

CDII Office of the Patient Advocate (OPA)
California Health Care Quality Health Plan Report Card, 2022-23 Edition
Scoring Documentation for Public Reporting on HEDIS¹
(Reporting Year 2022)

Background

Representing the interests of health plan and medical group members, the California Office of the Patient Advocate (OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has since annually updated, enhanced and expanded the Report Cards on HMOs, PPOs and Medical Groups. The current version (2022-23 Edition) of the online Health Care Quality Report Cards is available at www.opa.ca.gov.

Performance results are reported at a health plan reporting unit level in the Health Plan Report Card. Ten (10) participating health plans report HMO Healthcare Effectiveness Data and Information Set (HEDIS®²) results.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
Kaiser Foundation Health Plan of Northern California, Inc.
Kaiser Foundation Health Plan of Southern California, Inc.
Sharp Health Plan
United Healthcare of California, Inc.
Western Health Advantage

Six (6) participating health plans report PPO Healthcare Effectiveness Data and Information Set (HEDIS®) results.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
United Healthcare Insurance Co., Inc.

Sources of Data for California Health Care Quality Report Cards

The 2022-23 Edition of the Health Plan Report Card is published in Fall 2022, using data reported in Reporting Year (RY) 2022 for performance in Measurement Year (MY) 2021. Data sources are:

¹ Also see the Scoring Methodology for the Health Plan Report Card patient experience ratings:
<http://www.opa.ca.gov/Pages/AboutRatingsandMore.aspx>

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a source for data contained in the California Health Care Quality Report Cards obtained from Quality Compass®2022 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

1. **The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®³) commercial measure data.** (HEDIS and CAHPS Methodology Descriptions in separate documents)
2. The Integrated Healthcare Association ([IHA](#)) Align. Measure. Perform. ([AMP](#)) Commercial HMO program's medical group clinical performance data. (Methodology Description in a separate document)
3. The Purchaser Business Group on Health's (PBGH) Patient Assessment Survey's (PAS) patient experience data for medical groups. (Methodology Description in a separate document)

Health Plan HEDIS Methodology Process

1. Methodology Decision Making Process

OPA conducts a multi-stakeholder process to determine the scoring methodology. Beginning with the 2013 Edition of the Report Cards, OPA enhanced its partnership with IHA's AMP Commercial HMO programs. IHA's Technical Measurement Committee (TMC) now serves as the primary advisory body to OPA regarding methodologies for the Health Plan Report Card for both HEDIS clinical and CAHPS patient experience data and the Medical Group Report Card clinical data. Comprised of representatives from health plans, medical groups, and health care purchaser organizations, TMC members are well-versed in issues of health care quality and patient experience measurement, data collection and public reporting. OPA's Health Care Quality Report Cards are a standing item at the TMC meetings.

TMC Roster (2022)

Chair: Christine Castano, MD, *Optum*
 Alice Gunderson, *PFCC Partners, Patient Advisor Network*
 Alyson Spencer, *Blue Shield of California Promise Health Plan*
 Andy Dang, MD, *Sharp Rees-Stealy Medical Group*
 Bihu Sandhir, MD, *AltaMed*
 Cheryl Damberg, PhD, *RAND*
 Edward Yu, MD, *Sutter Palo Alto Medical Foundation*
 Eric Garthwaite, *Health Net*
 Fred Kuo, MD, MBA, *UnitedHealthcare*
 Kenneth Phenow, MD, *Cigna*
 Leticia Schumann, *Anthem*
 Marnie Baker, MD, MPH, *MemorialCare Medical Group*
 Pegah Mehdizadeh, DO, *Aetna*
 Peter Robinson, MPA, *Purchaser Business Group on Health*
 Rachel Brodie, *Purchaser Business Group on Health*
 Ralph Vogel, PhD, *Kaiser Permanente*
 Sherilyn Wheaton, MD, *Primary Medical*
 Sara Frampton, *Kaiser Permanente Health Plan*
 Ting Pun, *PFCC Partners, Patient Advisor Network*
 Tory Robinson, *Blue Shield of California*

³ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Please note that the methodology and display decisions made by OPA do not necessarily reflect the views of each organization on the advisory committee.

Additionally, OPA values the opinions and perspectives of other stakeholders with interest and expertise in the field of healthcare quality measurement, data collection and display and, as such, welcomes questions and comments sent to OPAReportCard@ncqa.org.

2. Stakeholder Preview and Corrections Period

Each year, prior to the public release of the OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is identified within the given time period, it is corrected prior to the public release of the OPA Report Cards.

Health Plan HEDIS Scoring Methodology

There are three levels of measurement:

1. **HEDIS Measures:** There are thirty-seven (37) HMO and PPO commercial HEDIS measures.
2. **Topic:** There are nine composite condition topic areas composed of thirty-five (35) commercial HEDIS measures.
3. **Category:** There is one composite category, “Quality of Medical Care,” which is the aggregated All-HEDIS summary performance score composed of thirty-five (35) commercial HEDIS measures.

See Appendix A for mapping of HEDIS measures to the one category and nine topics for HMOs and PPOs.

Performance Grading

HMOs and PPOs are graded relative to nationwide performance for HEDIS measures for “Quality of Medical Care”. All the performance results are expressed such that a higher score means better performance. Based on relative performance, plans are assigned star ratings for category and topic composites.

Star rating performance grading is based on the NCQA RY 2022 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO) benchmarks. Quality Compass RY 2021 values are used to grade performance for new or revised measures.

1. Composite Calculation for Category and Topic Scoring

Composite calculation for category and topic scoring for clinical quality measures are very similar:

- a) **To calculate the category level composite, “Quality of Medical Care”:**
Calculate the mean of all HEDIS measures displayed under “Quality of Medical Care”, except for *Doctor Advises Patient to Quit Smoking* and *Preventing Hospital Readmission After Discharge*. All measures are equally weighted, after the five blended measures are combined (see Section 4). The resulting rate is first rounded to the 100th decimal point, and then rounded to the 10th decimal

point, before adding a 0.5 point buffer to the rounded mean score. This sum (rounded mean + 0.5) is used to assign the star rating performance grade.

- b) **To calculate the topic level composites:** Measures are organized into each of the nine condition topics. A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the nine condition topics, after any blended measures are combined (see Section 4). The resulting rate is first rounded to the 100th decimal point, and then rounded to the 10th decimal point, before adding a 0.5 point buffer to the rounded mean score. This sum (rounded mean + 0.5) is used to assign the star rating performance grade.

2. Individual Measure Scoring

- a) The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the NCQA measurement requirements. Measures will be dropped from star rating calculations and benchmarks if at least 50% of California plans cannot report a valid rate. Rates will be reported for all plans with valid rates, regardless of whether a particular measure has been dropped from a star rating calculation due to less than 50% of California plans having a valid rate.
- b) The HEDIS measure results are converted to a score using the following formula:
$$(\text{HEDIS measure numerator} / \text{HEDIS measure denominator}) * 100$$

3. Handling Missing Data

Not all health plans are able to report valid rates for each measure. In order to calculate category and topic star ratings for as many health plans as possible, missing measure data is imputed under specific conditions using an adjusted half-scale rule. This is accomplished by developing an actual measure-level-imputed-result for plans with missing data and using those results for star calculations. Imputed results are not reported as an individual measure rate. If a plan is able to report valid rates for at least half of its measures in a topic or category composite rating, then missing values will be replaced using an adjusted half-scale rule for all missing measures to calculate the composite score. Because eligibility for missing value re-assignment (imputation) is assessed independently at the category and topic levels, it is possible to have a category score even if topic or measure scores are missing.

4. Two Component Measure Scoring

- a) The following measures are comprised of two interval component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Although the two results are displayed individually within their respective topic, the results are blended using an equal 50/50 weight and counted only one time in topic and category star ratings.
 - i. Alcohol/drug dependent treatment (initiation and engagement phases)
 - ii. Chronic obstructive pulmonary disease (COPD) exacerbation care (corticosteroid and bronchodilator prescriptions)
 - iii. Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medication (initiation and continuation phases)
 - iv. Anti-depressant medication management (acute and continuation phases)
 - v. Follow-up after hospitalization for mental illness (seven and 30-day follow-

up)

- b) The following two measures have two age cohorts that are scored, reported and used to calculate topic and category star ratings separately:
 - i. Asthma medications age 12-18 and Asthma medications age 19-64 are combined to form the 12-64 age band.
 - ii. Body mass index (BMI) children age 3-11 and body mass index (BMI) adolescents age 12-17 are reported separately.

6. Changes from the 2021-22 Edition Report Card to the 2022-23 Edition Report Card and Notes

- a) Various methodology updates were made in effort to align with IHA's AMP program:
 - i. Benchmarks – OPA has aligned the Health Plan Report Card with the Medical Group Report Card for Commercial HMO Members to utilize same-year benchmarks for MY 2021.
 - ii. Rounding – OPA has aligned the Health Plan and Medical Group Report Card for Commercial HMO Members with IHA's AMP program to adopt a 2-step rounding process for composite star ratings (topic and category ratings):
 - 1. First round to the 100th decimal point,
 - 2. Then round to the 10th decimal point,
 - 3. Then add a 0.5 point buffer before comparing to star rating benchmarks.
 - iii. Cutpoints – OPA has aligned the Health Plan and Medical Group Report Card for Commercial HMO Members with IHA's AMP program to establish benchmarks for star ratings. First, instead of calculating the 90th, 65th, 35th and 10th percentiles and then calculating the composites (unweighted averages of each of the grouped measures at the topic and category level), these steps are reversed, described below in Section 5.

7. Calculate Percentiles

- a) One of five star rating grades is assigned to each of the nine topics and to the "Quality of Medical Care" category using the cutpoints shown in Table 1. Four cutpoints are used to calculate the performance grades. Cutpoints were calculated per the NCQA RY 2022 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO).
- b) Percentiles are established by first calculating the composites (unweighted averages of each of the grouped measures at the topic and category level) for National All Lines of Business. Then the 90th, 65th, 35th, and 10th percentiles of each topic and category composite are calculated across National All Lines of Business.

8. From Percentiles to Stars

- a) Health plan performance in MY 2021 (RY 2022) is graded against score thresholds derived from MY 2021 (RY 2022) data. There are four thresholds corresponding to five-star rating assignments. If a topic or category composite rate meets or exceeds the "Excellent" thresholds, the plan is assigned a rating of five stars. If a topic or category composite rate meets or exceeds the "Very

Good” threshold (but is less than the “Excellent” threshold) then the plan is given a rating of four stars. If a topic or category composite rate meets or exceeds the “Good” threshold (but is less than the “Very Good” threshold) then the plan is given a rating of three stars. If a topic or category composite rate meets or exceeds the “Fair” threshold (but is less than the “Good” threshold) then the plan is given a rating of two stars. Topic or category scores that are less than the two-star “Fair” threshold result in a rating of one star, “Poor”.

b) The grade spans vary for each of the nine condition topics listed in Table 1:

Top cutpoint: 90th percentile nationwide
 Middle-high cutpoint: 65th percentile nationwide
 Middle-low cutpoint: 35th percentile nationwide
 Low cutpoint: 10th percentile nationwide

Table 1: HEDIS Condition Topic Performance Cutpoints for the 2022-23 Edition Health Plan Report Card

Condition Topic	Number of Measures Included	Excellent Cutpoint 90 th percentile	Very Good Cutpoint 65 th percentile	Good Cutpoint 35 th percentile	Fair Cutpoint 10 th percentile	Poor Cutpoint <10 th percentile
Appropriateness of Tests, Treatments and Procedures	2	73	64	58	52	<52
Asthma and Lung Disease Care*	4	79	72	66	56	<56
Diabetes Care	5	72	67	62	52	<52
Heart Care	3	81	76	71	56	<56
Maternity Care	2	93	86	79	55	<55
Behavioral and Mental Health*	3	57	52	48	42	<42
Preventive Screenings	4	70	65	61	57	<57
Treating Adults	1	66	58	51	43	<43
Treating Children*	6	70	62	56	42	<42

Table 2: All HEDIS Summary Category Performance Cutpoints for the 2022-23 Edition Health Plan Report Card

Summary Category	Number of Measures Included	Excellent Cutpoint 90 th percentile	Very Good Cutpoint 65 th percentile	Good Cutpoint 35 th percentile	Fair Cutpoint 10 th percentile	Poor Cutpoint <10 th percentile
Quality of Medical Care*	35	73	67	61	51	<51

**The Asthma and Lung Disease Care, Behavioral and Mental Health and Treating Children Topics, as well as the Quality of Medical Care All HEDIS Summary Category, contain two-interval component measures, as described in section 4.a. These measures are counted as two measures in Table 1 but are blended together prior to calculation of the topic or category composite; the blended rate is weighted once in the topic and category calculations.*

- c) Using the example of “Quality of Medical Care” category, four cutpoints are used to define five performance grades:

Quality of Medical Care

75 Excellent
68 Very Good
62 Good
50 Fair
<50 Poor

- d) A buffer zone of a half-point (0.5) span is applied to the category and topic ratings. Any health plan whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, an All-HEDIS® summary score of 50.5 (before the buffer is applied) would be assigned a grade of “Fair”. A score of 50.4, which is outside of the buffer zone, would be assigned a grade of “Poor”.

9. Risk Adjustment

NCQA’s Committee on Performance Measurement and its Board of Directors determined that risk adjustment would not be appropriate for HEDIS measures because the processes and outcomes being measured should be achieved, regardless of the nature of the population.

Preventing Hospital Readmission After Discharge is one such measure that incorporates risk-adjustment into its calculation. Because of this, it is not considered as part of the topic or category rating calculations. The rate is calculated by taking a plan’s observed-to-expected (O/E) ratio and dividing it by the average of O/E rates for each plan type (HMO and PPO separately), resulting in a new ratio, calibrated to the plans in which it will be measured against. This new calibrated ratio is then multiplied by the average observed rate of readmissions for the same group of plans (HMO or PPO). This rate is then inverted and rounded to the nearest whole number, for ease of consumer display.

Performance rate = $100 - ((\text{plan O/E ratio} \div \text{average of O/E ratio}) * \text{average rate})$

Appendix A - Mapping of HEDIS Measures to Category and Topics

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Appropriateness of Tests, Treatments and Procedures	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Treating Bronchitis: Getting the Right Care	% of adults ages 18-64 who have acute bronchitis who were <u>not</u> given an antibiotic; medicines that often don't work for these short-term bronchial inflammations
Appropriateness of Tests, Treatments and Procedures	LBP	Use of Imaging Studies for Low Back Pain	Testing for Cause of Back Pain	% of adults age 18-50 who did not receive imaging studies (plain x-ray, MRI, CT scan) for acute low back pain (reverse scored)
Asthma and Lung Disease Care	AMR	Asthma Medication Ratio, 5-11 years	Asthma Medicines for Children	% of children ages 5-11 with asthma who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
Asthma and Lung Disease Care	AMR	Asthma Medication Ratio, 12-64 years	Asthma Medicines for Adults/Adolescents	% of adolescents/adults ages 12-64 with asthma who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
Asthma and Lung Disease Care	PCE	Pharmacotherapy Management of COPD Exacerbation: Corticosteroid	Treating Lung Disease - Corticosteroid	% of adults age 40 or older with Chronic Obstructive Pulmonary Disease (COPD) who had worsening of symptoms indicated by a hospitalization or ED visit who were dispensed systemic corticosteroid within 14 days
Asthma and Lung Disease Care	PCE	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	Treating Lung Disease - Bronchodilator	% of adults age 40 or older with COPD who had worsening symptoms indicated by a hospitalization or ED visit and were a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator within 30 days

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Asthma and Lung Disease Care	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Testing Lung Disease	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis
Diabetes Care	CDC	Comprehensive Diabetes Care: Eye Exam	Eye Exam for People with Diabetes	% of patients with diabetes who had a retinal eye exam in last year
Diabetes Care	CDC	Comprehensive Diabetes Care: HbA1c Testing	Testing Blood Sugar for People with Diabetes	% of patients with diabetes who had an HbA1c test in last year
Diabetes Care	CDC	Comprehensive Diabetes Care: HbA1c Control	Controlling Blood Sugar for People with Diabetes	% of patients with diabetes with HbA1c \leq 8.0%
Diabetes Care	CDC	Comprehensive Diabetes Care: Blood Pressure Control	Controlling Blood Pressure for People with Diabetes	% of patients with diabetes whose blood pressure level ($<140/90$) was controlled
Diabetes Care	SPD	Statin Therapy for Patients with Diabetes	Prescribing Statins to People with Diabetes	% of patients age 40-75 with diabetes who were prescribed at least one statin medication in the last year
Heart Care	CBP	Controlling High Blood Pressure	Controlling High Blood Pressure	% of adults ages 18-85 who are diagnosed with hypertension and whose blood pressure was controlled ($<140/90$)
Heart Care	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	Heart Attack Medication	% of persons age 18 and older hospitalized for a heart attack who received beta blocker medication through a 6 month period post event
Heart Care	SPC	Statin Therapy for Patients with Cardiovascular Disease	Prescribing Statins to People with Heart Disease	% of patients ages 21-75 (male) and 40-75 (female) with heart disease who were given at least one statin medication during the last year
Maternity Care	PPC	Prenatal and Postpartum Care: Prenatal	Visits During Pregnancy	% of pregnant women who began prenatal care during first 13 weeks of pregnancy
Maternity Care	PPC	Prenatal and Postpartum Care: Postpartum	Visits After Giving Birth	% of women who had a live birth who had a postpartum visit between 21-56 days after delivery
Preventive Screenings	COL	Colorectal Cancer Screening	Colorectal Cancer Screening	% of adults ages 51-75 who were tested for colorectal cancer using any one of four tests

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Preventive Screenings	BCS	Breast Cancer Screening	Breast Cancer Screening	% of women ages 42-69 who had a mammogram during past two years
Preventive Screenings	CCS	Cervical Cancer Screening	Cervical Cancer Screening	% of women ages 24-64 who had a Pap test during past three years
Preventive Screenings	CHL	Chlamydia Screening in Women	Chlamydia Screening	% of sexually active women ages 16-24 who were screened for chlamydia in prior year
Behavioral and Mental Health	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 14 Days	Alcohol & Drug Dependence Treatment – Initiation Phase	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who initiated treatment within 14 days after the initiation of AOD treatment
Behavioral and Mental Health	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 30 Days	Alcohol & Drug Dependence Treatment – Ongoing Phase	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who a) initiated treatment and b) had two or more additional AOD services within 30 days after the initiation of AOD treatment
Behavioral and Mental Health	FUH	Follow-Up After Hospitalization for Mental Illness: 7 Days	Follow-up Visit Within 7 Days After Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 7 days after discharge
Behavioral and Mental Health	FUH	Follow-Up After Hospitalization for Mental Illness: 30 Days	Follow-up Visit Within 30 Days After Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 30 days after discharge
Behavioral and Mental Health	AMM	Antidepressant Medication Management: Acute Phase	Anti-depressant Medication — First Three Months of Treatment	% of depressed patients who remained on antidepressant medication for the 12-week acute treatment phase
Behavioral and Mental Health	AMM	Antidepressant Medication Management: Continuation Phase	Anti-depressant Medication — Six Months Continuation of Treatment	% of depressed patients who remained on antidepressant medication for the six-month continuation phase

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Treating Adults	FVA	Flu Vaccinations for Adults Ages 18–64 (CAHPS survey reported as clinical care)	Flu Shots for Adults	% of members ages 50-64 who received an influenza vaccination between September 1 and date survey was completed
Treating Children	CIS	Childhood Immunizations (Combination 10)	Immunizations for Children	% of children who by their 2nd birthday received designated measles, mumps, rubella (MMR); H influenza type B (HiBs); chicken pox (Varicella); diphtheria, tetanus, acellular pertussis (DtaP/DT); polio (IPV); hepatitis B (HepB), pneumococcal conjugate (PCV) vaccinations, hepatitis A (HepA), rotavirus and influenza vaccinations (Combo 10)
Treating Children	IMA	Immunizations for Adolescents	Immunizations for Early Teens	% of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP) and completed the HPV vaccine series by their 13th birthday
Treating Children	CWP	Appropriate Testing for Pharyngitis	Treating Children with Throat Infections	% of children ages 3-17 who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication and who were first tested for strep throat
Treating Children	ADD	Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	Starting Care for Attention Deficit Disorder	% of children ages 6-12 who were prescribed an ADHD medication and had a follow-up visit with a practitioner during the 30-day Initiation Phase
Treating Children	ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	Ongoing Care for Attention Deficit Disorder Phase	% of children ages 6-12 who were prescribed an ADHD medication, remained on the medication for at least 210 days and had two follow-up visits within the 9 month-Continuation/Maintenance Phase

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Treating Children	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Ages 3-11	Checking if Children's Weight Could Cause Health Problems	% of children ages 3-11 (numerator 1) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) documented during the past year
Treating Children	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Ages 12-17	Checking if Adolescent Weight Could Cause Health Problems	% of children ages 12-17 (numerator 2) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) checked in the past year
Preventing Hospital Readmission After Discharge	PCR*	Plan All Cause Readmissions	Preventing Hospital Readmission After Discharge	For members 18 years of age and older, the number of acute inpatient hospital stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.
Doctor Advises Patient to Quit Smoking	MSC†	Medical Assistance With Smoking and Tobacco Use Cessation (CAHPS survey reported as clinical care)	Doctor Advises Patient to Quit Smoking	In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan

* Preventing Hospital Readmission After Discharge and Doctor Advises Patient to Quit Smoking measures are reported as stand-alone measures, and not included in a topic score or the All-HEDIS Summary Performance Score "Quality of Medical Care".