

2015 HEDIS

CQ-IQ covers 72 NCQA defined HEDIS 2015 measures that are required for health plans to track and improve measures on preventive care and quality.

Version Supported: HEDIS 2015 | 72 measures

Updates in HEDIS 2015: ~40% measures have been upgraded from their previous versions and 5 new measures have been included in 2015 across 5 care domains.

Reporting Period: 1st Jan, 2014 - 31st Dec, 2014

Frequency of Submission: Once during the reporting period: June 2015

Markets Applicable: Health Plans, ACOs

Sr. No.	Measure Title	Measure Description
Effectiveness of Care: Prevention and Screening		
1	Adult BMI Assessment (ABA)	The percentage of patients 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year
2	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	The percentage of patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile, counseling for nutrition and physical activity documentation during the measurement year
3	Childhood Immunization Status (CIS)	The percentage of children 2 years age having 4 diphtheria, tetanus & acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
4	Immunizations for Adolescents (IMA)	The percentage of adolescents 13 years age who had 1 dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.
5	Human Papillomavirus Vaccine for Female Adolescents (HPV)	The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday
6	Lead Screening In Children (LSC)	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
7	Breast Cancer Screening (BCS)	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
8	Cervical Cancer Screening (CCS)	The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.
9	Colorectal Cancer Screening (COL)	The percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer .
10	Chlamydia Screening in Women (CHL)	The percentage of women 16-24 years of age identified as sexually active and who had at least one test for chlamydia during the measurement year.
11	Care for Older Adults (COA)	The percentage of adults 66 years and older who had advance care, medication review, functional status assessment and pain screening planning during the measurement year.
12	Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	Percentage of adolescent females 16 to 20 years of age who were screened unnecessarily for cervical cancer.
13	Non-Recommended PSA-Based Screening in Older Men (PSA)	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Sr. No.	Measure Title	Measure Description
Effectiveness of Care: Respiratory Conditions		
14	Appropriate Testing for Children With Pharyngitis (CWP)	The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).
15	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	The percentage of children 3 months–18 years of age who were given a diagnosis of URI and were not dispensed an antibiotic prescription.
16	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.
17	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.
18	Use of Appropriate Medications for People With Asthma (ASM)	The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.
19	Medication Management for People With Asthma (MMA)	The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.
20	Asthma Medication Ratio (AMR)	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
21	Pharmacotherapy Management of COPD Exacerbation (PCE)	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid within 14 days of the event. 2. Dispensed a bronchodilator within 30 days of the event.
Effectiveness of Care: Cardiovascular Conditions		
22	Controlling High Blood Pressure (CBP)	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.
23	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.
Effectiveness of Care: Diabetes		
24	Comprehensive Diabetes Care (CDC)	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: 1. Hemoglobin A1c (HbA1c) testing 2. HbA1c poor control (>9.0%). 3. HbA1c control (<8.0%) 4. HbA1c control (<7.0%) for a selected population* 5. Eye exam (retinal) performed. 6. Medical attention for nephropathy 7. BP control (<140/80 mm Hg) 8. BP control (<140/90 mm Hg)

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Effectiveness of Care: Musculoskeletal Conditions		
25	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).
26	Use of Imaging Studies for Low Back Pain (LBP)	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
27	Osteoporosis Management in Women Who Had a Fracture (OMW)	The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.
Effectiveness of Care: Behavioral Health		
28	Follow-Up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days of discharge. 2. The percentage of discharges for which the member received follow-up within 7 days of discharge.
29	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. 1. Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. 2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years old as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended.
30	Antidepressant Medication Management (AMM)	The percentage of members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. 1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
31	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	The percentage of members 18–64 years old with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
32	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	The percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
33	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

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34	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications
35	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	The percentage of children of age 1-17 years who had two or more antipsychotic prescriptions and had metabolic testing
Effectiveness of Care: Medication Management		
36	Medication Reconciliation Post-Discharge (MRP)	The percentage of discharges from January 1–December 1 of the measurement year for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.
37	Use of High-Risk Medications in the Elderly (DAE)	<ol style="list-style-type: none"> 1. The percentage of Medicare members 66 years of age and older who received at least one high-risk medication. 2. The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications. For both rates, a lower rate represents better performance.
38	Annual Monitoring for Patients on Persistent Medications (MPM)	The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate. <ol style="list-style-type: none"> 1. Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB). 2. Annual monitoring for members on digoxin. 3. Annual monitoring for members on diuretics. 4. Total rate
39	Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)	The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Report each of the three rates separately and as a total rate. <ol style="list-style-type: none"> 1. A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants. 2. Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents. 3. Chronic kidney disease and prescription for Cox-2 Selective NSAIDs or non-aspirin NSAIDs. 4. Total rate Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate represents better performance for all three rates.
40	Proportion of Days Covered (PDC)	Percentage of patients who filled at least two prescriptions for a non-warfarin oral anticoagulant on two unique dates of service at least 180 days apart, received greater than 60 days supply of the medication and who met the PDC threshold of 80% during the measurement period.
Access/Availability of Care		
41	Children and Adolescents' Access to Primary Care Practitioners (CAP)	The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line. <ol style="list-style-type: none"> 1. Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. 2. Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

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42	Adults' Access to Preventive/Ambulatory Health Services (AAP)	<p>Percentage of members 20 years and older having ambulatory or preventive care visit. The organization reports 3 separate percentages for each product line.</p> <ol style="list-style-type: none"> 1. Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year. 2. Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.
43	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following.</p> <ol style="list-style-type: none"> 1. Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. 2. Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
44	Prenatal and Postpartum Care (PPC)	<p>The percentage of deliveries of live births between November 6 prior to the measurement year and November 5 of the measurement year. The measure assesses the following facets of prenatal and postpartum care.</p> <ol style="list-style-type: none"> 1. Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. 2. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
45	CAHPS 5.0H Adult Survey (CPA)	<p>This measure provides information on the experiences of commercial and Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations. Results summarize member experiences through ratings, composites and question summary rates. Four global rating questions reflect overall satisfaction:</p> <ol style="list-style-type: none"> 1. Rating of All Health Care. 2. Rating of Health Plan. 3. Rating of Personal Doctor. 4. Rating of Specialist Seen Most Often. <p>Seven composite scores summarize responses in key areas:</p> <ol style="list-style-type: none"> 1. Claims Processing (commercial only). 2. Customer Service. 3. Getting Care Quickly. 4. Getting Needed Care. 5. How Well Doctors Communicate. 6. Shared Decision Making. 7. Plan Information on Costs (commercial only). <p>Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for two items summarizing the following concepts:</p> <ol style="list-style-type: none"> 1. Health Promotion and Education. 2. Coordination of Care.
46	CAHPS 5.0H Child Survey with (CCC)	<p>This measure provides information on parents' experience with their child's commercial or Medicaid organization for the population of children with chronic conditions. Three composites summarize satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions:</p> <ol style="list-style-type: none"> 1. Access to Specialized Services. 2. Family Centered Care: Personal Doctor Who Knows Child. 3. Coordination of Care for Children With Chronic Conditions. <p>Item-specific question summary rates are reported for each composite question. Question summary rates are also reported individually for two items summarizing the following concepts:</p> <ol style="list-style-type: none"> 1. Access to Prescription Medicines. 2. Family Centered Care: Getting Needed Information.

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47	CAHPS 5.0H Child Survey (CPC)	This measure provides information on parents' experience with their child's commercial or Medicaid organization. Results summarize member experiences through ratings, composites and individual question summary rates. Four global rating questions reflect overall satisfaction: 1. Rating of All Health Care. 2. Rating of Health Plan. 3. Rating of Personal Doctor. 4. Rating of Specialist Seen Most Often. Five composite scores summarize responses in key areas: 1. Customer Service. 2. Getting Care Quickly. 3. Getting Needed Care. 4. How Well Doctors Communicate. 5. Shared Decision Making. Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for two items summarizing the following concepts: 1. Health Promotion and Education. 2. Coordination of Care.
48	Annual Dental Visit (ADV)	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract
49	Children and Adolescents' Access to Primary Care Practitioners	The percentage of members 12months- 19 years of age who had a visit with a PCP during the measurement year
50	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	The percentage of children and adolescents 0–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
Health Plan Descriptive Information Measures		
51	Enrollment by Product Line (ENP)	The total number of members enrolled in the product line, stratified by age and gender.
52	Enrollment by State (EBS)	The number of members enrolled as of December 31 of the measurement year, by state. Product lines Commercial, Medicaid, Medicare (report each product line separately). Anchor Date December 31 of the measurement year.
52	Language Diversity of Membership (LDM)	An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.
54	Race/Ethnicity Diversity of Membership (RDM)	An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.
55	Weeks of Pregnancy at Time of Enrollment (WOP)	The percentage of women who delivered a live birth during the measurement year by the weeks of pregnancy at the time of their enrollment in the organization, according to the following periods: 1. Prior to pregnancy (280 days or more prior to delivery). 2. The first 12 weeks of pregnancy, including the end of the 12th week (279–196 days prior to delivery). 3. The beginning of the 13th week through the end of the 27th week of pregnancy (195–91 days prior to delivery). 4. The beginning of the 28th week of pregnancy or after (≤ 90 days prior to delivery). 5. Unknown.
56	Total Membership (TLM)	The number of members enrolled as of December 31 of the measurement year.

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Relative Resource Use & Utilization		
57	Relative Resource Use for People With Diabetes (RDI)	The relative resource use by members with diabetes during the measurement year.
58	Relative Resource Use for People With Asthma (RAS)	The relative resource use by members with persistent asthma during the measurement year.
59	Relative Resource Use for People With Cardiovascular Conditions (RCA)	The relative resource use by members with cardiovascular conditions during the measurement year.
60	Relative Resource Use for People With Hypertension (RHY)	The relative resource use by members with hypertension during the measurement year.
61	Relative Resource Use for People With COPD (RCO)	The relative resource use by members with COPD during the measurement year.
62	Identification of Alcohol and Other Drug (IAD)	This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year: 1. Any service. 2. Inpatient. 3. Intensive outpatient or partial hospitalization. 4. Outpatient or ED.
63	Frequency of Selected Procedures (FSP)	This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.
64	Ambulatory Care (AMB)	This measure summarizes utilization of ambulatory care in the following categories: 1. Outpatient Visits. 2. ED Visits
65	General Hospital/Acute Care (IPU)	This measure summarizes utilization of acute inpatient care and services in the following categories: 1. Total inpatient. 2. Maternity. 3. Surgery. 4. Medicine.
66	Antibiotic Utilization (ABX)	This measure summarizes the following data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender: 1. Total number of antibiotic prescriptions. 2. Average number of antibiotic prescriptions per member per year (PMPY). 3. Total days supplied for all antibiotic prescriptions. 4. Average days supplied per antibiotic prescription. 5. Total number of prescriptions for antibiotics of concern. 6. Average number of prescriptions PMPY for antibiotics of concern. 7. Percentage of antibiotics of concern for all antibiotic prescriptions. 8. Average number of antibiotics PMPY reported by drug class: For selected "antibiotics of concern.", For all other antibiotics.
67	Mental Health Utilization (MPT)	Number and percentage of members receiving the following mental health services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or ED
68	Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)	The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.
69	Well-Child Visits in the First 15 Months of Life (W15)	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: 1. No well-child visits. 2. One well-child visit. 3. Two well-child visits. 4. Three well-child visits. 5. Four well-child visits. 6. Five well-child visits. 7. Six or more well-child visits.
70	Adolescent Well-Care Visits (AWC)	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Sr. No.	Measure Title	Measure Description
71	Plan All-Cause Readmission measure (PCR)	<p>For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> 1. Count of Index Hospital Stays (IHS) (denominator). 2. Count of 30-Day Readmissions (numerator). 3. Average Adjusted Probability of Readmission.
72	Frequency of Ongoing Prenatal Care (FPC)	<p>The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:</p> <ol style="list-style-type: none"> 1. <21 percent of expected visits. 2. 21 percent–40 percent of expected visits. 3. 41 percent–60 percent of expected visits. 4. 61 percent–80 percent of expected visits. 5. ≥81 percent of expected visits. <p>This measure uses the same denominator as the Prenatal and Postpartum Care measure.</p>