

| MEASURE | AGE | MEASURE DESCRIPTION | FOR PROVIDERS | FOR OUTREACH EFFORTS |
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| Well-Child Visits: 0–30 Months (W30) | 0–30 months | <p>Children who turn 30 months of age should have 8 or more well-child visits on or before turning 30 months old (visits must be at least 14 days apart) with a PCP provider. Two rates are reported:</p> <ol style="list-style-type: none"> 6 or more visits should be completed on or before the child turns 15 months of age. 2 or more visits should be completed after the child turns 15 months and 1 day of age and 30 months. | <ul style="list-style-type: none"> Schedule the next visit at the end of the current visit Well visit can be performed during any visit i.e., sick Well visits must be 14 days apart Well visits can occur with an MD, NP, or PA Telehealth visits are applicable, but a well visit code must be included on the claim Bill with well visit codes listed in the *MetroPlusHealth HEDIS/QARR–Code Sheet The MY 2020 specifications removed the requirement of documenting components in the medical record, i.e., health history, anticipatory guidance. The only documentation requirements are that a well visit occurred. | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member Encourage the parent to make an appointment for their child for their wellness visit (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with their PCP <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately and before 12/31 of the year |
| Child and Adolescent Well Visits (WCV) | 3–21 years | <p>Children and adolescents should have at least one comprehensive well visit annually with a PCP or OB/GYN practitioner.</p> | <ul style="list-style-type: none"> Well visits do not have to occur on the anniversary date of the last annual well visit. They must occur between 1/1 and 12/31 each year. Well visits can be performed during any visit i.e., sick Well visits can occur with a MD, NP, PA or OB/Gyn Telehealth visits are applicable, but a well visit code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet must be included on the claim Bill with well visit codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet The MY 2020 specifications removed the requirement of documenting components in the medical record, i.e., health history, anticipatory guidance. The only documentation requirements are that a well visit occurred. | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member Encourage the parent to make an appointment for their child for their wellness visit (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with their PCP <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately and before 12/31 of the year |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC) | 3–17 years | <p>Children and adolescents ages 3–17 should have an outpatient visit with a provider during the measurement year.</p> <ol style="list-style-type: none"> BMI Percentile Counseling for Nutrition Counseling for Physical Activity <p>Exclusions:</p> <ol style="list-style-type: none"> Pregnancy diagnosis during the measurement year | <ul style="list-style-type: none"> Counseling and assessment of the three components can occur at any type of visit, with any type of provider i.e., LPN, Social Worker, Dietician Document both height and weight when capturing BMI percentile annually Document counseling for nutrition and physical activity annually When handouts like HEADS or Bright Futures are given to parents, be sure to save a copy in the EMR. Also, handouts must be specific to the topic(s) covered and age appropriate. Telehealth, telephonic, e-visit and virtual check-in are applicable for BMI percentile, counseling for nutrition and physical activity Bill with well visit codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the parent to make an appointment for their child with the PCP to address BMI, Nutrition and Physical Activity (or, to keep their appointment if they indicate they already have one) Help to schedule a telehealth or in-person appointment with the child’s PCP to address BMI, Nutrition and Physical Activity <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |

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| Annual Dental Visit (ADV) | 2–20 years | Children 2–20 years old should have one dental visit with a dental practitioner during the measurement year. | <ul style="list-style-type: none"> Dental visits can occur with a Dentist or Hygienist Telehealth visits are applicable, and codes are not necessary for this measure Ensure your member has an assigned dentist when they visit. If they do not, provide parent/guardian with a list of dental providers in the area or refer them to MetroPlus Customer Services. PCPs should refer members to the dentist during their annual well visit | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member Encourage the parent to make an appointment for their child (2–18-year-old) OR encourage the adult (19-20 year-old) to have a dental visit (or, to keep their appointment if they indicate they already have one) Help the member make an in-person or telehealth dental appointment. If the member does not have an assigned dentist, help them find a dentist or direct them to MetroPlus Customer Services to make the appointment <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Lead Screening in Children (LSC) | 0–2 years | Children should have at least one or more lead capillary or venous blood test on or before their 2nd birthday. | <ul style="list-style-type: none"> Utilize well visits to ensure immunizations are up to date Submit lead tests to the NYC Lead Registry the same day they are given Bill with the specific lead screening code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the parent to make an appointment for their child for lead testing (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP (or the lab, if they already have a lab referral) <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately and before the child’s 2nd birthday |
| Childhood Immunizations Status (CIS) | Birth–2 years | <p>Children should have completed immunizations on or before their 2nd birthday (events must be at least 14 days apart):</p> <ol style="list-style-type: none"> Four DTaP Three IPV Three Hep B Two Influenza Three HiB Four PCV Two or Three Rotavirus One Hep A One VZV One MMR <p>Exclusions:</p> <ol style="list-style-type: none"> Anaphylactic reaction due to vaccination | <ul style="list-style-type: none"> Schedule the next visit at the end of the current visit Utilize well visits to ensure immunizations are up-to-date Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given Adhere to the prescribed timeline for each vaccine Bill with the specific immunization code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the parent to make an appointment for their child for vaccination (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP <p><i>Provider Staff Only:</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately and before the child’s 2nd birthday |

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| Immunization for Adolescents (IMA) | Meningococcal 11–12 years Tdap 10–12 years HPV 9–12 years | Adolescents should have the following immunizations on or before their 13th birthday: 1. Meningococcal on or between their 11th and 13th birthday 2. Tdap on or between their 10th and 13th birthday 3. Two dose or three dose HPV vaccines with different dates of service on or between their 9th and 13th birthday <u>Exclusions:</u> 1. Anaphylactic reaction due to vaccination | <ul style="list-style-type: none"> Schedule the next visit at the end of the current visit Two dose HPV doses must be given 146 days apart Submit immunizations to the Citywide Immunization Registry (CIR) the same day they are given Bill with the specific immunization code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the parent to make an appointment for their child for vaccination (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP Provider Staff Only: <ul style="list-style-type: none"> Reschedule no shows immediately |
| Appropriate Testing for Pharyngitis (CWP) | 3+ years | Members 3 years of age and older should receive a strep test (rapid strep test and/or throat culture) 3 days prior to or 3 days after an antibiotic is dispensed for a pharyngitis diagnosis. | <ul style="list-style-type: none"> When diagnosing a member with pharyngitis complete a strep test and document it in the medical record Bill with the strep test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | • N/A |
| Chlamydia Screening in Women (CHL) | 16–24 years | Women 16–24 years old identified as sexually active should be screened annually for Chlamydia. <u>Exclusions:</u> 1. A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or 6 days after 2. An X-ray on the same day through 6 days after the pregnancy test | <ul style="list-style-type: none"> Utilize annual wellness visits to conduct chlamydia screening Consider including chlamydia testing when conducting pregnancy test and/or screenings for other STIs i.e., HIV, syphilis For members on birth control, consider making chlamydia screening a standard lab PCPs can conduct chlamydia screening using a urine test Bill with the chlamydia test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Address the importance of STI testing, common barriers/fears, and questions. Refer anything you are unable to address back to their provider Encourage the member to make an appointment for STI screening once a year (or, to keep their appointment if they indicate they already have one) Help the member, make an appointment with their PCP/OB/Gyn Provider Staff Only <ul style="list-style-type: none"> Reschedule no shows immediately |

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| Colorectal Cancer Screening (COL) | 45–75 years | Adults ages 45–75 should be screened for colorectal cancer by one of the following: <ol style="list-style-type: none"> 1. Fecal occult blood test (FOBT) every year, OR 2. Flexible sigmoidoscopy during the measurement year or 4 years prior, OR 3. Colonoscopy during the measurement year or 9 years prior, OR 4. Stool DNA with Fit test during the measurement year or 2 years prior, OR 5. CT Colonography during the measurement year or 4 years prior <p>Exclusions:</p> <ol style="list-style-type: none"> 1. Colorectal cancer 2. Total colectomy 3. Palliative care | <ul style="list-style-type: none"> • Member reported colorectal cancer screening should be documented in member history with the date of service • Educate and stress importance of screening test AND offer less invasive options i.e., FOBT, FIT DNA for members refusing colonoscopy • Bill with the colorectal cancer screening code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member • Encourage the member to make an appointment with their PCP for colorectal screening (or, to keep their appointment if they indicate they already have one) • If the member refuses a colonoscopy, encourage the member to make an appointment with their PCP to discuss less invasive screening options • If you are not a provider of colorectal cancer screenings, help the member make appointment with their PCP or GI <i>Provider Staff Only</i> • Reschedule no shows immediately |
| Care for Older Adults (COA) | 66+ years | Adults 66 years and older should have the following documented at least annually: <ol style="list-style-type: none"> 4. Medication List and Review or Transitional Care Management Services 5. Functional Status Assessment 6. Pain Assessment | <ul style="list-style-type: none"> • Consider including a COA assessment tool as part of the member annual geriatric visit • Medication review must be performed by a prescribing practitioner i.e., MD, NP, PA, or clinical pharmacist • Pain assessment can be documented with a pain scale (e.g., 0-10) or positive or negative finding • Functional status can be documented by assessing ADLs (e.g., toileting, dressing) or IADLS (e.g., banking, shopping) • Documentation of medication review must include a medication list • Functional status and pain assessment can be conducted by any type of provider i.e., LPN, Social Worker • All components must be done in an outpatient setting, but a visit is not required • All components can be conducted via telehealth, telephonic, e-visit and virtual check-in • Bill with the medication list and review, functional status and pain codes listed in the *MetroPlus HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Encourage the member to make an appointment with their PCP for an annual wellness visit (or, to keep their appointment if they indicate they already have one) • Help the member make an appointment with their PCP <i>Provider Staff Only</i> • Reschedule no shows immediately |
| Advance Care Planning (ACP) | 66-80 years 81+ | Members 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year. | <ul style="list-style-type: none"> • Consider including advanced care planning as a standard part of a members annual geriatric visit • Advanced care planning can occur in any setting and may be conducted by any type of provider i.e., LPN, Social Worker • Advanced care planning can be conducted via telehealth, telephonic, e-visit and virtual check-ins • Bill with the advanced care planning code listed in the *MetroPlus HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Encourage the member to make an appointment with their PCP to discuss preferences for resuscitation, life-sustaining treatment, and end of life care (or, to keep their appointment if they indicate they already have one) • Help the member make an appointment with their PCP/OB/Gyn <i>Provider Staff Only</i> • Reschedule no shows immediately |

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| Breast Cancer Screening (BCS) | 50–74 years | Women 50–74 years old should have a mammogram every 2 years. <u>Exclusions:</u> <ol style="list-style-type: none"> 1. Bilateral Mastectomy 2. Members 66 years of age as of 12/31 of the measurement year with a frailty and advance illness during the measurement year 3. Palliative Care during the measurement year | <ul style="list-style-type: none"> • Educate female members about the importance of early detection • Member reported breast cancer screening or history of mastectomy should be documented in member history with the date of service • Bill with the mammogram codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member • Address the importance of mammograms, common barriers/fears, and questions. Refer anything you are unable to address back to their provider. • Encourage the member to make an appointment for a referral with their PCP (or, to keep their appointment if they indicate they already have one) • Help the member make an appointment with their PCP or OB/Gyn <i>Provider Staff Only</i> • Reschedule no shows immediately |
| Cervical Cancer Screening (CCS) | 21–64 years | Women 21–64 years old should be screened for cervical cancer using either of the following: <ol style="list-style-type: none"> 1. 21–64 years old– cervical cytology every 3 years 2. 30–64 years old – cervical cytology with HPV co-testing or cervical high-risk human papillomavirus (hrHPV) testing every 5 years <u>Exclusions:</u> <ol style="list-style-type: none"> 1. Hysterectomy with no residual cervix 2. Palliative Care during the measurement year | <ul style="list-style-type: none"> • Educate female members about the importance of early detection • Member reported cervical cancer screening should be documented in the members history with the date of service and results • History of a hysterectomy with no cervix should be documented in member history with the date of service • Bill with the cervical cancer screening codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member • Address the importance of pap smears, common barriers/fears, and questions. Refer anything you are unable to address back to their provider • Encourage the member to make an appointment for a pap smear (or, to keep their appointment if they indicate they already have one) • Help the member make appointment with their OB/Gyn <i>Provider Staff Only</i> • Reschedule no shows immediately |
| Chlamydia Screening in Women (CHL) | 16–24 years | Women 16–24 years old identified as sexually active should be screened annually for Chlamydia. <u>Exclusions:</u> <ol style="list-style-type: none"> 1. A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or 6 days after 2. An X-ray on the same day through 6 days after the pregnancy test | <ul style="list-style-type: none"> • Utilize annual wellness visits to conduct chlamydia screening • Consider including chlamydia testing when conducting pregnancy test and/or screenings for other STIs i.e., HIV, syphilis • For members on birth control, consider making chlamydia screening a standard lab • PCPs can conduct chlamydia screening using a urine test • Bill with the chlamydia test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Address the importance of STI testing, common barriers/fears, and questions. Refer anything you are unable to address back to their provider • Encourage the member to make an appointment for STI screening once a year (or, to keep their appointment if they indicate they already have one) • Help the member, make an appointment with their PCP/OB/Gyn <i>Provider Staff Only</i> • Reschedule no shows immediately |

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| Osteoporosis Management in Women Who Had a Fracture (OMW) | 67–85 years | <p>Women 67–85 years of age who suffered a fracture or who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> BMD test 24 months prior to the fracture date Osteoporosis therapy 12 months prior to the fracture A dispensed prescription or an active prescription to treat osteoporosis 12 months prior to the fracture Palliative care from July 1st of the year prior including the measurement year | <ul style="list-style-type: none"> Providers collecting BMD testing from the member should document it in the members' history with date of service (i.e., month year) Bill with the BMD test or treatment code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet Exclusion should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make an appointment for osteoporosis screening or treatment with their PCP (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with their PCP for osteoporosis screening or treatment <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Osteoporosis Screening in Older Women (OSW) | 65–75 years | <p>Women 65–75 years of age who received osteoporosis screening.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> Osteoporosis therapy any time in the members history through December 31 of the year prior to measurement year A dispensed prescription to treat osteoporosis 3 years prior to the measurement year Palliative care during the measurement year | <ul style="list-style-type: none"> Utilize annual wellness visits to conduct or refer members for osteoporosis screening Educate members who may be reluctant on the importance of osteoporosis screening Bill with the osteoporosis screening code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make an appointment for osteoporosis screening with their PCP (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with their PCP osteoporosis screening <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Prenatal and Postpartum Care (PPC) | N/A | <p>Timeliness of Prenatal Care: Initial prenatal visit must be within the first trimester, on or before the enrollment start date or within 42 days of enrollment in MetroPlus.</p> <p>Postpartum Care: Postpartum visit must occur between 7–84 days after delivery</p> | <ul style="list-style-type: none"> Schedule a prenatal visit in first trimester or as soon as pregnancy is confirmed If prenatal visit is with PCP, a pregnancy diagnosis must be billed and documented Postpartum visits can occur with an OB/Gyn or PCP provider. Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Bill with the prenatal and postpartum codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member (Only Postpartum is included) If they are unable to see the OB/Gyn schedule an appointment with their PCP Help members schedule their post-partum visit before leaving the hospital after delivery If you are not the provider help the member, make appointment with their PCP/OB/Gyn <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |

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| Follow-Up After Hospitalization for Mental Illness (FUH) | 6+ years | <p>Children and adults who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses should have a follow-up outpatient visit, intensive outpatient encounter, partial hospitalization stay or psychiatric collaborative care management</p> <p>Visit with a mental health provider after discharge. Visit must take place in a Mental Health setting. Two rates are reported:</p> <ol style="list-style-type: none"> Members who received follow-up within 7 days of discharge Members who received follow-up within 30 days of discharge | <ul style="list-style-type: none"> At each visit, ask members about recent inpatient stays and support them in their recovery Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Visits must have a principal diagnosis of mental health disorder or intentional self-harm Only a mental health practitioner may conduct a follow-up visit: psychiatrist, psychologist, clinical social worker, RN, marital and family therapist or professional counselor *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up appointment within 7 days of being discharged (or, to keep their appointment if they indicate they already have one) Help the member make appointments to address their MH diagnosis with a behavioral health provider. <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | 6–12 years | <p>Children with newly prescribed medication for attention-deficit/hyperactivity disorder (ADHD) should have at least three follow-up care visits within a 10-month period, one of which should be within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> Initiation Phase: One follow up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance Phase (C&M): Children who remained on the medication for at least 210 days should have two or more Follow Up Visits with a practitioner from 31 to 300 days after the ADHD medication was newly prescribed. <p>Exclusions:</p> <ol style="list-style-type: none"> Diagnosis of narcolepsy anytime during their history through the measurement year | <ul style="list-style-type: none"> After prescribing the initial ADHD medication, schedule a follow-up visit within three weeks For members who remain on their medication, schedule follow-up visits at least every 60 days Initiation visits can be conducted via telehealth and telephone Continuation visits can be conducted via telehealth, telephone, e-visit, and virtual check-in. Only one of the two continuation visits may be an e-visit or virtual check in. Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider Help the member make appointment with their prescribing provider Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Antidepressant Medication Management (AMM) | 18+ years | <p>Members who have a diagnosis of major depression, treated with antidepressant medication, and remained on antidepressant medication treatment: Two rates are reported:</p> <ol style="list-style-type: none"> Effective Acute Phase Treatment – Members remain on an antidepressant medication for at least 84 days (12 weeks) Effective Continuation Phase Treatment – Members who remain on an antidepressant medication for at least 180 days (6 months) | <ul style="list-style-type: none"> Consider prescribing a 90-day supply of medications Educate members on the importance of medication adherence Encourage member to engage in verbal therapy | <ul style="list-style-type: none"> Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider Help the member make appointment with their prescribing provider Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) | 18+ years | <p>Adults 18 and older with schizophrenia who were dispensed an antipsychotic medication should remain on an antipsychotic medication for at least 80% of their treatment period.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> Dementia diagnosis during the measurement year | <ul style="list-style-type: none"> Consider prescribing a 90-day supply of antipsychotic medications Consider the use of long-acting injectables Educate members on the importance of medication adherence Encourage member to engage in verbal therapy Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider Help the member make appointment with their prescribing provider Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |

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| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | 18–64 years | Adults with schizophrenia, schizoaffective or bipolar disorder, who were dispensed an antipsychotic medication should have: 1. A glucose test or an HbA1c screening test during the measurement year | <ul style="list-style-type: none"> Consider ordering the HbA1c test during the member’s annual wellness visit Bill with the HbA1c codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make an appointment to have an HbA1c lab test completed (or, to keep their appointment if they indicate they already have one) Help the member make appointment with their PCP or prescribing provider <i>Provider Staff Only</i> Reschedule no shows immediately |
| Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) | 13+ years | The percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: 1. Members that received follow-up for substance use disorder within the 7 days after the visit or discharge. 2. Members that received follow-up for substance use disorder within the 30 days after the visit or discharge. | <ul style="list-style-type: none"> At each visit, ask members about recent ED or inpatient stays and support them in their recovery Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Follow-up SUD visits must have a SUD principal diagnosis code on the claim Bill with the AOD Abuse and Dependence codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) within 7 days of visit/discharge Help the member make appointments to address their SUD diagnosis <i>Provider Staff Only</i> Reschedule no shows immediately |
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | 18–64 years | Adults with schizophrenia or schizoaffective disorder and diabetes should have the following tests during the measurement year: 1. LDL-C Test 2. HbA1C Test Exclusions: Any time during the measurement year or the year prior 1. Gestational Diabetes 2. Steroid-Induced Diabetes 3. Polycystic Ovarian Syndrome | <ul style="list-style-type: none"> Bill with the HbA1c and LDL-C codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make an appointment to have an HbA1c and LDL-C lab tests completed (or, to keep their appointment if they indicate they already have one) Help the member make appointment with their PCP or prescribing provider <i>Provider Staff Only</i> Reschedule no shows immediately |
| Follow-Up After Emergency Department Visit for Substance Use (FUA) | 13+ years | Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose who had a follow up visit for SUD or drug overdose. Two rates are reported: 1. Members that received a follow-up within 7 days of the ED visit 2. Members that received a follow-up within 30 days of the ED visit | <ul style="list-style-type: none"> At each visit, ask members about recent ED or inpatient stays and support them in their recovery Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Follow-up SUD visits must have an SUD diagnosis code on the claim Bill with the AOD Abuse and Dependence codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up appointment within 7 days of ED visit (or, to keep their appointment if they indicate they already have one) Help the member make appointments to address their SUD diagnosis <i>Provider Staff Only</i> Reschedule no shows immediately |
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) | 18–64 years | Members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, should have: 1. LDL-C test during the measurement year | <ul style="list-style-type: none"> Consider ordering the LDL-C test during the member’s annual wellness visit Bill with the LDL-C codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make an appointment to have an HbA1c and LDL-C lab tests completed (or, to keep their appointment if they indicate they already have one) Help the member make appointment with their PCP or prescribing provider <i>Provider Staff Only</i> Reschedule no shows immediately |

| MEASURE | AGE | SPECIFICATIONS | FOR PROVIDERS | FOR OUTREACH EFFORTS |
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| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | 1–17 years | Children and Adolescents 1–17 years of age who had two or more antipsychotic prescriptions should have: <ol style="list-style-type: none"> One test for blood glucose <u>or</u> HbA1c One test for LDL-C <u>or</u> cholesterol. | <ul style="list-style-type: none"> Glucose/HbA1c and LDL-C test should be order at the time the prescription is given Bill with the Glucose/HbA1c and LDL-C test code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage member get their blood work completed Help the member make appointment with their PCP/provider providing care or lab Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Initiation and Engagement of Substance Use Disorder Treatment (IET) | 13+ years | Adolescent and adult members with new substance use disorder (SUD) episodes who received the following. <ol style="list-style-type: none"> Initiation of SUD Treatment – members who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. Engagement of SUD Treatment – members who initiated treatment and who were engaged in ongoing SUD treatment within 34 days of the initiation visit. | <ul style="list-style-type: none"> When diagnosing members with SUD, ensure members either have a follow-up appointment to address the substance use, or refer for treatment as appropriate Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Follow-up SUD visits must have the same SUD diagnosis as on the original claim Bill with code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) Help the member make appointments to address their SUD diagnosis <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately The engagement visit should be scheduled at the time of the initiation visit |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM) | 6+ years | The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental health disorder or Intentional self-harm, who had a follow up visit for mental illness. Two rates are reported: <ol style="list-style-type: none"> Member received a follow-up within 7 days of the ED visit Member received a follow-up within 30 days of the ED visit | <ul style="list-style-type: none"> At each visit, ask members about recent ED or inpatient stays and support them in their recovery Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Visits must have a principal diagnosis of mental health disorder or intentional self-harm *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) within 7 days of ED visit Help the member make appointments to address their MH diagnosis <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Use of Opioids from Multiple Providers (UOP) LOWER RATE IS BETTER | 18+ years | Adults 18 years and older receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported. <ol style="list-style-type: none"> Multiple Prescribers: Receiving prescriptions for opioids from four or more different prescribers during the measurement year. Multiple Pharmacies: Receiving prescriptions for opioids from four or more different pharmacies during the measurement year. Multiple Prescribers and Multiple Pharmacies: Receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year | <ul style="list-style-type: none"> Prior to prescription of an opioid medication, conduct a medication review in the I-STOP/PMP (Internet System for Tracking Over-Prescribing - Prescription Monitoring Program): https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/ | <ul style="list-style-type: none"> For members taking opioid medications, support and encourage the use of the lowest dose for the least amount of time Have ongoing counseling to discuss the risk/benefit of opioid medication |

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| <p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p> | <p>1–17 years</p> | <p>Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care in the 121-day period from 90 days prior to the index prescription start date (IPSD) through 30 days after the IPSD</p> | <ul style="list-style-type: none"> • Prior to initiation of medication treatment, children should be assessed for verbal therapy as first-line treatment • After prescribing the initial antipsychotic medication, schedule a follow-up psychosocial visit within three weeks • Telehealth visits are applicable • Bill with psychosocial care codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Ask if member already has an appointment with the mental health provider for follow-up on their medication/diagnosis • If they have appointment, encourage member to keep their appointment. • Help the member make appointment with their mental health provider <p>Provider Staff Only</p> <ul style="list-style-type: none"> • All children newly prescribed antipsychotic medication should also be engaged in mental health treatment |
| <p>Pharmacotherapy for Opioid Use Disorder (POD)</p> | <p>16+ years</p> | <p>The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members ages 16 and older with a diagnosis of OUD.</p> | <ul style="list-style-type: none"> • For members newly diagnosed with opioid disorder encourage and support members in their recovery through use of medication assisted treatment (MAT) • For providers who do not provide MAT, we ask that you develop a network of referral providers for MAT | <ul style="list-style-type: none"> • Encourage members with opioid use disorder to consider MAT • For members already started on MAT, support and encourage continued treatment |
| <p>Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (POD-N)</p> | <p>18+ years</p> | <p>The percentage of individuals who initiate pharmacotherapy with at least 1 prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid dependence.</p> | <ul style="list-style-type: none"> • For members newly diagnosed with opioid disorder encourage and support members in their recovery through use of medication assisted treatment (MAT) • For providers who do not provide MAT, we ask that you develop a network of referral providers for (MAT) | <ul style="list-style-type: none"> • Encourage members with opioid use disorder to consider MAT • For members already started on MAT, support and encourage continued treatment |
| <p>Risk of Continued Opioid Use (COU)</p> <p>LOWER RATE IS BETTER</p> | <p>18+ years</p> | <p>The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Members with at least 15 days of prescription opioids in a 30-day period. 2. Members with at least 31 days of prescription opioids in a 62-day period. <p>Exclusions: Any of the following diagnosis during the measurement year</p> <ol style="list-style-type: none"> 1. Cancer 2. Sickle cell disease 3. Palliative care | <ul style="list-style-type: none"> • Prior to prescription of an opioid medication, conduct a medication review in the I-STOP/PMP (Internet System for Tracking Over-Prescribing - Prescription Monitoring Program): https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/ • Exclusion should be documented in the members history and bill with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • For members taking opioid medications, support and encourage the use of the lowest dose for the least amount of time • Have ongoing counseling to discuss the risk/benefit of opioid medication |

| MEASURE | AGE | SPECIFICATIONS | FOR PROVIDERS | FOR OUTREACH EFFORTS |
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| Hemoglobin A1c Control for Patients with Diabetes (HBD) | 18-75 years | <p>Adult members 18–75 years of age with diabetes (types 1 and 2) whose last hemoglobin A1c (HbA1c) of the year was at the following levels:</p> <ol style="list-style-type: none"> HbA1c control (<8.0%) HbA1c poor control (>9.0%) <p>Exclusions:</p> <ol style="list-style-type: none"> Gestational Diabetes during the measurement year or year prior Steroid-Induced Diabetes during the measurement year or year prior Diagnosis of polycystic ovarian syndrome during the measurement year or year prior Members receiving Hospice or Palliative care during the measurement year | <ul style="list-style-type: none"> Consider scheduling follow-up visits and HbA1c testing every 3 months for diabetic members Schedule follow-up appointments prior to the member leaving their current appointment Refer diabetic members with out-of-control HbA1c (>8) to an endocrinologist and/or nutritionist Bill with the HbA1c code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up diabetes care appointments and have HbA1c labs completed (or, to keep their appointment if they indicate they already have one) Encourage medication compliance Help the member make appointment with their PCP, endocrinologist, nutritionist, etc. Provide the member with nutritionist resources in the community <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Blood Pressure Control for Patients with Diabetes (BPD) | 18-75 years | <p>Adult members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) last BP reading of the MY.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> Gestational Diabetes during the measurement year or year prior Steroid-Induced Diabetes during the measurement year or year prior Diagnosis of polycystic ovarian syndrome during the measurement year or year prior Members receiving Hospice or Palliative care during the measurement year | <ul style="list-style-type: none"> Blood pressure readings taken by the member with any digital device and documented in the member’s medical record are acceptable Schedule follow-up appointments prior to the member leaving their current appointment For elevated readings (>140/90), switch arms, retake the blood pressure and document all readings in the medical record Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up hypertension care appointment (or, to keep their appointment if they indicate they already have one) Help the member make appointment with their PCP, cardiologist, or ongoing care provider Encourage medication compliance Encourage the member to keep a blood pressure log and bring it to all their appointments <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Eye Exam for Patients with Diabetes (EED) | 18-75 years | <p>Adult members 18–75 years of age with diabetes (types 1 and 2) who had a dilated or retinal eye exam by an eye care professional (annually), negative for retinopathy the year prior to the measurement year or bilateral eye enucleation during members history through the measurement year</p> <p>Exclusions:</p> <ol style="list-style-type: none"> Gestational Diabetes during the measurement year or year prior Steroid-Induced Diabetes during the measurement year or year prior Diagnosis of polycystic ovarian syndrome during the measurement year or year prior Members receiving Hospice or Palliative care during the measurement year | <ul style="list-style-type: none"> PCPs and other non-eye care providers should refer diabetic members annually for an eye exam Document negative dilated/retinal eye exams from the year prior in the members’ history with date of service, results, and the eye care provider information Bill with the dilated/retinal eye exam code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member Encourage the member to make an appointment for a diabetic eye exam (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the ophthalmologist (or PCP for a referral) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Kidney Health Evaluation for Patients with Diabetes (KED) | 18–85 years | <p>Adults 18–85 years of age with diabetes (type 1 and type 2) who had an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</p> <p>Exclusions: During the measurement year or the year prior.</p> <ol style="list-style-type: none"> Gestational Diabetes Steroid-Induced Diabetes Polycystic ovarian syndrome ESRD (anytime during the members history including the measurement year) Receiving Hospice or Palliative care | <ul style="list-style-type: none"> Bill with the estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) codes listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make an appointment for lab work (or, to keep their appointment if they indicate they already have one) Help the member, make appointment with their PCP or ongoing care provider for the lab work <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |

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| MEASURE | AGE | SPECIFICATIONS | FOR PROVIDERS | FOR OUTREACH EFFORTS |
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| Statin Therapy for Patients with Diabetes (SPD) | 40–75 years | <p>Adults with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD), two rates are reported:</p> <ol style="list-style-type: none"> 1. Dispensed at least one statin medication of any intensity during the measurement year 2. Remained on statin medication of any intensity for at least 80% of the treatment period <p>Exclusions: During the measurement year or the year prior.</p> <ol style="list-style-type: none"> 1. Pregnancy 2. In vitro fertilization 3. Dispense prescription for clomiphene (Estrogen agonists) 4. ESRD or dialysis 5. Cirrhosis 6. Myalgia, myositis, myopathy, or rhabdomyolysis (during the measurement year) 7. Receiving Hospice or Palliative care during the measurement year 8. Polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes | <ul style="list-style-type: none"> • Consider prescribing a 90-day supply of statin therapy medication • Educate members on the importance of medication adherence • Members that have certain illnesses or conditions (see list of Exclusions) are excluded because they are not recommended for moderate or high-intensity statin treatment • Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Address the importance of taking their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider • Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) • Help the member make an appointment with the PCP, endocrinologist, cardiologist, or ongoing care provider • Suggest medication compliance and alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> • Reschedule no shows immediately |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) | 21–75 years (males) 40–75 years (females) | <p>Adults with clinical atherosclerotic cardiovascular disease (ASCVD):</p> <ol style="list-style-type: none"> 3. Dispensed at least one high or moderate-intensity statin medication during the measurement year 4. Remain on a high or moderate-intensity statin medication for at least 80% of the treatment period <p>Exclusions: During the measurement year or the year prior.</p> <ol style="list-style-type: none"> 5. Pregnancy 6. In vitro fertilization 7. Dispense prescription for clomiphene (Estrogen agonists) 8. ESRD or dialysis 9. Cirrhosis 10. Myalgia, myositis, myopathy, or rhabdomyolysis (during the measurement year) 11. Receiving Hospice or Palliative care during the measurement year 12. Polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes | <ul style="list-style-type: none"> • Consider prescribing a 90-day supply of statin therapy medication • Educate members on the importance of medication adherence • Members that have certain illnesses or conditions (see list of Exclusions) are excluded because they are not recommended for moderate or high-intensity statin treatment • Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Address the importance of taking their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider • Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) • Help the member make an appointment with the PCP, cardiologist, or ongoing care provider • Suggest alternative prescription fill options (PillPack, home delivery, etc.) |
| Controlling High Blood Pressure (CBP) | 18–85 years | <p>Adults ages 18-85 years of age with a diagnosis of hypertension (HTN) whose BP was adequately controlled (<140/90 mm Hg) during the measurement year (last BP reading of the measurement year during an outpatient visit, telephone visit, e-visit or virtual check-in, non-acute inpatient encounter, or remote monitoring event).</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. Female members with a diagnosis of pregnancy during the measurement year 2. Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, kidney transplant any time in members' history through measurement year. 3. Receiving Hospice or Palliative care during the measurement year | <ul style="list-style-type: none"> • Blood pressure readings taken by the member with any digital device and documented in the member's medical record are acceptable • For elevated readings (>140/90), switch arms, retake the blood pressure and document all readings in the medical record • Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins • Exclusions should be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • Encourage the member to make a follow-up hypertension care appointment (or, to keep their appointment if they indicate they already have one) • Help the member, make appointment with their PCP, cardiologist, or ongoing care provider • Encourage medication compliance • Encourage member to keep a blood pressure log and bring it to all their appointments <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> • Reschedule no shows immediately • Schedule follow-up appointments prior to the member leaving their current appointment |

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| <p>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</p> | <p>18+ years</p> | <p>Adults 18 years and older who were hospitalized after a heart attack should receive beta-blocker treatment for 6 months after discharge.</p> <p>Exclusions: Any time during the members history of</p> <ol style="list-style-type: none"> 1. Asthma 2. COPD 3. Obstructive chronic bronchitis 4. Chronic Respiratory Conditions Due to Fumes or Vapors 5. Hypotension, heart block >1 degree or sinus bradycardia 6. A medication dispensed for asthma 7. Intolerance or allergy to beta-blocker therapy 8. Receiving Hospice care during the measurement year | <ul style="list-style-type: none"> • At discharge members diagnosed with acute myocardial infarction (AMI) should be prescribed a beta-blocker • Consider prescribing a 90-day supply of Beta-blockers at the second or third refill • Consider monthly follow-up visits while the member remains on the beta-blocker or as needed • Exclusions must be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • If able to meet the member inpatient, encourage them to make a follow-up visit with their cardiologist, PCP, or ongoing care provider prior to discharge • Address the importance of taking their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider • Help the member, make appointment with their cardiologist, PCP, or cardiologist • Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> • Reschedule no shows immediately • Schedule follow-up appointments prior to the member leaving their current appointment |
| <p>Cardiac Rehabilitation (CRE)</p> | <p>18+ years</p> | <p>Adults 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of Members who attended 2 or more sessions within 30 days after qualifying event. 2. The percentage of members who attended 12 or more sessions within 90 days after qualifying event. 3. The percentage of members who attended 24 or more sessions within 180 days after qualifying event. 4. The percentage of members who attended 36 or more sessions within 180 days after qualifying event. <p>Exclusions: Any of the following diagnosis 6 months after the episode date</p> <ol style="list-style-type: none"> 1. MI 2. CABG 3. Heart or heart/lung transplant 4. Heart valve repair or replacement 5. PCI 6. Members receiving Hospice or Palliative Care through end of measurement year. | <ul style="list-style-type: none"> • Explain the importance of treatment and completing the program to members prior to the start of rehabilitation • Exclusions must be documented in the members history and billed with the appropriate code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> • If able to meet the member inpatient, encourage them to make an appointment for cardiac rehabilitation prior to discharge • Encourage the member to make a cardiac rehabilitation appointment (or, to keep their appointment if they indicate they already have one) • Help the member make an appointment for cardiac rehabilitation |

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| Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | 40+ years | Adults 40 years and older with a new diagnosis of COPD or newly active COPD should have appropriate spirometry testing to confirm the diagnosis between two years prior through six months after diagnosis. | <ul style="list-style-type: none"> Newly COPD diagnosed members should be referred to a pulmonologist for spirometry testing Providers collecting spirometry testing from the member should document it in the members' history with date of service (i.e., month year) Spirometry tests should be billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> Encourage the member to make a follow-up appointment with a pulmonologist (or, to keep their appointment if they indicate they already have one) Help the member, make appointment with their pulmonologist <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Pharmacotherapy Management of COPD Exacerbation (PCE) | 40+ years | Adults 40 years and older who had an acute inpatient discharge or ED encounter for COPD on or between January 1–November 30 exacerbation should be dispensed the following medications: <ol style="list-style-type: none"> A systemic corticosteroid within 14 days of discharge A bronchodilator within 30 days of discharge | <ul style="list-style-type: none"> Members should be prescribed a systemic corticosteroid within 14 days of discharge and a bronchodilator within 30 days of discharge Prescription should be given at time of discharged. Newly COPD diagnosed members should be referred to a pulmonologist | <ul style="list-style-type: none"> Address the importance of using their medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider Help the member make an appointment with their PCP, pulmonologist, or ongoing care provider Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Asthma Medication Ratio (AMR) | 5–64 years | Children and adults ages 5–64 diagnosed with persistent asthma should have a ratio of controller to rescue asthma medications of 50% or greater <p>Exclusions: Any time during the members history through the measurement year:</p> <ol style="list-style-type: none"> Emphysema Other emphysema COPD Obstructive Chronic Bronchitis Chronic Respiratory Conditions Due to Fumes or Vapors Cystic Fibrosis Acute Respiratory Failure Receiving Hospice (during the measurement year) | <ul style="list-style-type: none"> Prescribe controller and rescue medications at the same to avoid giving members too many rescue medications An asthma action plan should be initiated with all members diagnosed with persistent asthma Educate members on the importance and use of controller medications Exclusions should be documented in the members history and billed with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member Address the importance of using controller medications, common barriers, and questions regarding their medication. Refer anything you are unable to address back to their provider Help the member make an appointment with their PCP, pulmonologist, or ongoing care provider Encourage compliance to daily controller use Suggest alternative prescription fill options (PillPack, home delivery, etc.) <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |

| MEASURE | AGE | SPECIFICATIONS | FOR PROVIDERS | FOR OUTREACH EFFORTS |
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| Transitions of Care (TRC) | 18+ years | Adults 18 years and older with discharges from January 1–December 1 who had each of the following during the measurement year. Four rates are reported: <ol style="list-style-type: none"> Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days) Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days) Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) conducted by a prescribing practitioner, clinical pharmacist, or registered nurse | <ul style="list-style-type: none"> Documentation of the recent hospital discharge along with medication Engagement visit and medication reconciliation can be conducted via telehealth, telephonic, e-visit and virtual check-ins are acceptable outpatient visit and medication reconciliation code and must be included on the claim File all inpatient and discharge notification immediately in the member’s record. Include the date they were received. Document planned admission and purpose of planned admission in the member’s medical record Bill with the outpatient visit and medication reconciliation code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> If able to meet the member inpatient, encourage them to make a follow-up visit with their PCP or ongoing care provider prior to discharge Encourage the member to make a follow-up appointment (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP or ongoing care provider Complete and document a telephonic medication reconciliation with the member <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC) | 18+ years | Adults 18 years and older who have high-risk multiple chronic conditions who had a follow-up service within 7 days of the ED visit; include visits that occur on the date of the ED visit (8 total days). | <ul style="list-style-type: none"> At each visit, ask members about recent ED or inpatient stays and address chronic conditions Members should be scheduled for a follow-up visit at time of ED discharge Visits can be conducted via telehealth, telephonic, e-visit and virtual check-ins | <ul style="list-style-type: none"> If able to meet the member inpatient, encourage them to make a follow-up visit with their PCP or ongoing care provider prior to discharge (and within 7 days of discharge) Encourage the member to make a follow-up appointment with their PCP or ongoing care provider (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP or ongoing care provider <p><i>Provider Staff Only</i></p> <ul style="list-style-type: none"> Reschedule no shows immediately |
| Use of Opioids at High Dosage (HDO) LOWER RATE IS BETTER | 18+ years | Adults 18 years and older receiving prescription opioids for ≥15 days during the measurement year at a high dosage (Average morphine equivalent dose [MED] ≥ 90 mg) <u>Exclusions:</u> Any of the following diagnosis during the measurement year <ol style="list-style-type: none"> Cancer Sickle cell disease Hospice or Palliative care | <ul style="list-style-type: none"> Prior to prescription of an opioid medication, conduct a medication review in the I-STOP/PMP (Internet System for Tracking Over-Prescribing - Prescription Monitoring Program): https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/ Exclusion should be documented in the members history and bill with the code listed in the *MetroPlusHealth HEDIS/QARR – Code Sheet | <ul style="list-style-type: none"> For members taking opioid medications, support and encourage the use of the lowest dose for the least amount of time Have ongoing counseling to discuss the risk/benefit of opioid medication |

*For a complete list of compliant/exclusion/medication codes, go to: www.metroplus.org/Provider/Tools/HEDIS-QARR and download the “HEDIS/QARR–Code Sheet”

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| Nonuser (NUS) | 0+ | The percentage of members assigned to a primary care physician for 3 or more months who have not engaged in care for medical services during the measurement year. | <ul style="list-style-type: none"> Engage these members immediately at the start of the measurement year Target members with telehealth or annual wellness calls to complete an assessment of current health status For questions, contact: QMOPHEDIS4@metroplus.org | <ul style="list-style-type: none"> Encourage the member to make an appointment with their PCP or ongoing care provider (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP or ongoing care provider <i>Provider Staff Only</i> Reschedule no shows immediately |
| Chronic Fallout (CFO) | 0+ | The percentage of members with chronic condition(s) identified from claims data for dates of service in the year prior yet to have that condition represented on a claim during the measurement year | <ul style="list-style-type: none"> Review members' pre-existing chronic conditions at least once per year. Document and bill all active conditions for the current year If your records and expertise indicate the member does not have a chronic illness or you have other questions, contact: QMOPHEDIS4@metroplus.org Telehealth visits are applicable | <ul style="list-style-type: none"> Encourage the member to make an appointment with their PCP or ongoing care provider (or, to keep their appointment if they indicate they already have one) Help the member make an appointment with the PCP or ongoing care provider <i>Provider Staff Only</i> Reschedule no shows immediately |
| COVID Vaccination (COV) | 5+ | The percentage of members that received a COVID-19 vaccination <ol style="list-style-type: none"> Members with at least one dose of any vaccination Members that are fully vaccinated Members that have received the booster | <ul style="list-style-type: none"> Assess COVID vaccination status and recommend unvaccinated members receive their first dose during all visits Submit COVID immunizations to the Registry the same day they are given Providers may bill for counseling Medicaid members to receive COVID vaccinations | <ul style="list-style-type: none"> This measure is eligible for a MY 2022 Member Reward. Mention this when talking to the member Address common barriers/questions regarding the COVID vaccine, refer the member back to their provider Address the importance of the COVID vaccine, common barriers, and questions. Refer anything you are unable to address back to their provider Provide members with COVID vaccine site information Help the member make an appointment with their PCP, pharmacy, COVID vaccination site for their vaccine. |

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