



Health Plan with Health Insurance Exchange Measures, Version 1.3

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Effective: 04/09/2013

Updated: 05/20/2013

Mandatory Measures

Note: Mandatory measures are those measures that are a requirement of accreditation and must be reported to URAC on an annual basis.

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HP-1 NQF # 0541	Effectiveness of Care, Patient Safety	Proportion of Days Covered (PDC)	Pharmacy Quality Alliance (PQA)	<p>Measures percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A separate rate is calculated for the following medications:</p> <p>Mandatory:</p> <ul style="list-style-type: none"> • Angiotensin-converting enzyme (ACEI) inhibitor or Angiotensin-receptor blocker (ARB) • Biguanide • Sulfonylurea • Thiazolidinedione • Statin • DPP-IV <p>Exploratory:</p> <ul style="list-style-type: none"> • Beta-blocker (BB) • Calcium Channel Blocker (CCB) 2 • Anti-retroviral (this measure has a threshold of 90% for at least 2 medications) 	The number of patients who met the PDC threshold during the measurement year.	Members 18 years and older as of the last day of the measurement year who filled two or more prescriptions, with 150 days between the first fill and the last fill, over a 12-month period.

Mandatory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HP-2</u>	Patient Centered-ness/Engagement	Provider Network Adequacy: Number of Specialists Accepting New Patients At End of Reporting Period by Specialist Type	Centers for Medicare & Medicaid (CMS)	Assesses the number of specialists accepting new patients at the end of the reporting period, stratified by specialist/facility type and zip code for the following provider categories: Hospitals; Home Health Agencies; Cardiologists; Oncologists; Pulmonologists; Endocrinologists; Skilled Nursing Facilities; Rheumatologists; Ophthalmologists; Urologists; Psychiatrist and State Licensed Clinical Psychologist (adapted by URAC from CMS measure).	N/A	N/A
<u>HP-3</u>	Effectiveness of Care	Dyslipidemia New Medication 12-Week Lipid Test	Resolution Health, Inc.	Assesses the percentage of patients age 18 or older who started lipid-lowering medication during the measurement year and had a lipid panel checked within 3 months after starting drug therapy.	Patients in the denominator who had a serum lipid panel drawn within 3 months of starting lipid-lowering therapy.	Patients newly started on lipid-lowering medication during the first 9 month of the measurement period.



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Mandatory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HP-4	Patient Safety	Drug-Drug Interactions	Pharmacy Quality Alliance (PQA)	Measures percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication.	The number of patients in the denominator who were dispensed a concurrent prescription for a precipitant medication.	Patients who received a target medication.
HP-5 NQF# 0272	Preventable Admissions, Efficiency	Diabetes Short-Term Complications Event Rate	Adapted by URAC from Agency for Healthcare Research and Quality (AHRQ) measure	Assesses the number of short-term diabetes complication events per number of diabetic members.	The number of members in the denominator who had a short-term diabetes complication event.	Members age 18 years and older with Type 1 or Type 2 diabetes continuously enrolled during the measurement year.
HP-6 NQF# 0274	Preventable Admissions, Efficiency	Diabetes Long-Term Complications Event Rate	Adapted by URAC from AHRQ measure	Assesses the number of long-term diabetes complications events per number of diabetic members.	The number of members in the denominator that had a long-term diabetes complication event.	Members age 18 years and older with Type 1 or Type 2 diabetes continuously enrolled during the measurement year.

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Mandatory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HP-7 NQF# 0283	Preventable Admissions, Efficiency	Adult Asthma Event Rate	Adapted by URAC from AHRQ measure	Assesses the number of hospital events for asthma per number of adult asthmatic members.	The number of members in the numerator that had a hospital event for asthma.	Members age 18 years and older continuously enrolled during the measurement year with a principal or secondary diagnosis of asthma.
HP-8	Preventable Admissions, Efficiency	Pediatric Asthma Event Rate	Adapted by URAC from an AHRQ measure	Assesses the number of hospital events for asthma per asthmatic members ages 2 to 17.	The number of members in the numerator that had a hospital event for asthma.	Members ages 2 to 17 with a principal or secondary diagnosis of asthma who were continuously enrolled during the measurement year

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Mandatory/Equivalent Measures

Note: Mandatory/Equivalent measures are also required for accreditation and must be reported on an annual basis. The difference between these measures and the Mandatory measures is that an organization may request a reporting waiver of an equivalent measure(s) in lieu of providing the URAC measure for this classification only. The request for a reporting waiver of equivalent measures must occur prior to or at the time of the initial application for accreditation. Description of the URAC measures, their numerator and denominator will be made available on the URAC website so that organizations can determine if their measure is an adequate alternative to the URAC measure.

Measure Number	URAC Domain	Measure Name	Measure Developer/Steward	Measure Description	Numerator	Denominator
HP-9 NQF# 0616	Effectiveness of Care	Atherosclerotic Disease—Lipid Panel Monitoring	Active Health Management	Measures percentage of patients with coronary artery, cerebrovascular or peripheral vascular disease that have been screened for dyslipidemia with a lipid profile.	Patients in the denominator that have a claim for a lipid profile in the previous 12 months.	All patients >18 years of age diagnosed with coronary artery disease, cerebrovascular disease or peripheral vascular disease, at any time in the past.
HP-10	Effectiveness of Care	Diabetes: All or None Process Measure (Optimal Testing: HbA1c, LDL-C, nephropathy)	Wisconsin Collaborative for Healthcare Quality	This measure contains three goals, all of which must be reached by each patient in order to meet the measure: <ul style="list-style-type: none"> • Two A1C tests performed during the 12-month reporting period • One LDL-C cholesterol test performed during the 12-month reporting period, and • One kidney function test and/or diagnosis and treatment of kidney disease during the 12-month reporting period. 	Number of patients in the denominator who received all appropriate testing as described in the "Definition" section above.	Patients with diabetes who were between 18-75 years old at the beginning of the measurement period and alive as of the last day of the measurement period.



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Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer / Steward	Measure Description	Numerator	Denominator
<u>HP-11</u>	Patient Centered-ness	Provider Network Adequacy: Number of Primary Care Providers (PCP) accepting new patients at end of reporting period by PCP type.	Centers for Medicare and Medicaid Services (CMS)	Assesses the number of primary care practitioners accepting new patients at the end of the reporting period, stratified by practitioner type and zip code for the following provider categories: General Medicine; Family Medicine; Internal Medicine; Obstetricians; Pediatricians; State Licensed Nurse Practitioners.	N/A	N/A

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Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HP-12 NQF# 0548	Effectiveness of Care	Medication Therapy for Persons with Asthma: Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)	Pharmacy Quality Alliance (PQA)	The percentage of patients with asthma who were dispensed more than 3 canisters of a short-acting beta 2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period.	SAC: Number of members in the denominator that received more than 3 canisters of short-acting beta 2 agonist inhalers in at least one 90-day period ACT: Number of members in the denominator that received more than 3 canisters of short-acting beta 2 agonist inhalers in at least one 90-day period AND were <i>not</i> dispensed a controller therapy medication during the same 90-day period(s).	Members between 5-50 years of age on the last day of the measurement period.

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Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HP-13	Delivery Management/ Operations	Call Center Performance	URAC	Assesses 30-second call response rate and call abandonment rate.	<p><i>Part A:</i> The number of calls answered by a live customer service representative within 30 seconds of being placed in the organization's ACD call queue.</p> <p><i>Part B:</i> The number of calls abandoned by callers after being placed in the ACD call queue and before being answered by a live customer service representative.</p>	<p><i>Part A:</i> The total number of calls received by the organization's call service center during normal business hours during the measurement period.</p> <p><i>Part B:</i> The total number of calls received by the organization's call service center during normal business hours during the measurement period.</p>
HP-14 NQF# 0006	Patient Centeredness	CAHPS® Adult Health Plan Survey 5.0	Agency for Healthcare and Research Quality (AHRQ)	30-question core survey of adult health plan members that assesses the quality of care and services they received. Level of analysis: health plan—HMP, PPO, Medicare, Medicaid, commercial.	N/A	N/A

Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HIX-1	Patient Centered	CAHPS Child Survey v4.0 Medicaid and Commercial Core Survey	Agency for Healthcare and Research Quality (AHRQ)	Assess patient experience of care for Children enrolled in Medicaid and Commercial Health plan (41 questions that roll up into composite measures).	N/A	N/A
HIX-2 NQF# 0009	Patient Centered	CAHPS Survey for Children with Chronic Conditions	Agency for Healthcare and Research Quality (AHRQ)	31 questions that supplement the CAHPS Child Survey v3.0 Medicaid and Commercial Core Surveys. Enables health plans to identify children who have chronic conditions and assess their experience with the health care system. Level of analysis: Health plan-HMO, PPO, Medicare, Medicaid, Commercial.	N/A	N/A

Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HIX-3 NQF# 0278	MCH	Percentage of Live Births Weighing Less than 2,500 Grams	Agency for Healthcare and Research Quality (AHRQ)	Assesses the number of low birth weight infants per 100 births.	Number of births with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code* for birth weight less than 2500 grams in any field among cases meeting the inclusion and exclusion rules for the denominator *Exclude cases: Transferred from another institution.	All live births (newborns)*.
HIX-4 NQF# 1381	Effectiveness of Care (EC)	Annual Percentage of Asthma Patients 2 through 20 Years Old With One or More Asthma-related Emergency Room Visits	Alabama Medicaid	The percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room visits.	Patients with asthma who have an emergency room visit during the measurement period.	All patients ages 2 to 20, diagnosed with asthma during the measurement period.

Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HIX-5	Prevention, Access	Preventive Care and Screening: Percentage of Female Patient Who Had A Mammogram Performed During The Two-year Measurement Period	American Medical Association/ Physician Consortium Performance Improvement (AMA/PCPI)	This measure is used to assess the percentage of female patients, age 50-69 years who had a mammogram performed during the two year measurement period.	Female patients who had a mammogram performed.	All female patients age 40 to 69 years at the beginning of the two-year measurement period.
HIX-6 NQF# 0617	Prevention	High Risk for Pneumococcal Disease-- Pneumococcal Vaccination	ActiveHealth Management	Percentage of patients age 5-64 with a high risk condition or age 65 years and older who received the pneumococcal vaccine.	Patients who have claims for or who stated that they have received the pneumococcal vaccine.	Patients who are between 5-64 years with a high risk condition (e.g., diabetes, heart failure, COPD, end-stage kidney disease, asplenia) or patients age 65 years and older.

Mandatory and Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-7</u>	Prevention, Access	Preventive Services: Percentage of Enrolled Members Ages Less than or Equal to 18 years Who have had Preventive Services, Recommended Risk Factor Reductions and Behavioral Health Change Interventions, Appropriate Screenings and Immunizations.	American Academy of Pediatrics/ URAC	This measure is used to assess the percentage of enrolled members ages less than or equal to 18 years who have had preventive services and screenings, risk factor reduction, behavior change intervention and recommended immunizations .	<p>Patients must be included in the denominator and have had appropriate services/procedures for each numerator definition. There are four numerators but only one denominator across all four numerators.</p> <p>Num 1: Prevention New and Established Patients Num 2: Risk Factor Reduction and BH Change Intervention Num 3: Screenings – Vision and Hearing, LEAD, Tuberculosis Num4: Immunizations</p>	Enrolled members ages less than or equal to 18 years by December 31 of the measurement year who were continuously enrolled for 10 months during the measurement year.

Mandatory/ Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-8</u>	Prevention	Colorectal Cancer Screening	Veterans Health Administration (VHA)	This measure is used to assess the percent of patients who have received the appropriate colorectal cancer screening (three-card fecal occult blood test (FOBT), guaiac-based or immunochemical-based (FIT); flexible sigmoidoscopy; colonoscopy).	Patients receiving appropriate colorectal cancer screening.	Patients 51 to 75 years old at the time of the qualifying visit.
<u>HIX-9</u> NQF# 0028	Prevention	Tobacco Use: Screening and Cessation	AMA / PCPI / URAC	Assesses the percentage of patients less than age 18 and those aged 18 years and older who were screened for tobacco use at least once during the measurement period AND who received cessation counseling intervention if identified as a tobacco user. This measure randomly samples children less than 18, and samples adults 18 and older who are also identified as having a diagnosis of COPD. This measure requires chart review for the numerator.	Patients, in each age group sample, who were screened for tobacco use at least once during the two-year measurement period AND who received tobacco cessation counseling intervention (Note: if patient is identified as a tobacco user, includes any type of Tobacco Cessation Counseling) Intervention includes: brief counseling (3 minutes or less), and/or pharmacotherapy.	All patients in the sample. There are two samples and two denominators and numerators aged 18 years and older who were seen twice for any visits, or who had at least one preventive care visit during the two year measurement period.

Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-10</u>	Prevention	Prevention and Management of Obesity in Mature Adolescents and Adults	Institute for Clinical Systems Improvement (ICSI)/ URAC	<p>Part 1: Measures percentage of patients ≥ 18 y/o with a documented elevated body mass index (BMI). (Mandatory/Equivalent)</p> <p>Part 2: Measures percentage of patients with elevated BMI who were given education and counseling for weight loss strategies. (Exploratory)</p> <p>This measure requires a random sample of patients 18 and older in order to identify members for chart review. Chart review is required to calculate Part 1. Those members who are in the Part 1 numerator will be the Denominator for Part 2, and those charts will be further reviewed to calculate Part 2.</p>	<p>Part 1: Number of patients with an elevated body mass index (BMI)</p> <p>Part 2: Number of patients with an elevated body mass index (BMI) who receive education and counseling for weight loss, which include nutrition, physical activity, lifestyle changes, medication therapy and/or surgery in appropriate patients.</p>	<p>Part 1: Patients 18 or older in the sample.</p> <p>Part 2: Patients in the sample who also have elevated body mass index (BMI) as determined by chart review.</p>

Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HIX-11 NQF# 0698	Care Coordination	30 Day Post-Hospital AMI Discharge Care Transition Composite Measure	Centers for Medicare and Medicaid Services (CMS)/URAC	Assesses the incidence among patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits, and evaluation and management (E&M) services.	The number of eligible discharges in the target population with evidence of an evaluation and management (E&M), an ER visit or readmission service within 30 days of a hospital discharge with the principal discharge diagnosis of AMI	Total hospital discharges among beneficiaries during the measurement time-frame with a discharge diagnosis of AMI.
HIX-12 NQF# 0358	Effectiveness of Care	Congestive Heart Failure (CHF) Rate	AHRQ/URAC	Assess the number of hospital events for CHF per number of adult members with CHF.	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.	Population in a Metro Area or county, age 18 years and older.
HIX-13 NQF# 0264	Effectiveness of Care	Atrial Fibrillation - Warfarin Therapy	ActiveHealth Management	The percentage of adult patients, with atrial fibrillation and major stroke risk factors, on warfarin.	Patients with evidence of warfarin use.	All patients with Atrial Fibrillation and one of the following: (1) Age > or = 25 w/ prior stroke, mitral stenosis or mitral valve replacement; (2) Age > or = 75 and 1 of the following: diabetes, hypertension, CHF; (3) Age < 75 and 2 of the following: diabetes, hypertension, CHF.

Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
HIX-14 NQF# 0514	Efficiency	MRI Lumbar Spine for Low Back Pain	Centers for Medicare and Medicaid Services (CMS)	Estimates the percentage of people who had an MRI of the lumbar spine with a diagnosis of low back pain without claims based on evidence of antecedent conservative therapy.	MRI of the lumbar spine studies with a diagnosis of low back pain (from the denominator) without the patient having claims-based evidence of prior antecedent conservative therapy.	MRI of the lumbar spine studies with a diagnosis of low back pain on the imaging claim.
HIX-15 NQF# 0505	Care Coordination	All Cause Readmission Index	United Health Group/URAC	Overall inpatient 30-day hospital readmission rate.	Total inpatient readmissions within 30 days from non-maternity and non-pediatric discharges to any hospital.	Total non-maternity and non-pediatric discharges.

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Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-16</u>	Patient Safety	Central Venous Catheter-related Bloodstream Infections (area-level): Rate per 100,000 Population	Agency for Healthcare and Research Quality (AHRQ)	This measure is used to assess the number of cases of selected infections defined by specific International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes (999.3 or 996.62 for discharges prior to October 1, 2007 and 999.31 for discharges on or after October 1, 2007) per 100,000 population in county or Metro Area.	Discharges, 18 years and older or Major Diagnostic Category (MDC) 14 (pregnancy, childbirth, and puerperium), with selected infections defined by specific International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes (999.3 or 996.62 for discharges prior to October 1, 2007; and 999.31 for discharges on or after October 1, 2007) in any diagnosis field among all medical and surgical discharges defined by specific Diagnosis-Related Groups (DRGs) or Medicare Severity DRGs.	Population of county or Metro Area associated with Federal Information Processing Standards (FIPS) code of patient's residence or hospital location.

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Mandatory/Equivalent Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-17</u>	Preventable Admissions, Efficiency	Depression Readmission at 6 Months	Minnesota Community Measurement adapted by URAC	This measure scores percentage of acute inpatient hospitalizations for major depression during the measurement period that were followed by an acute readmission for major depression within 30, 60, 90, and 180 days.	The number of acute discharges in the denominator which are followed by an admission for major depression within 180 days of a prior acute discharge, see Table HIX17-A for ICD-9 codes. This measure has 4 numerators, one each for readmissions with 30, 60, 90, and 180 days.	Total inpatient discharges from acute care hospitals with discharge dates during the measurement period, with a primary or secondary diagnosis of major depression, see Table HIX17-A for ICD-9 codes.
<u>HIX-18</u>	Care Coordination	Follow-up After Hospitalization for a Mental Illness	Florida Agency for Health Care Administration	The percent of acute care facility discharges for enrollees who were hospitalized for a mental health diagnosis and were discharged to the community and were seen on an outpatient basis by a mental health practitioner within seven days and within 14 days.	An outpatient follow-up encounter with a mental health practitioner within seven days and within 14 days after hospital discharge. There is a numerator for 7 day follow up and another for 14 day follow up.	Enrollees who were discharged to the community from an acute care facility (inpatient or crisis stabilization unit) who had a discharge diagnosis of ICD-9-CM codes 290.0 through 290.43, 293.0 through 298.9, 300.00 through 301.9, 302.7, 306.51 through 312.4 and 312.81 through 314.9, 315.3, 315.31, 315.5, 315.8, and 315.9 who were continuously enrolled for 14 days following discharge.

Exploratory Measures

Note: Exploratory measures are measures “on the cutting edge” meaning that either the industry has not come to consensus on how to measure a particular concept or the measure is experimental or in development. In the case of exploratory measures, the organization has the option to report.

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HP-15</u>	Care Coordination	Case Management : Contacting Consumer	URAC	In this two-part measure, the active process of contacting consumers and the results for achieving contact are evaluated. Part A measures the mean \pm SD number of attempts to contact consumers. Part B measures the percentage of consumers referred for case management services who were never successfully contacted by a case manager despite multiple attempts to make contact.	<p><i>Part A:</i> Sum across cases the number of attempts that were made to contact each consumer before he or she was successfully contacted. (If a consumer was successfully contacted on the first attempt, number of attempts = 0.</p> <p><i>Part B:</i> The number of consumers in the denominator who were NEVER successfully contacted by a case manager (i.e., case manager was never able to establish contact with the consumer by telephone or in person despite multiple attempts to establish contact).</p>	<p><i>Part A:</i> For each month, all cases in which the consumer was successfully contacted during that month and offered case management services.</p> <p><i>Part B:</i> All cases that were referred to case management services during the measurement period.</p>

Exploratory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HP-16</u>	Efficiency	Complaint Response Timeliness	URAC	This measure has two parts: Part A assesses the percentage of consumer complaints to which the organization responded within the timeframe that it has established for complaint response (this timeframe may be standardized in the future by URAC); Part B assesses the average time, in business days, for complaint response.	<p><i>Part A:</i> The number of complaints in the denominator to which the organization responded within the timeframe the wellness program has established for complaint response.</p> <p><i>Part B:</i> The sum of business days to respond to each consumer complaint.</p>	<p><i>Part A:</i> Count of all consumer complaints that the wellness program received in the calendar year.</p> <p><i>Part B:</i> Count of all consumer complaints that the wellness program received during the calendar year.</p>
<u>HP-17</u>	Effectiveness of Care	Outpatient Newborn Visit Within One Month of Birth	Centene	Measures percentage of infants who had an outpatient newborn visit within one month of birth.	Number of those in the denominator that had an outpatient newborn visit within one month of birth	All members born during the reporting period.

Exploratory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HP-18</u>	Effectiveness of Care	Diabetes: All or None Process Measure: Optimal Results for HbA1c, LDL-C, and BP	Wisconsin Collaborative for Healthcare Quality	<p>The percentage of diabetic patients 18-75 years of age who had the following during the 12-month measurement period:</p> <ol style="list-style-type: none"> 1. Most recent A1c blood sugar level controlled to less than 8% for high risk patients. 2. Most recent LDL-C cholesterol controlled to less than 100 mg/dl 3. Most recent blood pressure controlled to a level of less than 140/90 mmHg 	Number of patients in the denominator whose test results met all benchmarks described in the "Definition" section above.	Patients with diabetes who were between 18-75 years old at the beginning of the measurement period and alive as of the last day of the measurement period.
<u>HIX-19</u>	Prevention, Access	Percentage of Eligible Members that Receive Preventive Dental Services	Centers for Medicare and Medicaid Services (CMS)/URAC	The percentage of individuals ages 1 to 20 that received dental treatment services. Note: This measure is exploratory only for health plans that offer this benefit. Health plans that do not offer this benefit are not required to report on this measure.	The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000-1999 (CDT codes D1000-D1999).	The total unduplicated number of individuals ages 1 to 20 that have been continuously enrolled programs for at least 90 days and are eligible to receive Dental Services as noted on the payers enrollment file

Exploratory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-20</u>	Efficiency	Health Risk Assessment Completion Rate	URAC	This set of three measures assesses health risk assessment tool (HRAT) completion rates: Part A is Overall HRAT Completion Rate, Part B is Initial HRAT Completion Rate, and Part C is Repeat HRAT Completion Rate. Part A includes all consumers who were eligible for a wellness program; Part B includes only those eligible consumers who did not complete an HRAT in the past; and Part C includes only those eligible consumers who did complete an HRAT during the preceding measurement period.	The number of consumers in the denominator that completed an HRAT within the timeframe for completion specified by the wellness program.	All consumers age 18 and older who were eligible for a wellness program that includes an HRAT component during the measurement period (i.e., the URAC measurement reporting period, which is the calendar year).

Exploratory Measures (continued)

Measure Number	URAC Domain	Measure Name	Measure Developer/ Steward	Measure Description	Numerator	Denominator
<u>HIX-21</u>	Patient Safety	Use of High-Risk Medications in the Elderly (HRM)	Pharmacy Quality Alliance (PQA)	The percentage of patients 65 years of age and older who received two or more prescription fills for a high-risk medication during the measurement period.	Patients who received at least two prescription fills for the same high-risk medication (Table HRM-A: High-Risk Medications) during the measurement period (The patient's measurement period begins on the date of the first fill of the target medication (i.e., index date) and extends through the last day of the enrollment period or until death or disenrollment. The index date should occur at least 91 days before the end of the enrollment period.)	Members 66 years or older on the last day of the measurement year continuously enrolled during the measurement period.