



**Medicaid Managed Care Organization Contract
Attachment H: Quality Performance Measures (Effective Measurement Year 2025)**

Aims	Goals	Objectives	\$\$	Measures	Measure Description	Steward
Better Care. Make health care more person-centered, coordinated, and accessible so that enrollees get the right care at the right time in the right place.	Ensure access to care to meet enrollee needs	Ensure timely and approximate access to primary and specialty care		1. Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	NCQA
				2. Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.	
				3. Antibiotic Utilization for Respiratory Conditions (AXR)	The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.	
				4. Appropriate Testing for Pharyngitis (CWP)	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode	
				5. Adult Access to Preventive/Ambulatory Services (AAP)	The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: • 20-44 years	

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					<ul style="list-style-type: none"> 45-64 years 65 years and older Total 	
				6. Acute Hospital Utilization	<p>For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharging during the measurement year.</p> <p>Note: For Medicaid, report only members 18-64 years of age.</p>	
			\$\$	7. Follow-Up After Hospitalization for Mental Illness (FUH)	<p>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> \$\$: The percentage of discharges for which the member received follow-up within 30 days after discharge. The percentage of discharges for which the member received follow-up within 7 days after discharge. 	
			\$\$	8. Follow-Up After Emergency Department Visit for Mental Illness (FUM)	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"> \$\$: The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	
			\$\$	9. Follow-Up After Emergency Department Visit for Substance Use (FUA)	<p>The percentage of 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, for which there was a follow up. Two rates are reported:</p> <ul style="list-style-type: none"> \$\$: The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	
				10. Follow-Up After High Intensity Care for Substance Use Disorder (FUI)	<p>The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that</p>	

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					<p>result in a follow-up visit or service for substance use disorder. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge. 	
				11. Plan All-Cause Readmissions (PCR)	For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.	
	Facilitate patient-centered, whole person care	Engage and partner with enrollees to improve enrollee experience and outcomes		12. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version (Medicaid) (CPC)	This measure provides information on parents’ experience with their child’s Medicaid organization.	NCQA
				13. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA)	This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members’ expectations.	
				14. Children with Chronic Conditions (CCC)	This measure provides information on parents’ experience with their child’s Medicaid organization for the population of children with chronic conditions.	
	Integrate behavioral and physical health		15. Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> • <i>Depression Screening.</i> The percentage of members who were screened for clinical depression using a standardized instrument. • <i>Follow-Up on Positive Screen.</i> The percentage of members who received follow-up care within 30 days of screening positive for depression. 	NCQA	

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				16. 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, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	
				17. Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	
				18. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.	
				19. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year	
Healthier People, Healthier Communities. Improve the health of enrollees through evidence-based prevention and treatment interventions that address physical and behavioral health needs.	Promote wellness and prevention	Improve overall health		20. Self-Reported Overall Health (Adult and Child) <i>Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data.</i>	The percentage of members reporting overall excellent or very good health.	AHRQ
				21. Self-Reported Overall Mental or Emotional Health (Adult and Child) <i>Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data.</i>	The percentage of members reporting overall excellent or very good mental or emotional health.	
		Ensure maternal safety and appropriate care during childbirth and postpartum	\$\$	22. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	NCQA
			\$\$	23. Low-Risk Cesarean Delivery	\$\$: The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions). <i>Note: A lower rate indicates better performance.</i>	TJC

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			\$\$	24. Prenatal and Postpartum Care: Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.	NCQA
		Reduce infant mortality		25. Percentage of Low Birthweight Births	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period.	CDC/NCHS
		Promote healthy development and wellness in children and adolescents		26. Developmental Screening in the First Three Years of Life	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	CMS
				27. 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.	NCQA
		Promote oral health in children		28. Topical Fluoride for Children (TFC)	The percentage of members 1-4 years of age who received at least two fluoride varnish applications during the measurement year. Report two age stratifications and a total rate: <ul style="list-style-type: none"> • 1-2 years • 3-4 years • Total 	NCQA
		Prevent obesity and address physical activity and nutrition in children and adults		29. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC)	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity <p><i>* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</i></p>	NCQA
		Promote reproductive health		30. Contraceptive Care – All Women Ages 15 - 20	The percentage of women ages 15-20 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.	OPA
				31. Contraceptive Care – Postpartum Women Ages 15-20	The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within	

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					3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.	
				32. Contraceptive Care – All Women Ages 21–44	The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.	
				33. Contraceptive Care – Postpartum Women Ages 21–44	The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.	
				34. Chlamydia Screening (CHL)	The percentage of women 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.	NCQA
		Improve cancer screening	\$\$	35. Cervical Cancer Screening (CCS) – moving to ECDS only	<p>\$\$: The percentage of women 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. 	NCQA
			\$\$	36. Colorectal Cancer Screening (COL-E)	\$\$: The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.	
		Improve hepatitis C virus infection screening		37. Hepatitis C Virus Screening	Percentage of eligible individuals screened for hepatitis C virus infection.	State
		Promote use of evidence-based tobacco cessation treatments		38. Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	<p>Assesses different facets of providing medical assistance with smoking and tobacco use cessation.</p> <p>MCOs will report three components (questions):</p> <ul style="list-style-type: none"> • Advising Smokers and Tobacco Users to Quit • Discussing Cessation Medications 	NCQA

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					<ul style="list-style-type: none"> Discussing Cessation Strategies 	
	Improve chronic disease management and control	Improve hypertension, diabetes, and cardiovascular disease management and control	\$\$	39. Controlling High Blood Pressure (CBP)	\$\$: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	NCQA
			40. Diabetes Short-Term Complications Admission Rate	Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older. <i>Note: A lower rate indicates better performance.</i>	AHRQ	
			41. Statin Therapy for Patients with Cardiovascular Disease (SPC)	<ul style="list-style-type: none"> The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.) The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.) 	NCQA	
			42. Heart Failure Admission Rate	Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).	AHRQ	
			\$\$	43. Glycemic Status Assessment for Patients With Diabetes (GSD)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: <ul style="list-style-type: none"> Glycemic Status <8.0%. Glycemic Status >9.0%. Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators	NCQA
				44. Blood Pressure Control for Patients With Diabetes (BPD)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year	NCQA

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				45. Eye Exam for Patients With Diabetes (EED)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam	NCQA
		Improve respiratory disease management and control		46. Asthma in Younger Adults Admission Rate	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39. <i>Note: A lower rate indicates better performance.</i>	AHRQ
				47. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older. <i>Note: A lower rate indicates better performance.</i>	
				48. Asthma Medication Ratio	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. Ages 5-64 as of December 31 of the measurement year. Report the following age stratifications and a total rate: <ul style="list-style-type: none"> • 5-11 years • 12-18 years • 19-50 years • 51-64 years • Total 	NCQA
		Improve HIV control	\$\$	49. HIV Viral Load Suppression	\$\$: Percentage of patients age 18 and older with a diagnosis of HIV with a HIV viral load less than 200.	HRSA
		Improve quality of mental health and substance use disorder care		50. Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of new opioid use disorder (OUD) pharmacotherapy episodes that resulted in 180 or more covered treatment days among members 16 years of age and older with a diagnosis of OUD	NCQA
					51. Initiation and Engagement of Substance Use Disorder Treatment (IET)	

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					<ul style="list-style-type: none"> Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit. 	
				52. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	
				53. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	
				54. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD-E)	<p>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.</p> <ul style="list-style-type: none"> Initiation Phase. The percentage of members 6–12 years of age as of the IPSD 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. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD 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 (9 months) after the Initiation Phase ended. 	
	Improve population health and	Stratify key quality measures by race/ethnicity,		55. Measures for stratified data: a. Pregnancy: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages	*Refer to individual measures	Various

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	address health disparities	rural/urban status, and sex and narrow health disparities		21–44, Prenatal and Postpartum Care (PPC), Low-Risk Cesarean Delivery (LRCD) b. Child: Well Child Visits in the First 30 Months of Life, Child and Adolescent Well-Care Visits (WCV) c. Adult: Colorectal Cancer Screening, HIV Viral Load Suppression, Cervical Cancer Screening d. Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness (within 30 days), Follow-Up After Emergency Department Visit for Substance Use (within 30 days), Follow-Up After Hospitalization for Mental Illness (within 30 days), Initiation and Engagement of Substance Use Disorder Treatment (IET)		
				56. Enrollment by Product Line (ENP)	The total number of members enrolled in the product line, stratified by age.	NCQA
				57. 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.	
				58. Race/Ethnicity Diversity of Membership (RDM)	An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.	
Smarter Spending. Advance high-value, efficient care.	Minimize wasteful spending	Reduce low value care		59. 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 upper respiratory infection (URI) and were not dispensed an antibiotic prescription.	NCQA
				60. 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.	
				61. 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.	