

Immunizations				
Measure	Measure Specifications	How to Improve Measure	Deadline	Measure-Specific Exclusions
Childhood Immunization Combo*	Patients 0-24 months old who received all of the following vaccines on/before their 2nd birthday based on vaccine guidelines: • 4 DTaP • 1 MMR • 1 HepA • 2 or 3 RV • 3 IPV • 3 HiB • 2 Flu • 1 VZV • 4 PCV • 3 HepB <i>Note: AAP recommends 2 Hep A vaccines, however only 1 is needed to meet HEDIS measure guidelines.</i>	• Document all historical immunizations (e.g., in CAIR or in records brought from previous healthcare organizations) in medical record with brand administered. • Schedule Well-Child Checks/nurse visits with appropriate timing to complete all vaccines on/before child's 2nd birthday (deadline). • Run "Query Imm Registry" in Epic to locate any external immunization records.	Complete vaccine series based on specified vaccine guidelines on or before 2nd birthday. Deadline to complete all vaccine series is patient's 2nd birthday. Note the following vaccine deadlines: • 1st Rota vaccine must be given before child is 15 weeks; Rota series must be completed before child is 8 months. • Influenza vaccine is recommended starting at age 6 months. 2 doses of flu vaccine should be given at least 4 weeks apart.	Any of the following documented & coded appropriately on/before child's 2nd birthday: • Anaphylaxis due to vaccine • Severe combined immunodeficiency; immunodeficiency; HIV; lymphoreticular cancer, multiple myeloma or leukemia; intussusception • Organ or bone marrow transplant • Encephalitis due to DTaP vaccine (only for DTaP)
Adolescent Immunization Combo*	Patients 9-13 years old who received all of the following vaccines on/before their 13th birthday based on vaccine guidelines: • 2 or 3 HPV given on/between 9th & 13th birthdays with 146 days (5 months) between 1st & 2nd doses • 1 Tdap given on/between 10th & 13th birthdays • 1 Meningococcal given on/between 10th & 13th birthdays	• Document all historical immunizations (e.g., in CAIR or in records brought from previous healthcare organizations) in medical record with brand administered. • Schedule Well-Child Checks/nurse visits with appropriate timing to complete all vaccines on/before child's 13th birthday (deadline). • Run "Query Imm Registry" in Epic to locate any external immunization records.	Complete vaccine series based on specified guidelines on or before 13th birthday. Deadline is patient's 13th birthday.	Any of the following documented & coded appropriately on/before child's 13th birthday: • Anaphylaxis due to vaccine • Encephalitis due to Tdap vaccine (only for Tdap)

Preventive Screenings				
Measure	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Chlamydia Screening*	16-24 yr old females given a contraceptive, had a pregnancy test outside of an X-ray encounter, or identified as sexually active (e.g., diagnosis of pregnancy or STI) during measurement year must complete at least 1 chlamydia screening during current measurement year	• Collect urine in office for Chlamydia specific urine test, Chlamydia/Gonorrhoeae test, or perform Pap test with chlamydia screening. • If unable to collect urine during visit, provide standing order to complete screening at external lab. • Provide urine screening test when refilling and/or prescribing contraceptives.	Annually	• Pregnancy test done in measurement year and one of the following on or 6 days after pregnancy test: - X-ray performed or - Isotretinoin Rx filled • Sex assigned at birth is male
Child and Adolescent Well-Care Visits*	3-21 year old patients need annual well visit <i>Note: Well-child visits must be in office. Telehealth visits do not count towards measure compliance.</i>	• Schedule well-child checks annually. Visits may be completed with PCP or OB/GYN.	Annually	See General Measure Exclusions below
Well-Child Visits in the First 30 Months of Life*	• Children turning 15 months old during measurement year must have 6+ well-child visits at least 14 days apart from each other • Children turning 30 months old during measurement year must have 2+ well-child visits <i>Note: Well-child visits must be in office. Telehealth visits do not count towards measure compliance.</i>	• Follow AAP schedule of well-child visits: 1st week (3-5 days old), 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months. • Schedule next well-child visit during check-out. • If patient is being seen for sick visit, schedule next well-child visit during check-out.	As needed based on AAP schedule of well-child visits	See General Measure Exclusions below

Behavioral Health and Substance Use				
Measure	Measure Specifications	How to Improve Measure	Frequency	Measure-Specific Exclusions
Depression Screening for Adolescents and Adults*	12+ year old patients need annual depression screening	• Initiate depressing screening using age-appropriate tool (e.g., PHQ-2 or PHQ-9M). Document completion of screening and score in progress notes. - If positive score on PHQ-2, complete full PHQ-9.	Annually	Any of the following documented & coded appropriately: • History of bipolar disorder at any time during member's history • Depression with onset in the year prior to measurement year
Follow-Up on Positive Screen*	12+ year old patients who screened positive on depression screening need follow-up care on or up to 30 days after the date of positive screen	• If patient screens positive on depression screening, complete one of the following within 30 days: - Schedule follow-up visit. Follow-up visit must include diagnosis of depression or other behavioral health condition (e.g., bipolar disorder, postpartum depression, PTSD, adjustment disorder, ADHD, obsessive compulsive disorder, etc.) - Refer to behavioral health - Prescribe antidepressant medication	On or up to 30 days after date of positive depression screening	Any of the following documented & coded appropriately: • History of bipolar disorder at any time during member's history • Depression with onset in the year prior to measurement year

GENERAL MEASURE EXCLUSIONS

Note: The following general exclusions apply to most measures and are documented next to the measure name. Exclusions specific to each measure are indicated in the "Measure-Specific Exclusions" column.

*Exclusions also include patients who deceased or received hospice services at any time during the measurement year.

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