

Michigan Quality Improvement Consortium Measurement Specifications

Introduction

Who is MQIC?

The Michigan Quality Improvement Consortium (MQIC) is a group of physicians from Michigan health plans, the Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization. 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 guidelines
- Standard approaches to performance measurement
- Coordinated approach to implementation

The health plans currently participating in MQIC include: Blue Care Network, Blue Cross Blue Shield of Michigan, Great Lakes Health Plan, Health Alliance Plan, HealthPlus of Michigan, Health Plan of Michigan, Midwest Health Plan, Molina Healthcare of Michigan, OmniCare, Physicians Health Plan of Mid-Michigan, Physicians Health Plan of South Michigan, Priority Health and Total Health Care, Inc.

MQIC has three working groups.

Medical Directors' Group

- Medical directors from participating organizations

Performance Measurement Group

- Data reporting experts from participating organizations

Implementation Group

- Quality improvement and disease management experts from participating organizations

Why Measurement Specifications?

Detailed specifications are required to assure comparability of reported performance. By establishing standard ways to collect and report performance information, MQIC will be able to aggregate results at baseline and in the future to evaluate the success of this collaborative effort. Participating organizations will have benchmarks to compare performance on a number of dimensions. Purchasers requesting the standard MQIC measures will have some assurance that the results provided by each organization are comparable.

How were the measurement specifications developed?

The MQIC Measurement Subcommittee, a team of quality improvement and data reporting experts from the participating MQIC organizations developed the specifications in collaboration with the MQIC Medical Directors. Whenever possible, HEDIS[®] specifications were used to build upon NCQA's work, maximize the ability to compare performance with non-participating organizations and minimize the additional programming and reporting burden on health plans and insurance companies. In order to comply with the MQIC measurement specifications, participating organizations 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 Sheryl Lowe at (248) 448-7501 or via email at slowe@bcbsm.com. For questions on the MQIC Measurement Subcommittee, please contact Ed Tuller, Chairperson, at (313) 664-8678 or via email at etuller@hap.org. MQIC specifications are available on the MQIC website (www.mqic.org).

Volume I: Diabetes

HEDIS[®] Measures

HEDIS[®] Comprehensive Diabetes Care (CDC) Measures:

1. HbA1c Testing
2. HbA1c Poor Control (>9.0%)
3. HbA1c Good Control (<7.0%)
4. Eye Exam (retinal) performed
5. LDL-C Screening performed
6. LDL-C Control (< 100 mg/dL)
7. Medical Attention for Nephropathy (nephropathy screening test **or** evidence of nephropathy)
8. Blood Pressure Control (<140/90 mm Hg)
9. Blood Pressure Control (<130/80 mm Hg)

Non-HEDIS[®] Measures

1. Statin Therapy for Persons with Diabetes
2. Disease-Burden Measures (**Reported every 5 years, due with HEDIS[®] 2008 data**)
 - A. Acute Myocardial Infarction (AMI)
 - B. Cerebrovascular Accident (CVA)
 - C. Amputations
 - D. Dialysis

DIABETES HEDIS[®] SPECIFICATIONS

The methodology delineated in the most recent HEDIS[®] *Comprehensive Diabetes Care* measure should be used.

DIABETES NON-HEDIS[®] MEASURE SPECIFICATIONS

1. Statin Therapy for Persons with Diabetes

Denominator – HEDIS[®] specifications for *Comprehensive Diabetes Care* are to be followed to establish the eligible population including continuous enrollment criteria. **However, age is modified to include only those members who were 50 - 75 years of age during the measurement year. Members without a pharmacy benefit are excluded.** Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial, Medicaid and Medicare product lines individually.

Numerator – The number of members in the denominator with at least one statin prescription that was filled during the measurement year. Codes have been provided.

Rate – The number of members in the denominator who are treated with at least one statin prescription during the measurement year.

2. Disease Burden

(NOTE: Disease burden measures will be submitted for reporting every five years. Next due date HEDIS® 2008)

The measures in this section are intended to show the annual prevalence of complications commonly associated with diabetes.

A. AMI Admissions/1000 Members with Diabetes

Numerator: Among the eligible population, the count of unique members with at least one claim for an inpatient admission with a discharge date **within the reporting period** and a principal or any secondary diagnosis for an acute myocardial infarction. Managed Care Organizations (MCOs) may use any of the codes listed in *Table 1* to identify AMIs. An inpatient event is defined using the HEDIS® *Inpatient Utilization – General Hospital/Acute Care, Total Inpatient (IPU)* specifications. *Note: The codes in Table 1 are consistent with those used to identify initial episodes of care for an AMI in the HEDIS Persistence of Beta Blocker Treatment after AMI (PBH) measure (PBH-A).*

Table 1: AMI Codes

SOURCE	CODE	DESCRIPTOR
ICD-9 diagnosis codes (principal or any secondary) 410.x1	410.01	AMI of anterolateral wall, initial episode of care
	410.11	AMI of other anterior wall, initial episode of care
	410.21	AMI of inferolateral wall, initial episode of care
	410.31	AMI of inferoposterior wall, initial episode of care
	410.41	AMI of other inferior wall, initial episode of care
	410.51	AMI of other lateral wall, initial episode of care
	410.61	AMI, true posterior wall infarction, initial episode of care
	410.71	AMI, subendocardial infarction, initial episode of care
	410.81	AMI, other specified sites, initial episode of care
	410.91	AMI, unspecified site, initial episode of care
DRG	121	Circulatory Disorders with AMI w/o Complications
	122	Circulatory Disorders with AMI w/o Complications
	516	Percutaneous Cardiovascular Procedures with AMI
	526	Percutaneous Cardiovascular Procedures with drug eluting stent with AMI
MS-DRG	280	Acute myocardial infarction, discharged alive w MCC
	281	Acute myocardial infarction, discharged alive w CC
	282	Acute myocardial infarction, discharged alive w/o CC/MCC

b. CVA Admissions/1000 Members with Diabetes

Numerator: Among the eligible population, the count of unique members with at least one claim for an inpatient admission with a discharge date **within the reporting period** and a principal or secondary diagnosis for a cerebral vascular accident (CVA). MCOs may use any of the codes listed in *Table 2* to identify CVAs. An inpatient event is defined using the HEDIS® *Inpatient Utilization – General Hospital/Acute Care, Total Inpatient (IPU)* codes.

Table 2: CVA Codes

SOURCE	CODE	DESCRIPTOR
ICD-9 diagnosis codes (principal or any secondary)	430	Subarachnoid hemorrhage
	431	Intracerebral hemorrhage
	432.0	Nontraumatic extradural hemorrhage
	432.1	Subdural hemorrhage
	432.9	Unspecified intracranial hemorrhage
	433.01	Occlusion and stenosis of basilar artery with cerebral infarction
	433.11	Occlusion and stenosis of carotid artery with cerebral infarction
	433.21	Occlusion and stenosis of vertebral artery with cerebral infarction
	433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction
	433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction
	433.91	Occlusion and stenosis of basilar artery with cerebral infarction
	434.01	Cerebral thrombosis with cerebral infarction
	434.11	Cerebral embolism with cerebral infarction
	434.91	Unspecified cerebral artery occlusion with cerebral infarction
436	Acute, but ill-defined, cerebral vascular disease (definition includes CVA and stroke)	

c. Amputations /1000 Members with Diabetes

Numerator: Among the eligible population, the count of unique members with at least one claim for an amputation **during the reporting year** as defined in Table 3 below.

Table 3: Amputation Codes

SOURCE	CODE	DESCRIPTOR
CPT-4 Procedure Codes (primary or any secondary)	27590, 27591, 27592, 27596, 27598	Thigh, through femur at any level
	27880, 27881, 27882, 27886, 27888, 27889	Leg, through tibia and fibula
	28800, 28805	Foot, midtarsal
	28810	Metatarsal with toe, single
	28820	Toe, metatarsophalangeal joint
	28825	Interphalangeal joint
	ICD-9 Procedure Codes (primary or any secondary)	84.10
84.11		Amputation of toe
84.12		Amputation through foot
84.13		Disarticulation of ankle
84.14		Amputation of ankle through malleoli of tibia and fibula
84.15		Other amputation below knee
84.16		Disarticulation of knee
84.17		Amputation above knee
84.18		Disarticulation of hip

d. Dialysis/1000 members with diabetes

Numerator: Among the eligible population, the count of unique members with at least one claim for dialysis or dialysis-related treatment **during the reporting year** as defined in Table 4 below.

Table 4: Dialysis Codes

SOURCE	CODE	DESCRIPTOR
DRG	317	Admission for renal dialysis
ICD-9 Diagnosis Codes (principal or any secondary)	V45.1	Pt. Requiring intermittent renal dialysis – presence of A-V shunt; renal dialysis status
	V56.xx	Encounter for dialysis and dialysis catheter care
	V56.0	Encounter for extracorporeal dialysis
	V56.1	Encounter for fitting and adjustment of dialysis catheter (extracorporeal)
	V56.2	Fitting and adjustment of peritoneal dialysis catheter
	V56.3x	Encounter or adequacy testing for dialysis
	V56.8	Encounter other dialysis (peritoneal)
	39.95	Hemodialysis

SOURCE	CODE	DESCRIPTOR
	54.98	Peritoneal dialysis
Revenue Codes	304	Non-routine dialysis
	800	Renal dialysis
	801	Dialysis/inpt
	802	Dialysis/inpt/per
	803	Dialysis/inpt/capd
	804	Dialysis/inpt/ccpd
	809	Dialysis/inpt/other (not used in MI per UB92 manual)
	820	Hemodialysis outpatient general
	821	Hemo/composite
	822	Hemo/home/suppl (not used in MI per UB92 manual)
	823	Hemo/home/eqip (not used in MI per UB92 manual)
	824	Hemo/home/100% (not used in MI per UB92 manual)
	825	Hemo/home/superv
	829	Hemo/homr/other (not used in MI per UB92 manual)
	830	Peritoneal/op or home
	831	Pertnl/composite
	832	pertnl/home/suppl (not used in MI per UB92 manual)
	833	pertnl/home/equip
	834	pertnl/home/100%
	835	pertnl/home/supervis
	839	pertnl/home/other
	840	capd/op or home
	841	capd/composite
	842	capd/home/suppl (not used in MI per UB92 manual)
	843	capd/home/equip (not used in MI per UB92 manual)
	844	capd/home/100% (not used in MI per UB92 manual)
	845	capd/home/supserv
	849	capd/home/other (not used in MI per UB92 manual)
	850	ccpd/op or home
	851	ccpd/composite
852	ccpd/home/suppl (not used in MI per UB92 manual)	

SOURCE	CODE	DESCRIPTOR
	853	ccpd/home/equip (not used in MI per UB92 manual)
	854	Ccpd/home/100%
	855	ccpd/home/supserv
	859	ccpd/home/other
	870	Home Dialysis Program/CAPD – Gen Classif
	875	Home Dialysis Program/CAPD – Delivery Chgs
	876	Home Dialysis Program/CAPD - Supplies
	877	Home Dialysis Program/CAPD – Support Serv
	878	Home Dialysis Program/CAPD – Target Rate Program
	880	dialy/misc
	881	dialy/ultrafilt
	882	homedialysis aid visit
	889	dialy/misc/other
CPT-4 Procedure Codes (primary or any secondary)	90918 – 90925; 90935 - 90937; 90945 - 90947; 90989; 90993; 90997; 90999 99559 99512	End stage renal disease services, hemodialysis, misc dialysis (90966, 90985 are deleted codes) Home infusion of peritoneal dialysis Home visit for hemodialysis

Volume II: Asthma

HEDIS[®] Measures

HEDIS[®] Use of Appropriate Medications for People With Asthma (ASM) Measures:

1. Use of Appropriate Medications for People with Asthma
 - A. 5-9 Years Old
 - B. 10-17 Years Old
 - C. 18-56 Years Old
 - D. Total (sum of the three numerators divided by sum of the three denominators)

Non-HEDIS[®] Measures

1. Periodic Assessment (5-56 Years Old)
2. Emergency Department Visits for Members with Asthma and Being Treated for a Primary Diagnosis of Asthma

ASTHMA HEDIS[®] SPECIFICATIONS

1. Use of Appropriate Medications for People with Asthma

The methodology delineated in the most recent HEDIS[®] *Use of Appropriate Medications for People with Asthma* measure should be used.

ASTHMA NON-HEDIS[®] MEASURE 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 *Use of Appropriate Medications for People with Asthma* 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/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[®] specifications for *Children and Adolescent's Access to Primary Care Practitioners (CAP)* and *Adult's Access to*

Preventive/Ambulatory Health Services (AAP) for the 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[®] *Use of Services – Ambulatory Care (AMB)*, *Emergency Department* specifications.

Denominator - HEDIS[®] specifications for *Use of Appropriate Medications for People with Asthma* 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 (use asthma diagnoses specified in current HEDIS[®] *Use of Appropriate Medications for People with Asthma (ASM-A)*).

Volume III: Tobacco Control

HEDIS® Measures

HEDIS® Medical Assistance With Smoking Cessation (MSC) Measures:

1. Advising Smokers to Quit
2. Discussing Smoking Cessation Medications
3. Discussing Smoking Cessation Strategies

Non-HEDIS® Measures:

1. Percent Current Smokers

TOBACCO CONTROL HEDIS® SPECIFICATIONS

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

TOBACCO CONTROL NON-HEDIS® MEASURE SPECIFICATIONS

1. Percent Current Smokers

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 every day, some days or not at all,” and is calculated from the current year’s data only.” Source: *Quality Compass 2008*].

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

Volume IV: Major Depression

HEDIS® Measures

HEDIS® Antidepressant Medication Management (AMM) Measures:

1. Antidepressant Medication Management
 - A. Optimal Practitioner Contacts for Medication Management
 - B. Effective Acute Phase Treatment
 - C. Effective Continuation Phase Treatment

MAJOR DEPRESSION HEDIS® SPECIFICATIONS

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

Volume V: Substance Use Disorders

HEDIS® Measures

HEDIS® Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Measures:

1. Initiation of AOD Dependence Treatment
2. Engagement of AOD Treatment

SUBSTANCE USE DISORDERS HEDIS® SPECIFICATIONS

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

Volume VI: Hyperlipidemia

HEDIS® Measures

HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions (CMC) Measures:

1. LDL-C Screening performed
2. LDL-C Control (< 100 mg/dL)

Non-HEDIS® Measure:

1. Statin Therapy for Persons with Cardiovascular Conditions

HYPERLIPIDEMIA HEDIS® SPECIFICATIONS

The methodology delineated in the most recent HEDIS® *Cholesterol Management for Patients with Cardiovascular Conditions* measure should be used.

HYPERLIPIDEMIA NON-HEDIS® MEASURE SPECIFICATIONS

Statin Therapy for Persons with Cardiovascular Conditions

1. Statin Therapy for Persons with Cardiovascular Conditions

Denominator – HEDIS® specifications for *Cholesterol Management for Patients With Cardiovascular Conditions (CMC)* are to be followed to establish the eligible population including continuous enrollment criteria. Age is defined as those members who were 18 – 75 years of age during the measurement year. However, **members without a pharmacy benefit are excluded**. Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial, Medicaid and Medicare product lines individually.

Numerator – The number of members in the denominator with at least one statin prescription that was filled during the measurement year. Codes have been provided.

Rate – The number of members in the denominator who are treated with at least one statin prescription during the measurement year.

Volume VII: Hypertension

HEDIS® Measures

HEDIS® Controlling High Blood Pressure (CBP) Measure:

1. Controlling High Blood Pressure (< 140/90 mm Hg)

Non-HEDIS® Measure:

1. Percent Members with any Diagnosis of Hypertension

HYPERTENSION HEDIS® SPECIFICATIONS

The methodology delineated in the most recent HEDIS® *Controlling High Blood Pressure (< 140/90 mm Hg)* measure should be used.

HYPERTENSION NON-HEDIS® MEASURE SPECIFICATIONS

1. Percent of Members With Any Diagnosis of Hypertension (401)

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 – Count of members with at least 1 outpatient encounter with any ICD-9 diagnosis code of 401 (CBP-A). Outpatient encounters are defined (CBP-B) as CPT codes = 99201 – 99205, 99211 – 99215, 99241 – 99245, 99384 – 99387 and 99394 – 99397.

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

Volume VIII: ACUTE PHARYNGITIS

HEDIS® Appropriate Testing for Children With Pharyngitis (CWP) Measure:

1. Appropriate Testing for Children with Pharyngitis

ACUTE PHARYNGITIS HEDIS® SPECIFICATIONS

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

Volume IX: ADULT PREVENTIVE SERVICES (AGES 18 – 65+)

HEDIS® Measures

HEDIS® Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL); Flu Shots for Adults Ages 50-64 (FSA), Flu Shots for Older Adults (FSO), and Pneumonia Vaccination Status for Older Adults (PNU) Measures:

1. Colorectal Cancer Screening (**COL**)
2. Breast Cancer Screening (**BCS**)
3. Cervical Cancer Screening (**CCS**)
4. Chlamydia Screening in Women (**CHL**)
5. Flu Shots for Adults Ages 50 – 64 (**FSA**) (CAHPS®)
6. Flu Shots for Older Adults (**FSO**) (CAHPS®) **[Medicare only]**
7. Pneumonia Vaccination Status for Older Adults (**PNU**) (CAHPS®) **[Medicare only]**

ADULT PREVENTIVE SERVICES (Ages 18 – 65+) HEDIS® 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. **FSA** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.

6. **FSO** = 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*.

Volume X: PREVENTIVE SERVICES FOR INFANTS AND CHILDREN (BIRTH – 24 MONTHS)

HEDIS[®] Measures

HEDIS[®] Childhood Immunization Status (CIS); Well-Child Visits in the First 15 Months of Life (W15); Lead Screening in Children (LSC) Measures:

1. Childhood Immunization Status (DTaP; IPV; MMR; HiB; Hepatitis B; VZV; Pneumococcal conjugate; Combination 2 [DTaP, IPV, MMR, HiB, hepatitis B, VZV]; Combination 3 [DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal conjugate])
2. Well-Child Visits in the First 15 Months of Life (**6+ visits**)
3. Lead Screening in Children **[Medicaid only]**

PREVENTIVE SERVICES FOR INFANTS AND CHILDREN (BIRTH – 24 MONTHS) HEDIS[®] 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 XI: PREVENTIVE SERVICES FOR CHILDREN AND ADOLESCENTS (AGES 2 - 18)

HEDIS[®] Measures

HEDIS® Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34); Adolescent Well-Care Visits (AWC); Chlamydia Screening in Women (CHL) [16 – 20 years] Measures:

1. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
2. Adolescent Well-Care Visits
3. Chlamydia Screening in Women (**16 – 20 years**)

PREVENTIVE SERVICES FOR CHILDREN AND ADOLESCENTS (AGES 2 - 18) HEDIS® 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.

**Volume XII: Routine Prenatal and Postnatal Care
HEDIS® Measures**

HEDIS® Prenatal and Postpartum Care (PPC)

1. Prenatal and Postpartum Care (timeliness of prenatal care; postpartum visit between 21 and 56 days after delivery)

ROUTINE PRENATAL AND POSTNATAL CARE HEDIS® SPECIFICATIONS

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