, and BMI percentile documentation
- Anticipatory guidance related to nutrition
- Anticipatory guidance related to physical activity

Practitioner Type:
PCP, OB/GYN

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Make every visit count. Preventive services may be rendered on other visits such as sick, back to school, and sports physical encounter if coded correctly.
- Use correct diagnosis and procedure codes.
- Use standardized templates that allow for check boxes for standard counseling activities.
- A notation of anticipatory guidance alone does not criteria.

Reporting Requirement: HEDIS®, NYS QARR
Well-Child Visits in the First 15 Months of Life – W15

Intent: Ensure children from birth through 15 months old who had six or more comprehensive well-care visits prior to turning 15 months.

Age: 0-15 months
Product Lines: Commercial, Medicaid
Timeframe: Refer to the minimum compliance requirements on the right

At a minimum for compliance, a well-child visit in the first 15 months of life requires the following components:

- Health history
- Physical development
- Mental development
- Physical exam
- Anticipatory guidance/health education
  - Acceptable time frame includes visit in 1, 2, 4, 6, 9, 12, and 15 months

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
- Make every visit count. Preventive services may be rendered on sick visits as well if coded correctly.
- Use standardized templates that allow for check boxes for standard counseling activities.
- A notation of anticipatory guidance alone does not meet criteria.
- Use correct diagnosis and procedure codes.

Reporting Requirement: HEDIS®, NYS QARR
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – W34

Intent: Identify members who had one or more well-child visits with a PCP during the measurement year.

Age: 3-6 years of age
Product Lines: Commercial, Medicaid
Timeframe: The measurement year

At a minimum for compliance, a well-child visit in the 3rd, 4th, 5th or 6th year of life requires the following component:

- Documentation of a PCP visit including 1) health history, 2) physical developmental history, 3) mental developmental history, 4) physical exam, 5) health education/anticipatory guidance

Practitioner Type:
Primary care provider (PCP). Does not have to be the patient’s assigned PCP.

How to submit compliant data:
Encounters/claims, supplemental data and medical records

Tips and Recommendations
Examples of acceptable documentations:
Health history – Notations of patient’s history (e.g., past medical issues or hospitalizations, history reviewed/updated or “No Changes”), immunization history/allergies/medications noted on the same date of service (all 3 components required), family history, or a problem list with evidence of review done by the PCP.
Physical development – Notation of patients with appropriate development for age, ability to hop/draw/throw a ball
Mental development – Notation of patients behaving appropriately for age, developmental milestones met
Physical exam – Two or more body systems not related to the visit (e.g., HEENT, cardiovascular, respiratory)
Health education/anticipatory guidance – Discussion on health educational topics (e.g., safety/injury prevention, diet/nutrition, parenting practices)

Reporting Requirement: HEDIS®, NYS QARR