Massachusetts Aligned Measure Set as of 5-3-2019

#	Measure Name	NQF Number	NQF Endorsed?	Steward	Description	Domain	Populations	Data Source	Specifications*
01-Core	Controlling High Blood Pressure	18	Yes	NCQA	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	Chronic Illness Care - Physical Health	Adult	Claims/Clinical Data	HEDIS 2020
02-Core	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0059	Yes	NCQA	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Chronic Illness Care - Physical Health	Adult	Claims/ Clinical Data	HEDIS 2020
03-Core	CG-CAHPS (MHQP Version)	0005 (Modified)	NA	МНQР	Composites: Getting Timely Appointments, Care and Information; How Well Providers Communicate; Providers' Use of Information to Coordinate Patient Care, Helpful, Courteous, and Respectful Office Staff; Patient's Rating of Provider	Patient Experience, Patient/ Provider Communication; Relationship- centered Care	Children, Adolescent, Adult	Survey	NEGIP Adata and Pediatric Surveys
04-Core	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	0004	Yes	NCQA	Percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following: • Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit	Chronic Illness Care - SUD	Adolescent, Adult	Claims/ Clinical Data	HEDIS 2020
05a-Core	Depression Screening and Follow-Up for Adolescents and Adults	NA	No	NCQA	Percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care. • Depression Screening. The percentage of members who were screened for clinical depression using a standardized tool. • Follow-Up on Positive Screen. The percentage of members who screened positive for depression and received follow-up care within 30 days.	Prevention/ Early Detection - Mental Health	Children, Adolescent	Electronic Clinical Data Systems	HEDIS 2020
05b-Core	Screening for Clinical Depression and Follow-Up Plan	0418	Yes	Centers for Medicare & Medicaid Services	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen	Prevention/Early Detection	Adolescent and Adult	Claims/Clinical Data	Screening for Depression

06-Core	Depression Response at Six or Twelve Months - Progress Towards Remission	1884/ 1885	Yes	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at six or twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to both patients with newly diagnosed and existing depression identified during the defined measurement period whose current PHQ-9 score indicates a need for treatment.	Chronic Illness Care - Mental Health	Adult	Clinical Data	Copposion Response
07-Core	Depression Remission at Six or Twelve Months	0710/ 0711	Yes	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six or twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.	Chronic Illness Care - Mental Health	Adult	Clinical Data	Depression Remission
08-Core	Depression Remission and Response for Adolescents and Adults	NA	No	NCQA	Percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4 to 8 months of the elevated score. • Follow-Up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within the five to seven months after the initial elevated PHQ-9 score. • Depression Remission. The percentage of members who achieved remission within five to seven months after the initial elevated PHQ-9 score. • Depression Response. The percentage of members who showed response within five to seven months after the initial elevated PHQ-9 score.	Chronic Illness Care - Mental Health	Adolescent, Adult	Electronic Clinical Data Systems	HEDIS 2020
09-Menu	Childhood Immunization Status (Combo 10)	0038	Yes	NCQA	Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday	Prevention/ Early Detection - Physical Health	Children	Claims/ Clinical Data	HEDIS 2020
10-Menu	Immunizations for Adolescents (Combo 2)	1407	Yes	NCQA	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	Prevention/ Early Detection - Physical Health	Adolescent	Claims/ Clinical Data	HEDIS 2020
11-Menu	Influenza Immunization	0041	Yes	AMA-PCPI	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Prevention/ Early Detection - Physical Health	Children, Adolescent, Adult	Clinical Data	Prisonal Pri
12-Menu	Chlamydia Screening - Ages 16-24	0033	Yes	NCQA	Percentage of women ages 16 to 24 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	Prevention/ Early Detection - Physical Health	Adolescent	Claims/Clinical Data	HEDIS 2020
13-Menu	Colorectal Cancer Screening	0034	Yes	NCQA	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	Prevention/ Early Detection - Physical Health	Adult	Claims/ Clinical Data	HEDIS 2020

14-Menu	Cervical Cancer Screening	0032	Yes	NCQA	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	Prevention/ Early Detection - Physical Health	Adult	Claims/ Clinical Data	HEDIS 2020
15-Menu	Breast Cancer Screening	2372	Yes	NCQA	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer	Prevention/ Early Detection - Physical Health	Adult	Claims/Clinical Data	HEDIS 2020
16-Menu	Asthma Medication Ratio	1800	Yes	NCQA	Percentage of patients 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	Chronic Illness Care - Physical Health	Adolescent, Adult	Claims	HEDIS 2020
17-Menu	Comprehensive Diabetes Care: Eye Exam	0055	Yes	NCQA	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	Chronic Illness Care - Physical Health	Adult	Claims/Clinical Data	HEDIS 2020
18-Menu	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0061	Yes	NCQA	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg during the measurement year	Chronic Illness Care - Physical Health	Adult	Claims/ Clinical Data	HEDIS 2020
19-Menu	Metabolic Monitoring for Children and Adolescents on Antipsychotics	2800	Yes	NCQA	Percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	Chronic Illness Care - Mental Health	Children	Claims	HEDIS 2020
20-Menu	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	1365	Yes	AMA-PCPI	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Chronic Illness Care - Mental Health	Children, Adolescent	Clinical Data	And Control of the Co
21-Menu	Follow-Up After Hospitalization for Mental Illness (30-Day)	0576	Yes	NCQA	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	Chronic Illness Care - Mental Health	Children, Adolescent, Adult	Claims	HEDIS 2020
22-Menu	Follow-Up After Hospitalization for Mental Illness (7-Day)	0576	Yes	NCQA	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	Chronic Illness Care - Mental Health	Children, Adolescent, Adult	Claims	HEDIS 2020
23-Menu	Follow-up After Emergency Department Visit for Mental Health (7-Day)	NA	No	NCQA	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	Chronic Illness Care - Mental Health	Adolescent, Adult	Claims	HEDIS 2020

24-Menu	Continuity of Pharmacotherapy for Opioid Use Disorder	3175	Yes	RAND Corporation	Percentage of adults 18-64 years of age with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment	Chronic Illness Care - SUD	Children, Adolescent, Adult	Claims/ Clinical Data	Continuity Opioid
25-Menu	Use of Imaging Studies for Low Back Pain	0052	No	NCQA	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis	Acute Care	Adolescent, Adult	Claims	HEDIS 2020
26-Monitoring	Well-Child Visits in the First 15 Months of Life	1392	Yes	NCQA	Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life	Prevention/ Early Detection - Physical Health	Children	Claims/ Clinical Data	HEDIS 2020
27-Monitoring	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	1516	Yes	NCQA	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year	Prevention/ Early Detection - Physical Health	Children	Claims/ Clinical Data	HEDIS 2020
28-Monitoring	Adolescent Well-Care Visit	NA	No	NCQA	Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	Prevention/ Early Detection - Physical Health	Adolescent	Claims/ Clinical Data	HEDIS 2020
29-Monitoring	Comprehensive Diabetes Care: Hemoglobin A1c Testing	0057	Yes	NCQA	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year	Chronic Illness Care - Physical Health	Adult	Claims	HEDIS 2020
30-Monitoring	Comprehensive Diabetes Care: Medical Attention for Nephropathy	0062	Yes	NCQA	Percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	Chronic Illness Care - Physical Health	Adult	Claims/Clinical Data	HEDIS 2020
31-Monitoring	Contraceptive Care - Postpartum	2902	Yes	U.S. Office of Pop. Affairs	Among women ages 15 through 44 who had a live birth, the percentage that is provided: 1) A most effective (i.e. sterilization implants	Maternity Care	Children, Adolescent,	Claims	Contraceptive Care Postpartum
32-Monitoring	Prenatal & Postpartum Care - Timeliness of Prenatal Care	1517	No	NCQA	1) A most offactive (i.e. starilization implants Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Rate 1: Timeliness of Prenatal Care. The percentage	Maternity Care	Adolescent, Adult	Claims/ Clinical Data	HEDIS 2020
33-Monitoring	Incidence of Episiotomy	0470	Yes	Christiana Care Health System	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed	Maternity Care	Adolescent, Adult	Claims/Clinical Data	Incisionce of Episiotomy

^{*}The Taskforce intends to review its measure set annually and update specifications to the most current versions as appropriate. Taskforce will revisit and confirm a final decision on use of the HEDIS 2020 specifications once NCQA finalizes the specifications in the fall. The Taskforce will revisit and confirm a final decision on use of the HEDIS 2020 specifications once NCQA finalizes the specifications in the fall. The Taskforce will revisit and confirm a final decision on use of the HEDIS 2020 specifications once NCQA finalizes the specifications in the fall. The Taskforce will revisit and confirm a final decision on use of the HEDIS 2020 specifications once NCQA finalizes the specifications in the fall. The Taskforce will revisit and confirm a final decision on use of the HEDIS 2020 specifications once NCQA finalizes the specifications in the fall.