Equity and Practice Transformation (EPT) Payment Program
Population of Focus HEDIS-Like Measure Specifications

Instructions

KPI Measures have been separated by Population of Focus (PoF), please report on all sites/clinics/departments that are engaged in making changes as part of the EPT program over the three-year program.

These PoF measures are based on NCQA HEDIS measures, which are used to measure health plan performance. HEDIS uses the calendar year as the measurement period. To adapt this to practice-level reporting required by EPT, you may use a 12-month period off the calendar year cycle, e.g. July-June, or April-March. The specifications below sometimes refer to a certain month in the year; please shift your measurement period accordingly. For example, October refers to the 10th month of any given measurement period.

To obtain more detailed specifications, please visit the following:

- Partnership Health Plan QIP measure specifications (2024 measurement year)
- IEHP 2025 Global Quality for P4P (for PCPs)
- Reach out to your Medi-Cal Managed Care Plan to see if they have measure specifications to share!
- NCQA (Note: NCQA charges a fee for measure specifications)
- CMS Adult specs and code sets
- CMS Child specs and code sets

To jump to specific PoF, click below:

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Depression Screening (Chronic Care, Preventative Needs, Children/Youth)

Measure	Description	Numerator	Denominator
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	% of patients aged 12 and older who were screened for depression using a ***standard*** screening tool and, if positive, received follow-up care within 30 days.	Those in the denominator who had a depression screening result using a standard screening tool for depression: ☐ Patient Health Questionnaire (PHQ-9, PHQ9M, PHQ-2) ○ DHCS recommended screening tool ☐ Beck Depression Inventory (BDI-II) adults only ☐ Beck Depression Inventory-Fast Screen (BDI-FS) ☐ Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) ☐ Edinburgh Postnatal Depression Scale (EPDS) ☐ PROMIS Depression ☐ Duke Anxiety-Depression Scale (DUKE-AD) adults only ☐ Geriatric Depression Scale-Short Form & Long Form (GDS) adults only ☐ My Mood Monitor (M-3) adults only ☐ Clinically Useful Depression Outcome Scale (CUDOS) adults only.	People 12 years of age and older at the start of the measurement period. *For children and youth People between the age of 12 and 17 at the start if the measurement period.
***Follow up with positive screening**		Those in the denominator who had one of the following within 30 days: ☐ Outpatient, telephone or e-visit for follow-up for depression/behavioral health ☐ Depression case management encounter ☐ Behavioral health encounter (assessment, therapy, collaborative care, medication management) ☐ A diagnosis of encounter for exercise counseling ☐ Dispensed antidepressant medication ☐ Documentation of a negative full-length depression screening on the same day as a positive screen on a brief screening tool (i.e., a negative PHQ-9 as a follow-up to a positive PHQ-2).	All patients from the Depression Screening Numerator with a positive depression result.

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Preventative

Measure	Description	Numerator	Denominator	Notes
Colorectal Cancer Screening (COL)	The percentage of patients 45-75 years of age who had an appropriate screening for colorectal cancer.	Those in the denominator who had one or more screenings for colorectal cancer including date and result: ☐ Fecal occult blood test (within the year) ☐ Stool DNA (sDNA) with FIT test (within past three years) ☐ Flexible sigmoidoscopy (within past five years) ☐ CT colonography (within past five years) ☐ Colonoscopy (within the past 10 years)	People 45–75 years as of the end of the measurement period.	Documentation must include: Need date and type of colorectal cancer screening(s) performed. A result is not required if the documentation is clearly part of the "medical history" section of the medical record. If it is not clear, results or findings need to be provided to show screening was performed and not just ordered. Forms of documentation accepted: ☐ Member-reported colorectal cancer screening documented in the medical history (e.g., member reports normal colonoscopy in 2015) ☐ Pathology report indicating the type of screening and screening date ☐ FOBT, depending on the number of samples and type of test: guaiac (gFOBT) or immunochemical (FIT)
Breast Cancer Screening (BCS)	Percentage of people 50 to 74 years of age who had at least one mammogram to screen for breast cancer in the past two years.	Those in the denominator who had one or more mammograms any time in the 27 months prior to, and including the last day of, the measurement period.	The percentage of patients 52–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	Documentation indicating a mammogram was completed and the date it was performed. ☐ Patient reported mammogram is acceptable. Document date in the history or preventive service section of the medical record. ☐ If the exact date of the last mammogram is unclear, do not use terms like "approximate" or "about" in your documentation. Instead, record the month and year, or just the year.

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Measure	Description	Numerator	Denominator	Notes
Cervical Cancer Screening (CCS)	The percentage of women 21-64 years of age who were screened for cervical cancer	Those in the denominator who had one or more screenings for cervical cancer, including date and result: ☐ Members 21–64 years of age by the end of the measurement period who had cervical cytology performed within the last 3 years ☐ Members 30–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. ☐ Members 30–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	People 24–64 years of age by the end of the measurement period who were recommended for routine cervical cancer screening.	Documentation in the medical record must include both of the following: ☐ A note indicating the date when the cervical cytology was performed ☐ Lab result or findings Note: Do not count biopsies because they are diagnostic and therapeutic only and are not for primary cervical cancer screening. Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing.

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Chronic Care

Measure	Description	Numerator	Denominator	Notes
Controlling High Blood Pressure (CBP)	Percentage of patients, aged 18 to 85 yrs, with hypertension whose blood pressure was adequately controlled (<140/90 mm Hg)	Those in the denominator whose most recent BP reading was adequately controlled (<140/90 mm Hg). Controlled BP reading must occur on or after the date of the second HTN diagnosis. Blood pressure is not adequately controlled if: ☐ Systolic blood pressure is >140 mm Hg ☐ Diastolic blood pressure is >90 mm Hg ☐ No blood pressure is recorded ☐ Either the systolic or diastolic value is missing	18- to 85-year-old people with hypertension as of the end of the measurement period.	**Documentation must include:** ☐ Most recent systolic BP is <140mm Hg AND diastolic BP is <90 mm Hg. ☐ If multiple BP measurements occur on the same date or noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. BP can be taken by any staff member or the PCP. ☐ Patient documented BP in the chart counts if patient used a digital device.
Glycemic Status Assessment for Patients with DM >9% (GSD)	Percentage of 18- to 75-year-old people with diabetes whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was not under control (>9.0%) .	Those in the denominator whose most recent glycemic status assessment (HbA1c or GMI), taken during the measurement period and after the diagnosis, was: ☐ Inadequately controlled (>9%) ☐ Missing a result (i.e., there is a date the test was conducted with no result). ☐ Glycemic status assessment was not done during the measurement period. ☐ If there are multiple glycemic status assessments on the same date, use the lowest result.	18- to 75-year-old people with diabetes as of the end of the measurement period.	**This is an inverse measure, meaning that a lower rate indicates higher performance** Documentation in medical record or lab result must include a note indicating the date when the glycemic assessment was performed and result or finding during the measurement year

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Children and Youth

Measure	Description	Numerator	Denominator	**Notes**
Child Immunization Status (CIS) – Combo 10	Percentage of two-year-old children who have received the 10 recommended vaccines.	Those in the denominator who have received the 10 recommended vaccines: ☐ 4 DTAP (diphtheria, tetanus, acellular pertussis) ☐ 3 IPV (polio) ☐ 1 MMR (measles, mumps, rubella) ☐ 3 HIB (haemophilus influenza type B) ☐ 3 HEP B (hepatitis B) ☐ 1 VZV (chicken pox) ☐ 4 PCV (pneumococcal conjugate) ☐ 1 HEP A (hepatitis A) ☐ 2 or 3 RV (rotavirus—2 Rotarix; 3 Rota Teq) ☐ 2 Influenza (flu)	Children who turned 2 during the measurement year.	Evidence obtained from the medical record counts where the antigen was rendered from one of the following: A note indicating the name of the specific antigen and the date of the immunization A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered If an immunization is not given, documentation for that immunization must include: ☐ Allergic reaction to the vaccine or other contraindication ☐ History of illness (measles, mumps, rubella, chicken pox, hepatitis A, hepatitis B) Parent refusal does not meet compliance for any vaccines.
Well Child Visits in First 30 Months of Life (W30)	Percentage of children who have had six or more well child visits in their first 15 months of life, and two or more well child visits	First 15: Those in the denominator who had at least 6 well child visits in the last 15 months. Does not include telehealth visits, or sick visits (unless converted to well). The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.	First 15: Children who turned 15 months old during the measurement year 15-30 months: Children who turned 30 months old during the measurement year	Reporting by age group (first 15 months and 15-30 months) Components of a well child visit: ☐ Health history ☐ Physical exam ☐ Assessment of physical development ☐ Assessment of mental development

	between 15 and 30 months of life.	15-30 months: Those in the denominator who had at least 2 well child visits in the last 15 months. Does not include telehealth visits, or sick visits (unless converted to well) The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.		☐ Anticipatory guidance related to preventive health
Child and Adolescent Well-Care Visits (WCV)	Percentage of patients 3–21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Those in the denominator who had at least one well visit with a primary care practitioner or an OB/GYN practitioner during the measurement year The well-child visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the child.	Children who are 3 to 21 years of age at the end of the measurement period	Reported by age group Preventive services may be rendered on visits other than WCVs. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, such as OB/GYN visits, but services that are specific to an acute or chronic condition do not count toward the measure.

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Behavioral Health

Measure	Description	Numerator	Denominator	Notes
Depression Remission or Response for Adolescents and Adults (DRR)	Percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.	Follow- Up: Those in the denominator who had a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score. Remission: Those in the denominator who achieved remission within 4–8 months after the initial elevated PHQ-9 score, as measured by a score of <5 on the most recent PHQ-9 in the response period. Response: Those in the denominator who showed response within 4–8 months after the initial elevated PHQ-9 score, as measured by a 50% reduction in the response period from the initial elevated PHQ-9 score.	People 12 years and older with a diagnosis of depression, and an elevated PHQ-9 score, from May 1 of the year prior to the measurement period through December 31 of the measurement period	
Pharmacotherapy for Opioid Use Disorder (POD)	Percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members age 16 and older that continue for at least 180 days (6 months).	People 16 years of age and older with an active diagnosis of Opioid Use Disorder (OUD), between July 1 of the year prior to the measurement year and June 30 of the measurement year.	Those in the denominator who had pharmacotherapy for at least 180 days, without a gap in treatment of 8 or more consecutive days.	Opioid Use Disorder Treatment Medications include: ☐ Naltrexone (oral) ☐ Naltrexone (injectable) ☐ Buprenorphine (sublingual tablet) ☐ Buprenorphine (injection)

				☐ Buprenorphine (implant) ☐ Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film) ☐ Methadone (oral)

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Pregnant People

Measure	Description	Numerator	Denominator
Prenatal and Postpartum Care (PPC) - Postpartum Care	The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	Those in the denominator who have a postpartum visit between 7 and 84 days after delivery, with an OB/GYN or other prenatal care clinician or PCP in an outpatient setting. Postpartum visit must include at least one of the following: ☐ Pelvic exam. ☐ Evaluation of breasts, weight, blood pressure and abdomen. ☐ Notation of breastfeeding, postpartum care, postpartum care check or six-week check. ☐ Preprinted postpartum care form with information from visit documented. ☐ Perineal or cesarean incision/wound check. ☐ Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders. ☐ Glucose screening for members with gestational diabetes ☐ Documentation of infant care or breastfeeding; resumption of intercourse, birth spacing or family planning; sleep/ fatigue; resumption of physical activity; and attainment of healthy weight.	Live births or deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Include deliveries that occur in any setting.
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	Those in the denominator who had a prenatal visit with an OB/GYN or other prenatal care provider, or PCP (with a diagnosis of pregnancy) within the required timeframe (first trimester/280–176 days prior to delivery). Prenatal visit must include at least one of the following: ☐ When documenting a prenatal visit, include diagnosis of pregnancy, last menstrual period or estimated date of delivery ☐ Basic physical obstetrical examination ☐ Evidence that a prenatal care procedure was performed. Include prenatal care such as prenatal risk assessment, complete obstetrical history, fetal heart tone and screening tests.	Live birth or deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Include deliveries that occur in any setting.

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Postpartum Depression Screening (PDS-E)	Percentage of deliveries in which patients were screened for clinical depression using a standardized instrument during the postpartum period and, if positive, received follow-up care within 30 days.	Those in the denominator who had a depression screening result using a standard screening tool for depression, within 7-84 days following delivery: ☐ Patient Health Questionnaire (PHQ-9, PHQ9M, PHQ-2) ☐ Beck Depression Inventory (BDI-II) adults only ☐ Beck Depression Inventory-Fast Screen (BDI-FS) ☐ Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) ☐ Edinburgh Postnatal Depression Scale (EPDS) ☐ PROMIS Depression ☐ Duke Anxiety-Depression Scale (DUKE-AD) adults only ☐ Geriatric Depression Scale—Short Form and Long Form (GDS) adults only ☐ My Mood Monitor (M-3) adults only ☐ Clinically Useful Depression Outcome Scale (CUDOS) adults only.	Live birth deliveries on or between September 8 of the year prior to the measurement year and September 7 of the measurement year. Include deliveries that occur in any setting.
***if PDS-E is positive** **Postpartum Depression Screening Follow-up (PDS-E)**	Percentage of deliveries in which patients were screened for clinical depression using a standardized instrument during the postpartum period and, if positive, received follow-up care within 30 days.	Those in the denominator who had one of the following within 30 days: ☐ Outpatient, telephone or e-visit for follow-up for depression/behavioral health ☐ Depression case management encounter ☐ Behavioral health encounter (assessment, therapy, collaborative care, medication management) ☐ A diagnosis of encounter for exercise counseling ☐ Dispensed antidepressant medication ☐ Documentation of a negative full-length depression screening on the same day as a positive screen on a brief screening tool (i.e., a negative PHQ-9 as a follow-up to a positive PHQ-2).	All patients from the Postpartum Depression Screening Numerator (previous slide) with a positive depression result.