# SMX5: Medication Adherence for Diabetes Medication

| Measure ID | SMX5 |
|---|---|
| **Measure Title** | Medication Adherence for Diabetes Medication |
| **Measure Description** | Percent of patients with a prescription for a diabetes medication who fill their prescriptions often enough to cover 80% or more of the time they are supposed to be taking the medication |
| **NQS Domain** | Effective Clinical Care |
| **Numerator** | Patients with a prescription for a diabetes medication who fill their prescriptions often enough to cover 80% or more of the time they are supposed to be taking their medications. |
| **Denominator** | Patients 18 years of age or older as of the last day of the performance period who filled at least two prescriptions for any of the diabetes medications in the performance period. |
| **Exclusions** | None |
| **Exceptions** | None |
| **Measure Type** | Process |
| **NQF ID Number** | 0 |
| **What data sources are used for the measure?** | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| **Measure Steward** | NCQA HEDIS |
| **# of Performance Rates to be submitted in the XML** | 1 |
| **Indicate an Overall Performance Rate** | Sum of Numerator / Sum of Denominator |

# SMX6: Screening for Psychiatric or Behavioral Health Disorders

| Measure ID | SMX6 |
|---|---|
| **Measure Title** | Screening for Psychiatric or Behavioral Health Disorders |
| **Measure Description** | Percent of all encounters for patients with a diagnosis of epilepsy where the patient was screened for psychiatric or behavioral disorders |
| **NQS Domain** | Communication and Care Coordination |
| **Numerator** | "Patient encounters where patient was screened for psychiatric or behavioral health disorders, but not limited to anxiety, depression, mood disorder, attention deficit hyperactive disorder, cognitive dysfunction, or other neurobehavioral disorders." |
| **Denominator** | All encounters for patients with diagnosis of epilepsy |
| **Exclusions** | None |
| **Exceptions** | None |
| **Measure Type** | Process |
| **NQF ID Number** | 0 |
| **What data sources are used for the measure?** | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| **Measure Steward** | NCQA HEDIS |
| **# of Performance Rates to be submitted in the XML** | 1 |
| **Indicate an Overall Performance Rate** | Sum of Numerator / Sum of Denominator |

# SMX7: Medication Adherence for Hypertension

| Measure ID | SMX7 |
|---|---|
| Measure Title | Medication Adherence for Hypertension |
| Measure Description | Percent of patients with a prescription for a blood pressure medication who fill their prescriptions often enough to cover 80% or more of the time they are supposed to be taking the medication |
| NQS Domain | Community/Population Health |
| Numerator | Patients with a prescription for a blood pressure medication who fill their prescriptions often enough to cover 80% or more of the time they are supposed to be taking their medications. |
| Denominator | Patients 18 years of age or older as of the last day of the performance period who filled at least two prescriptions for any of the blood pressure medications in the performance period |
| Exclusions | None |
| Exclusions | None |
| Measure Type | Process |
| NQF ID Number | 0 |
| What data sources are used for the measure? | Administrative clinical data, Claims, EHR (enter relevant parts in the field below |
| Measure Steward | NCQA HEDIS |
| # of Performance Rates to be submitted in the XML | 1 |
| Indicate an Overall Performance Rate | Sum of Numerator / Sum of Denominator |

# SMX3: SMX1004: Use of Multiple Concurrent Antipsychotics in Children and Adolescents

| Measure ID | SMX3 |
|---|---|
| Measure Title | SMX1004: Use of Multiple Concurrent Antipsychotics in Children and Adolescents |
| Measure Description | Percentage of children and adolescents 1-17 years of age who were on two or more concurrent antipsychotic medications. |
| NQS Domain | Patient Safety |
| Numerator | Patients on two or more concurrent antipsychotic medications for at least 90 consecutive days during the performance period. |
| Denominator | Patients age 1 - 17 years old during the performance period |
| Exclusions | None |
| Exceptions | None |
| Measure Type | Process |
| NQF ID Number | 0 |
| What data sources are used for the measure? | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| Measure Steward | NCQA HEDIS |
| # of Performance Rates to be submitted in the XML | 1 |
| Indicate an Overall Performance Rate | Sum of Numerator / Sum of Denominator |

# SMX8: Assessment and Intervention for Psychosocial Distress in Adults Receiving Cancer Treatment

| Measure ID | SMX8 |
|---|---|
| **Measure Title** | Assessment and Intervention for Psychosocial Distress in Adults Receiving Cancer Treatment |
| **Measure Description** | Percentage of patients 18 years of age and older with a diagnosis of cancer who are assessed for psychosocial distress, and if moderately to severely distressed, have a documented intervention during the performance period |
| **NQS Domain** | Person and Caregiver-Centered Experience Outcomes |
| **Numerator** | Patients assessed for psychosocial distress using a standardized tool such as Edmonton Distress Assessment or Psychosocial Distress Thermoment, and if the result is moderate to severe (or equivalent), an intervention for psychosocial distress is documented. |
| **Denominator** | Patients aged 18 years and older seen in the outpatient setting with a diagnosis of cancer during the performance period. |
| **Exclusions** | None |
| **Exceptions** | None |
| **Measure Type** | Process |
| **NQF ID Number** | 0 |
| **What data sources are used for the measure?** | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| **Measure Steward** | NCQA HEDIS |
| **# of Performance Rates to be submitted in the XML** | 1 |
| **Indicate an Overall Performance Rate** | Sum of Numerator / Sum of Denominator |

# SMX9: Mental Health Assessment for Patients with Orthopedic Conditions

| Measure ID | SMX9 |
|---|---|
| Measure Title | Mental Health Assessment for Patients with orthopedic conditions |
| Measure Description | Percentage of patients 18 years of age and older with musculoskeletal disease who completed baseline and follow-up patient-reported Mental Health assessments |
| NQS Domain | Person and Caregiver-Centered Experience Outcomes |
| Numerator | Number of patients aged 18 years or older with orthopedic conditions who completed at least 1 (patient reported) mental health assessment in the performance period |
| Denominator | Patients aged 18 years or older with orthopedic conditions seen in a given year |
| Exclusions | None |
| Exception | None |
| Measure Type | Process |
| NQF ID Number | 0 |
| What data sources are used for the measure? | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| Measure Steward | NCQA HEDIS |
| # of Performance Rates to be submitted in the XML | 1 |
| Indicate an Overall Performance Rate | Sum of Numerator / Sum of Denominator |

# AAN11: Overuse of Barbiturate and Opioid Containing Medications for Primary Headache Disorders

| Measure ID | AAN11 |
|---|---|
| Measure Title | Overuse of Barbiturate and Opioid Containing Medications for Primary Headache Disorders |
| Measure Description | Percentage of patients age 12 years and older with a diagnosis of primary headache who were prescribed opioid or  barbiturate containing medications assessed for medication overuse headache within the 12-month performance period, and if identified as overusing opioid or barbiturate containing medication, treated or referred for treatment. |
| NQS Domain | Effective Clinical Care |
| Numerator | Patients assessed for opioid or barbiturate containing medication overuse headache within the 12 month measurement period, and if barbiturate or opioid medication overuse headache is identified, treatment or referral for treatment was provided. |
| Denominator | All patients aged 12 years and older diagnosed with a primary headache disorder and prescribed an opioid or barbiturate containing medication |
| Exclusions | None |
| Exceptions | Medical exception for not assessing, treating, or referring patient for treatment of opioid or barbiturate medication overuse (i.e., patient already assessed and treated for opioid use disorder within the last year; patient has a documented failure of non-opioid options and does not have an opioid use disorder; patient has contraindications to all other medications for primary headache) |
| Measure Type | Process |
| NQF ID Number | 0 |
| What data sources are used for the measure? | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| Measure Steward | NCQA HEDIS |
| # of Performance Rates to be submitted in the XML | 1 |
| Indicate an Overall Performance Rate | Sum of Numerator / Sum of Denominator |

# SMX1: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

| Measure ID | SMX1 |
|---|---|
| Measure Title | Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia |
| Measure Description | Patients 25-75 years of age as of the end of the performance period (e.g., December 31) with a diagnosis of schizophrenia and cardiovascular disease. |
| NQS Domain | Communication and Care Coordination |
| Numerator | Patient with one or more LDL-C tests performed during the performance period and plan of care documented if abnormal LDL-C |
| Denominator | Patients 25-75 years of age as of the end of the performance period (e.g., December 31) with a diagnosis of schizophrenia and cardiovascular disease. |
| Exclusions | None |
| Exception | None |
| Measure Type | Process |
| NQF ID Number | 0 |
| What data sources are used for the measure? | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| Measure Steward | NCQA HEDIS |
| # of Performance Rates to be submitted in the XML | 1 |
| Indicate an Overall Performance Rate | Sum of Numerator / Sum of Denominator |

# SMX2: SMX1003: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

| Measure ID | SMX2 |
|---|---|
| Measure Title | SMX1003: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |
| Measure Description | Percentage of patients 18 - 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the performance period. |
| NQS Domain | Communication and Care Coordination |
| Numerator | Patients with one or more glucose or HbA1c tests performed during the performance period and plan of care documented if abnormal HbA1c. |
| Denominator | Patients ages 18 to 64 years of age as of the end of the performance period (e.g., December 31) with a schizophrenia or bipolar disorder diagnosis and who were prescribed an antipsychotic medication. |
| Exclusions | None |
| Exceptions | None |
| Measure Type | Process |
| NQF ID Number | 0 |
| What data sources are used for the measure? | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| Measure Steward | NCQA HEDIS |
| # of Performance Rates to be submitted in the XML | 1 |
| Indicate an Overall Performance Rate | Sum of Numerator / Sum of Denominator |

# MSSIC1: Pre-surgical Screening for Depression

| Measure ID | MSSIC1 |
|---|---|
| **Measure Title** | Pre-surgical Screening for Depression |
| **Measure Description** | The measure reflects the percent of surgical cases that received a formal pre-surgical screening for depression with the PHQ-2 brief screening instrument |
| **NQS Domain** | Effective Clinical Care |
| **Numerator** | Patients with a baseline survey completed that includes the PHQ-2. |
| **Denominator** | Patients, regardless of age, seen during the performance period |
| **Exclusions** | None |
| **Exceptions** | None |
| **Measure Type** | Process |
| **NQF ID Number** | 0 |
| **What data sources are used for the measure?** | Administrative clinical data, Claims, EHR (enter relevant parts in the field below) |
| **Measure Steward** | NCQA HEDIS |
| **# of Performance Rates to be submitted in the XML** | 1 |
| **Indicate an Overall Performance Rate** | Sum of Numerator / Sum of Denominator |