

Michigan Quality Improvement Consortium Detailed Measurement Specifications HEDIS® 2017 (measurement year 2016)

Introduction

Who is the Michigan Quality Improvement Consortium?

The Michigan Quality Improvement Consortium (MQIC) is a group of physicians, administrators, researchers, and quality improvement experts from 13 Michigan health plans, the Michigan Association of Health Plans, Michigan Department of Health and Human Services, Michigan Osteopathic Association, MPRO, Michigan State Medical Society, and the University of Michigan Health System. The group formed in the fall of 1999 to achieve significant, measurable improvement in health care outcomes through:

- Development and implementation of common evidence-based clinical practice guidelines,
- Standard approaches to performance measurement, and
- Coordinated approach to implementation.

The health plans currently participating in MQIC include: Aetna Better Health of Michigan; Blue Care Network; Blue Cross Blue Shield of Michigan; Blue Cross Complete, HAP Midwest Health Plan; Harbor Health Plan; Health Alliance Plan; Meridian Health Plan; Molina Healthcare of Michigan; Physicians Health Plan; Priority Health; Total Health Care, Inc.; and UnitedHealthcare Community Plan.

The consortium has three working groups:

Medical Directors' Committee

- Medical directors from participating organizations

Performance Measurement Workgroup

- Quality improvement and data reporting experts from participating organizations

Implementation Workgroup

- Quality improvement and disease management experts from participating organizations

Why Measurement Specifications?

Detailed specifications aim to provide definitions of concepts (what are you measuring) and precision and consistency to data collection and handling. This is helpful in several ways. Detailed specifications:

- Provide a single source for definitions to all the plans supplying data in each cycle.
- Tell reviewers of the reports what the numbers represent. This is helpful, especially when considering reports from other sources.
- Facilitate evaluation and comparison of results from year-to-year.

By establishing standard ways to collect and report performance information, MQIC participating organizations are able to report aggregate results and trend results over time. Purchasers requesting the standard MQIC measures will have some assurance that the results provided by each organization are comparable to results from reports using similar methodologies.

How were the measurement specifications developed?

The Performance Measurement Workgroup uses NCQA's HEDIS[®] specifications for measurement. By using HEDIS[®], additional programming and reporting burdens on health plans are minimized. The workgroup has also defined additional data elements for plans to submit for measures which supplement or extend HEDIS[®], and these measures are identified by MQIC as non-HEDIS. In order to comply with the MQIC measurement specifications, participating health plans will need a copy of the current version of HEDIS[®] Technical Specifications.

Who should I contact with questions about MQIC and the specifications?

For general questions about the MQIC process, please contact Belinda Bolton at (248) 350-6243 or via email at bbolton@bcbsm.com. For questions on the MQIC Measurement Workgroup, please contact Lynn Gregory, Chairperson, at (313) 578-3785 or via email at lgregory@harborhealthplan.com.

VOLUME I: ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

HEDIS MEASURES:

1. Follow-up Care for Children Prescribed ADHD Medication (ADD)

Percent children newly prescribed 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:

- A. Initiation Phase. Percent members 6-12 years of age as of the index prescription start date (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.
- B. Continuation and Maintenance Phase. Percent members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on 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.

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Follow-up Care for Children Prescribed ADHD Medication* should be used.

VOLUME II: ASTHMA

NON-HEDIS MEASURES:

1. Periodic Assessment (5-85 Years Old)

Members who had at least one preventive/ambulatory health services visit with a PCP, pulmonologist, or allergist within the measurement year.

2. Emergency Department Visits per 1000 Members with Asthma and Being Treated for a Primary Diagnosis of Asthma (5-85 Years Old)

Report rate for Commercial 5-85 years, Medicaid 5-64 years, Medicare 18-85 years

NON-HEDIS MEASURES SPECIFICATIONS:

1. Periodic Assessment

The MQIC Asthma guideline recommends provision of specific services at least annually including: written action plan for self-management and

education regarding use of peak flow meter, inhaler, spacer and medication, recognition/treatment of symptoms and when to seek medical attention, identification and avoidance of triggers and smoking cessation counseling. As a proxy for the opportunity to provide education and monitoring, health plans should determine the percent of members with persistent asthma who have at least one preventive/ambulatory visit with a PCP, pulmonologist or allergist.

Denominator – HEDIS® specifications for *Asthma Medication Ratio (AMR)* are to be followed to establish the eligible population including age and continuous enrollment criteria. Members without a pharmacy benefit are excluded. Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial and Medicaid product lines.

Numerator - The count of unique members from the eligible population with at least one (1) preventive or ambulatory health services visit with a PCP (internal medicine, family practice, general practice or pediatrics), pulmonologist or allergist **within the reporting year**. Refer to the HEDIS® Ambulatory Visits Value Set codes to identify Preventive/Ambulatory Health Services.

Rate – The number of members in the denominator who had at least one (1) preventive/ambulatory health services visit with a PCP, pulmonologist or allergist **within the measurement year**.

2. Emergency Department Visits/1000 Members with Asthma

Count the number of Emergency Department (ED) visits with different dates of service within the reporting year. Calculate the number of ED visits per 1000 members with asthma. The methodology for the identification and inclusion of ED visits should be consistent with the most recent HEDIS® ED Value Set codes.

Denominator - HEDIS® specifications for *Asthma Medication Ratio (AMR)* are to be followed to establish the eligible population including age and continuous enrollment criteria. Members without a pharmacy benefit are excluded. Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial and Medicaid product lines.

Numerator - Number of ED visits with a principal diagnosis of asthma (using asthma diagnostic codes specified in current HEDIS® Asthma Value Set).

VOLUME III: UNCOMPLICATED ACUTE BRONCHITIS IN ADULTS

HEDIS® MEASURE:

1. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB):

Percent of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* measure should be used.

VOLUME IV: CHRONIC KIDNEY DISEASE

NON-HEDIS MEASURE:

1. Percent members in HEDIS® Diabetes or Hypertension populations who had a serum creatinine test (necessary for GFR)

NON-HEDIS MEASURE SPECIFICATIONS:

1. Percent members in HEDIS® Diabetes or Hypertension populations who had a serum creatinine test (necessary for GFR)

Denominator – The denominator for this measure is any unique member who is included in the eligible population for **either one of the following HEDIS®** measures: *Comprehensive Diabetes Care (CDC)* **or** *Controlling High Blood Pressure (CBP)* during the measurement year, including continuous enrollment criteria.

Numerator – The number of members in the denominator who had a GFR test **during the measurement year or year prior to the measurement year**. Since GFR is a calculation, not a specific procedure, it is necessary to use a surrogate. Since the GFR calculation is based on serum creatinine (SCr), among other factors, we are using this test as a surrogate. CPT and LOINC codes can be found by using the Lab Panel Value Set and Serum Creatinine Value Set.

Rate – The number of members in the denominator who have at least one serum creatinine test during the measurement year or the year prior to the measurement year.

VOLUME V: DEPRESSION

HEDIS® MEASURES:

1. Antidepressant Medication Management (AMM):

Percent 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:

- A. Effective Acute Phase Treatment. Remained on an antidepressant medication for at least 84 days (12 weeks).
- B. Effective Continuation Phase Treatment. Remained on an antidepressant medication for at least 180 days (6 months).

HEDIS® MEASURES SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Antidepressant Medication Management* measure should be used.

VOLUME VI: DIABETES

HEDIS® MEASURES:

1. Comprehensive Diabetes Care (CDC):

Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- A. HbA1c Testing
- B. HbA1c Poor Control (>9.0%) (a lower rate indicates better performance)
- C. HbA1c Control (<8.0%)
- D. HbA1c Control (<7.0%) for a selected population (**Additional exclusion criteria are required for this indicator**)
- E. Eye Exam (retinal) performed
- F. Medical Attention for Nephropathy (nephropathy screening test or evidence of nephropathy)
- G. Blood Pressure Control (<140/90 mm Hg)

2. **Statin Therapy for Patients with Diabetes (SPD):**

Percent members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported.

- A. Received Statin Therapy. Dispensed at least one high or moderate-intensity statin medication during the measurement year.
- B. Statin Adherence 80%. Remained on a statin medication for at least 80% of the treatment period.

HEDIS® MEASURES SPECIFICATIONS:

1. **CDC** = The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* measure should be used.
2. **SPC** = The methodology delineated in the most recent HEDIS® *Statin Therapy for Patients with Diabetes* measure should be used.

VOLUME VII: CARDIOVASCULAR

HEDIS® MEASURE:

1. **Controlling High Blood Pressure (CBP):**

Percent members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year based on the following. One rate is reported.

- A. Members 18-59 years of age whose BP was < 140/90 mm Hg
- B. Members 60-85 years of age with a diagnosis of diabetes whose BP was < 140/90 mm Hg
- C. Members 60-85 years of age without a diagnosis of diabetes whose BP was < 150/90 mm Hg

2. **Statin Therapy for Patients with Cardiovascular Disease (SPC):**

Percent 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 met the following criteria. The following rates are reported:

- A. Received Statin Therapy. Dispensed at least one high or moderate-intensity statin medication during the measurement year.
- B. Statin Adherence 80%. Remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

NON-HEDIS MEASURE:

1. **Percent Members with any Diagnosis of Hypertension**

HEDIS® MEASURE SPECIFICATIONS:

1. **CBP** - The methodology delineated in the most recent HEDIS® *Controlling High Blood Pressure* measure should be used.
2. **SPC** – The methodology delineated in the most recent HEDIS® *Statin Therapy for Patients with Cardiovascular Disease* measure should be used.

NON-HEDIS MEASURE SPECIFICATIONS:**1. Percent Members with Any Diagnosis of Hypertension**

Denominator – The denominator for this measure is adults age 18+ for the measurement year. Using the DST table/tab Enrollment by Product Line (ENPA), determine the number of adults 18+ using the “Total” column for the following rows:

- Age 18 – 19
- Age 20 – 44 (Subtotal)
- Age 45 – 64 (Subtotal)
- Age >= 65 (Subtotal)

Numerator – Eligible population for the HEDIS® 2016 Controlling High Blood Pressure measure (CBP). NOTE: see Hypertension Value Set for HTN diagnostic codes. Use Outpatient Value Set to identify codes for outpatient encounters.

Rate – Estimated prevalence of members with a **current** diagnosis of hypertension

VOLUME VIII: ACUTE LOW BACK PAIN**HEDIS® MEASURE:****1. Use of Imaging Studies for Low Back Pain (LBP):**

Percent 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.

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Use of Imaging Studies for Low Back Pain* measure should be used.

VOLUME IX: ADULT OVERWEIGHT AND OBESITY

HEDIS® MEASURE:

1. Adult BMI Assessment (ABA):

Percent members 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.

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Adult BMI Assessment* measure should be used.

VOLUME X: CHILDHOOD OVERWEIGHT AND OBESITY

HEDIS® MEASURES:

1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):

Percent members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation*, counseling for nutrition, and counseling for physical activity during the measurement year.

A. 3-11 Years Old

B. 12-17 Years Old

C. Total (sum of the two age stratifications)

**This measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* should be used.

VOLUME XI: OSTEOPOROSIS

HEDIS® MEASURE:

- 1. Osteoporosis Management in Women Who Had a Fracture (OMW)**
Percent women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Osteoporosis Management in Women Who Had a Fracture* should be used.

VOLUME XII: ACUTE PHARYNGITIS

HEDIS® MEASURE:

- 1. Appropriate Testing for Children With Pharyngitis (CWP):**
Percent children 3-18 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 (appropriate testing).

HEDIS® MEASURE SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Appropriate Testing for Children With Pharyngitis* measure should be used.

VOLUME XIII: ROUTINE PRENATAL AND POSTNATAL CARE

HEDIS® MEASURES:

1. Prenatal and Postpartum Care (PPC):

The 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:

- A. Timeliness of Prenatal Care: percent deliveries that received a prenatal care visit as a member of the organization in the first trimester, or the enrollment start date or within 42 days of enrollment in the organization.
- B. Postpartum Care: percent deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

HEDIS® MEASURES SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Prenatal and Postpartum Care* measure should be used.

VOLUME XIV: ADULT PREVENTIVE SERVICES (AGES 18 – 65+)

HEDIS® MEASURES:

1. Colorectal Cancer Screening (COL)

Percent members 50-75 years of age who had appropriate screening for colorectal cancer.

2. Breast Cancer Screening (BCS)

Percent women 50-74 years of age who had a mammogram to screen for breast cancer

3. Cervical Cancer Screening (CCS)

Percent women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- A. Women age 21-64 who had cervical cytology performed every 3 years.
- B. Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

4. Chlamydia Screening in Women (21-24 years) (CHL) Percent women 21-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

5. **Flu Vaccinations for Adults Ages 18-64 (CAHPS®) (FVA)**
Percent members 18-64 years of age who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS® survey was completed. **[Commercial, Medicaid]**
6. **Flu Vaccinations for Adults Ages 65 and Older (CAHPS®) (FVO)**
[Medicare]
Percent members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS® survey was completed.
7. **Pneumococcal Vaccination Status for Older Adults (CAHPS®) (PNU)**
[Medicare]
Percentage members 65 years of age and older who have ever received a pneumococcal vaccine.
8. **Aspirin Use and Discussion (CAHPS®) (ASP)**
The two components of this measure assess different facets of aspirin use management.
 - A. Aspirin Use: A rolling average represents the percentage of members who are currently taking aspirin.
 1. Women 56-79 with at least two risk factors for cardiovascular disease
 2. Men 46-65 with at least one risk factor for cardiovascular disease
 3. Men 66-79, regardless of risk factors
 - B. Discussing Aspirin Risks and Benefits: A rolling average represents the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health care provider.
 1. Women 56-79 years of age
 2. Men 46-79 years of age
9. **Non-Recommended PSA-Based Screening in Older Men (PSA)**
[Medicare]
A. Percent men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

HEDIS® MEASURES SPECIFICATIONS:

1. **COL** = The methodology delineated in the most recent HEDIS® *Colorectal Cancer Screening* measure should be used.
2. **BCS** = The methodology delineated in the most recent HEDIS® *Breast Cancer Screening* measure should be used.
3. **CCS** = The methodology delineated in the most recent HEDIS® *Cervical Cancer Screening* measure should be used.
4. **CHL** = The methodology delineated in the most recent HEDIS® *Chlamydia Screening in Women* measure should be used.
5. **FVA** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.

6. **FVO** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.
7. **PNU** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.
8. **ASP** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.
9. **PSA** = The methodology delineated in the most recent HEDIS® *Non-Recommended PSA-Based Screening in Older Men* measure should be used.

VOLUME XV: PREVENTIVE SERVICES FOR INFANTS AND CHILDREN (BIRTH – 24 MONTHS)

HEDIS® MEASURES:

1. Childhood Immunization Status (CIS):

Percent of children two years of age who had four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV (number varies based on which vaccine is given), and two influenza vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates, see Table 1 below.

Table 1 – Combination Vaccinations

Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 2*	x	x	x	x	x	x				
Combination 3*	x	x	x	x	x	x	x			
Combination 4	x	x	x	x	x	x	x	x		
Combination 5	x	x	x	x	x	x	x		x	
Combination 6	x	x	x	x	x	x	x			x
Combination 7	x	x	x	x	x	x	x	x	x	
Combination 8	x	x	x	x	x	x	x	x		x
Combination 9	x	x	x	x	x	x	x		x	x
Combination 10*	x	x	x	x	x	x	x	x	x	x

*MQIC health plans report all CIS measures, including Combos 2-10, but only Combos 2, 3 and 10 results are reported on the MQIC Annual Performance Measurement Report.

2. Well-Child Visits in the First 15 Months of Life (W15):

Percent members who turned 15 months old during the measurement year and who had **six** or more well-child visits with a PCP during their first 15 months of life.

3. **Lead Screening in Children (LSC) [Medicaid]**

Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

HEDIS® MEASURES SPECIFICATIONS:

1. **CIS** = The methodology delineated in the most recent HEDIS® *Childhood Immunization Status* measure should be used.
2. **W15** = The methodology delineated in the most recent HEDIS® *Well-Child Visits in the First 15 Months of Life* measure should be used.
3. **LSC** = The methodology delineated in the most recent HEDIS® *Lead Screening in Children* measure should be used.

VOLUME XVI: PREVENTIVE SERVICES FOR CHILDREN AND ADOLESCENTS (AGES 2 - 21)

HEDIS® MEASURES:

1. **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34):**
Percent members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.
2. **Adolescent Well-Care Visits (AWC):**
Percent 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.
3. **Chlamydia Screening in Women (16–20 years) (CHL):**
Percent of women 16-20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
4. **Immunizations for Adolescents (IMA):**
Percent of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. This measure calculates a rate for each vaccine and two combination rates.
5. **Non-recommended Cervical Cancer Screening in Adolescent Females (NCS)**
Percent adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.

HEDIS® MEASURES SPECIFICATIONS:

1. **W34** = The methodology delineated in the most recent HEDIS® *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure should be used.
2. **AWC** = The methodology delineated in the most recent HEDIS® *Adolescent Well-Care Visits* measure should be used.
3. **CHL** = The methodology delineated in the most recent HEDIS® *Chlamydia Screening in Women (16 – 20 years)* measure should be used.
4. **IMA** = The methodology delineated in the most recent HEDIS® *Immunizations for Adolescents* measure should be used.
5. **NCS** = The methodology delineated in the most recent HEDIS® *Non-Recommended Cervical Cancer Screening in Adolescent Females* measure should be used.

VOLUME XVII: SUBSTANCE USE DISORDERS**HEDIS® MEASURES:**

1. **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET):**
Percent of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:
 - A. Initiation of AOD Treatment. Percent members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
 - B. Engagement of AOD Treatment. Percent members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

HEDIS® MEASURES SPECIFICATIONS:

The methodology delineated in the most recent HEDIS® *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure should be used.

VOLUME XVIII: TOBACCO CONTROL

HEDIS® MEASURES:

1. Medical Assistance With Smoking and Tobacco Use Cessation (MSC):

The following three components assess different facets of providing medical assistance with smoking and tobacco use cessation (members 18 years and older):

- A. Advising Smokers and Tobacco Users to Quit
- B. Discussing Cessation Medications
- C. Discussing Cessation Strategies

NON-HEDIS MEASURE:

1. Percent Current Smokers 18 years and older

HEDIS® MEASURES SPECIFICATIONS:

This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.

NON-HEDIS MEASURE SPECIFICATIONS:

1. Percent Current Smokers 18 years and older

Rate – Provide the percent of current smokers is calculated by NCQA and is shown in Quality Compass®: *Medical Assistance with Smoking Cessation – Supplemental Data - % Current Smokers*. It is based on responses to the CAHPS survey (adult) for the current year. **[Note:** NCQA’s definition of this measure: “This percentage is the number of members who answered “**Every day**” or “**Some days**” to the question “Do you now smoke cigarettes or use tobacco every day, some days or not at all,” and is calculated from the current year’s data only. Source: CAHPS Health Plan Survey, Adult Version.

Denominator – The denominator for this measure is adults age 18+ for the measurement year. Using the DST table/tab Enrollment by Product Line (ENPA), determine the number of adults 18+ using the “Total” column for the following rows:

- | | |
|--------------------------|--------|
| - Age 18 – 19 | Row 9 |
| - Age 20 – 44 (Subtotal) | Row 17 |
| - Age 45 – 64 (Subtotal) | Row 23 |
| - Age >= 65 (Subtotal) | Row 31 |
| - Age unknown | Row 33 |

Only the total number of adults 18+ needs to be reported.

Numerator – For this measure, the numerator (estimated number of current smokers) is calculated **as shown below**. It is the product of the **Rate** times the **Denominator** (number of adults 18+ for the measurement year).

Calculation

Total number of adults 18+

Times

Rate (Percent current smokers)

Equals

Estimated number of current smokers

MQIC GUIDELINES THAT DO NOT HAVE MEASURES AT THIS TIME:

1. Adolescent and Young Adult Health Risk Behavior Assessment
2. Adults with Heart Failure with Reduced Ejection Fraction
3. Advance Care Planning
4. In Office Use of Sedation
5. Lipid Screening and Management
6. Medical Management of Adults with Osteoarthritis
7. Outpatient Management of Uncomplicated Deep Venous Thrombosis
8. Prevention of Pregnancy in Adolescents 12-17 Years
9. Prevention of Unintended Pregnancy in Adults 18 Years and Older