

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
<p>Adults' Access to Preventive / Ambulatory health Services (AAP) <b>New Measure for 2023</b></p> <p>Administrative Measure<sup>4</sup></p>	<p>The percentage of members 20 years of age and older who had an ambulatory or preventive care visit in 2022.</p>	<p>Claims / encounter data indicating member completed an ambulatory or preventive care visit.</p>	<p><b>CPT:</b> 99201, 98966, 98970 <b>HCPCS:</b> G0402, G0071 <b>ICD-10-CM:</b> Z00.0x, Z00.8</p>
<p>Antidepressant Medication Management (AMM)</p> <p>Administrative Measure<sup>4</sup></p>	<p>Adults, 18 years of age and older, who had a diagnosis of major depression and were treated with antidepressants. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Effective Acute Phase Treatment: Percentage of members that remained on antidepressant medication for at least 84 days (12 weeks).</li> <li>• Effective Continuation Phase Treatment: Percentage of members that remained on antidepressant medication for at least 180 days (six months).</li> </ul>	<p>Claims or encounter data indicating the member had a diagnosis of depression and pharmacy data indicating antidepressant medication was dispensed.</p>	<p><b>CPT:</b> 99221-99223, 99304-99310, 99241-99245, 98966-98968 <b>ICD-10-CM:</b> F32.0-F32.4, F33.0-F33.3</p>
<p>Asthma Medication Ratio (AMR)</p> <p>Administrative Measure<sup>4</sup></p>	<p>Members, 5 to 64 years of age, who had persistent asthma and had a <math>\geq 0.50</math> ratio of controller medications to total asthma medications in 2022.</p>	<p>Claims / encounter data indicating member had a diagnosis of asthma in 2021 and 2022 and pharmacy data indicating asthma medication was dispensed.</p>	<p><b>CPT:</b> 99201-99205, 99241-99245 <b>ICD-10-CM:</b> J45.21-J45.22, J45.30-J45.32</p>
<p>Breast Cancer Screening (BCS)</p> <p>Administrative Measure<sup>4</sup></p>	<p>Women, 50 to 74 years of age, who had a mammogram to screen for breast cancer between Oct. 1, 2020 and Dec. 31, 2022.</p>	<p>Claims / encounter data indicating one of the following types of mammograms was performed: screening, diagnostic, film, digital or digital breast tomosynthesis. <b>Note:</b> MRIs, ultrasounds and biopsies do not count as screening mammograms.</p>	<p><b>CPT:</b> 77061-77063, 77065-77067</p>

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Cervical Cancer Screening (CCS)  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Women, 21 to 64 years of age, who were screened for cervical cancer using one of the following methods: <ul style="list-style-type: none"> <li>• Women 21 to 64 years of age who had a Pap exam between Jan. 1, 2020 to Dec. 31, 2022.</li> <li>• Women 30 to 64 years of age who had a cervical high-risk human papillomavirus (hrHPV) test between Jan. 1, 2018 to Dec. 31, 2022.</li> <li>• Women 30 to 64 years of age, who had a Pap/hrHPV co-test between Jan. 1, 2018 to Dec. 31, 2022.</li> </ul>	Claims / encounter or lab data indicating a cervical cancer screening was completed or clinical documentation or lab reports that includes the following: <ul style="list-style-type: none"> <li>• The date of the cervical cancer screening.</li> <li>• The result or finding.</li> </ul>	<b>CPT:</b> Pap Test: 88141-88143, 88147-88148, 88150, 88164-88167, 88174-88175  HPV Test: 87624, 87625
Child and Adolescent Well-Care Visits (WCV)  Administrative Measure <sup>4</sup>	Children and adolescents, 3 to 21 years of age, who had at least one comprehensive well-care exam with a PCP or OB/GYN in 2022.	Claims / encounter data indicating the member had a well-care exam in 2021.	<b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>ICD-10-CM:</b> Z00.00, Z00.110, Z00.111, Z00.121
Childhood Immunization Status (CIS) Combo 10  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Children who received the following immunizations on or before their second birthday in 2022: <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 4 PCV</li> <li>• 3 Hib</li> <li>• 3 IPV</li> <li>• 3 Hep B</li> <li>• 1 Hep A</li> <li>• 2 Influenza (Flu)</li> <li>• 1 MMR</li> <li>• 1 VZV</li> <li>• RV (two 2-dose or three 3-dose)</li> </ul>	Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered. <b>Note:</b> All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. <a href="https://cairweb.org/">https://cairweb.org/</a>	<b>CPT:</b> DTaP: 90698, 90700 Hep B: 90723, 90740 Hep A: 90633 IPV: 90698, 90713 Flu: 90655, 90657 MMR: 90707, 90710 PCV: 90670 RV: 90680, 90681 VZV: 90710, 90716 HiB: 90644, 90648
Chlamydia Screening in Women (CHL)  Administrative Measure <sup>4</sup>	Women, 16 to 24 years of age, who were identified as sexually active and had at least one test for chlamydia in 2022.	Claims / encounter data, pharmacy data and labs to identify members who are sexually active and/or dispensed contraceptives and had at least one chlamydia test.	<b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810

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<b>Colorectal Cancer Screening (COL)</b> <b>New Measure for 2023</b>  Administrative Measure <sup>4</sup>	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	Claims / encounter data indicating one of the following exams were completed: <ul style="list-style-type: none"> <li>• FOBT in 2022</li> <li>• Flexible sigmoidoscopy 2018-2022</li> <li>• Colonoscopy 2013-2022</li> <li>• CT colonography 2018-2022</li> <li>• FIT-DNA 2020-2022</li> </ul>	<b>CPT:</b> 82270, 45330, 44388, 74261, 81528 <b>HCPCS:</b> G0328 <b>ICD-10-PCS:</b> 45.24, 45.22 <b>LOINC:</b> 12503-9
<b>Contraceptive Care for All Women Ages 15-44 (CCW)</b>  Administrative Measure <sup>4</sup>	Women, 15 to 44 years of age, at risk of unintended pregnancy, who were provided the following contraceptive care in 2022: <ul style="list-style-type: none"> <li>• A most or moderately effective contraception.</li> </ul>	Claims / encounter and pharmacy data with codes to identify women who were dispensed contraceptive medication.	<b>CPT:</b> 58300, 58565, 58600, 58605 <b>HCPCS:</b> J7306, J7307 <b>ICD-10-CM:</b> Z30.2, Z30.014, Z30.433 <b>NDC:</b> 66116043628, 00023585801
<b>Contraceptive Care for Postpartum Women Ages 15-44 (CCP)</b>  Administrative Measure <sup>4</sup>	Women, 15 to 44 years of age, who had a live birth between Jan. 1, 2022 to Oct. 31, 2022 and were provided the following contraception in 2022: <ul style="list-style-type: none"> <li>• A most or moderately effective contraceptive within three to 60 days of delivery.</li> </ul>	Claims / encounter and pharmacy data to identify women with a live birth delivery who were dispensed contraceptive medication.	<b>CPT:</b> 58300, 58565, 58600, 58605 <b>HCPCS:</b> J7306, J7307 <b>ICD-10-CM:</b> Z30.2, Z30.014, Z30.433 <b>NDC:</b> 66116043628, 00023585801
<b>Controlling Blood Pressure (CBP)</b>  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Adults, 18 to 85 years of age, with a diagnosis of hypertension that had adequately controlled blood pressure (<140/90 mm Hg) in 2022.	Claims / encounter data with codes indicating a hypertension diagnosis on two separate dates between Jan. 1, 2021 to June 30, 2022 and claims / encounter or clinic documentation of the most recent blood pressure (BP) reading in 2022. <b>Note:</b> The BP reading must occur on or after the date of the second diagnosis of hypertension.	<b>CPT:</b> 98969-98972, 99201-99205, 99211-99215, 99304-99310, <b>CPT II:</b> 3074F, 3075F, 3077F – 3080F <b>ICD-10-CM:</b> I10 <b>LOINC:</b> 75995-1, 75997-7

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Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Depression Remission or Response for Adolescents and Adults (DRR-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The 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 four – eight months of the elevated score.	ECDS data (e.g., claims, encounter, EHR, HIE, registry), indicating outcome of an elevated PHQ-9 follow-up.	<b>ICD-10-CM:</b> F32.0, F34.1 <b>LOINC:</b> 44261-6, 89204-2
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	<b>CPT:</b> 98960, 99366, 90791 <b>HCPCS:</b> G0071, G0512, G0155 <b>LOINC:</b> 44261-6, 55758-7, 89204-2
Developmental Screening (DEV)  Administrative Measure <sup>4</sup>	Children, 1 to 3 years of age, who were screened for risk of developmental, behavioral, and social delays, using a standardized screening tool, on or before their first, second, or third birthday in 2022.	Claims / encounter data with a code indicating a developmental screening was completed using a standardized screening tool.	<b>CPT:</b> 96110
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)  Administrative Measure <sup>4</sup>	Adults, 18 to 64 years of age, diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a glucose or HbA1c test in 2022 to screen for diabetes.	Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had a diabetes screening test (glucose or HbA1c test).	<b>ICD-10-CM:</b> F20.0, F30.10 <b>CPT:</b> Glucose Test: 80047, 80048 HbA1c Test: 83036, 83037
Follow-Up After Emergency Department Visit for Alcohol and Other drug Abuse or Dependence (FUA)  Administrative Measure <sup>4</sup>	Members, 13 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2022 and Dec. 1, 2022 with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and had two follow-up visits with a principal diagnosis of AOD within seven and 30 days after the ED visit.	Claims / encounter data indicating the member had a principal diagnosis of AOD in the ED and in the two follow-up visits within seven and 30 days of the ED visit.	<b>ICD-10-CM:</b> F10.10, F15.20, F19.29 <b>CPT:</b> 90791, 98971, 99217, 99281, 99510

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Follow-Up After Emergency Department Visit for Mental Illness (FUM)  Administrative Measure <sup>4</sup>	Members, 16 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2022 and Dec. 1, 2022 with a principal diagnosis of mental illness or intentional self-harm and had two follow-up visits with a principal diagnosis of mental illness or intentional self-harm within seven and 30 days after the ED visit.	Claims / encounter data indicating the member had a principal diagnosis of mental illness or intentional self-harm in the ED and in the two follow-up visits within seven and 30 days of the ED visit.	<b>ICD-10-CM:</b> F20.0, F32.1, F93.0, T14.91XA, T40.7X2A, T53.5X2A, T71.112A <b>CPT:</b> 90791, 98960, 98966, 99245, 99281
Follow-Up Care for Children Prescribed ADHD Medications (ADD)  Administrative Measure <sup>4</sup>	Children, 6 to 12 years of age, who were newly prescribed ADHD medication between Mar. 1, 2021 to Feb. 28, 2022 and had at least three follow-up care visits during the following 10-month time period: <ul style="list-style-type: none"> <li>Initial phase: One follow-up visit with a prescribing practitioner 30 days after first ADHD medication is dispensed.</li> <li>Continuation and Maintenance Phase: The rate of children who completed an Initiation Phase visit, remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner within nine months after the Initiation Phase ended.</li> </ul>	Claims / encounter and pharmacy data to identify the following: <ul style="list-style-type: none"> <li>Initial Phase: Members dispensed ADHD medication and had a follow-up visit with a prescribing provider within 30 days of dispensing date.</li> <li>Continuation and Maintenance Phase: Members who remained on ADHD medication for 210 days and had at least two follow-up visits on different dates of service with any practitioner, within nine months (31 – 300 days) after the dispensed date.</li> </ul>	<b>CPT:</b> 90832-90834, 98960-98962, 99217-99220, 99251-99255
Hemoglobin A1c Control for Patients with Diabetes (HBD)  Hybrid Measure <sup>3</sup>	Adults, 18 to 75 years of age, with a diagnosis of diabetes (type 1 and type 2) who had the following screening in 2022: <ul style="list-style-type: none"> <li>HbA1c results for Poor Control (&gt;9.0%)</li> </ul>	Claims / encounter and lab data with codes reporting HbA1c results or clinical documentation of HbA1c test date with results.	<b>CPT II:</b> 3044F, 3046F, 3051F, 3052F

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Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Immunizations for Adolescents (IMA)  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Adolescents who received the following immunizations on or before their 13 <sup>th</sup> birthday in 2022: <ul style="list-style-type: none"> <li>• 1 MCV (between the 11<sup>th</sup> and 13<sup>th</sup> birthday)</li> <li>• 1 Tdap (between the 10<sup>th</sup> and 13<sup>th</sup> birthday)</li> <li>• HPV series (between the 9<sup>th</sup> and 13<sup>th</sup> birthday)</li> </ul>	Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered.  <b>Note:</b> All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. <a href="https://cairweb.org/">https://cairweb.org/</a>	<b>CPT:</b> Meningococcal: 90734 Tdap: 90715 HPV: 90649
Metabolic Monitoring for Children and Adolescents (APM)  Administrative Measure <sup>4</sup>	Children and adolescents, 1 to 17 years of age, who had two or more antipsychotic prescriptions and had metabolic testing in 2022. Three rates are reported: <ul style="list-style-type: none"> <li>• Rate of blood glucose testing</li> <li>• Rate of cholesterol testing</li> <li>• Rate of blood and cholesterol testing</li> </ul>	Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had the following tests: <ul style="list-style-type: none"> <li>• Blood glucose</li> <li>• Cholesterol</li> </ul>	<b>CPT:</b> Cholesterol Test: 82465 LDL-C Test: 80061 Glucose Test: 80047
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate (NTSV CB)  <b>New Measure for 2023</b>  Administrative Measure <sup>4</sup>	The percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.	Claims / encounter data indicating member had an NTSV cesarean delivery.	<b>ICD-10-CM:</b> Z37.0 <b>ICD-10-PCS:</b> 10D00Z0, 10E0XZZ
Pharmacotherapy for Opioid Use Disorder (POD)  <b>New Measure for 2023</b>  Administrative Measure <sup>4</sup>	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.	Claims / encounter and pharmacy data indicating members diagnosed with OUD received pharmacotherapy.	<b>ICD-10-CM:</b> F11.10, F11.29 Medications: Buprenorphine, Naltrexone

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Postpartum Depression Screening and Follow-Up (PDS-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of deliveries, between Sept. 8, 2021, to Sept. 7, 2022, in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	<b>CPT:</b> 98960, 99366, 90791 <b>HCPCS:</b> G0071, G0512, G0155 <b>LOINC:</b> 44261-6, 55758-7, 89204-2

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Prenatal and Postpartum Care (PPC)  HHybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Women, with a live birth delivery between Oct. 8, 2021 to Oct. 7, 2022, who had prenatal and postpartum care within the following time periods: <ul style="list-style-type: none"> <li>• A prenatal exam within the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.</li> <li>• A postpartum exam within seven to 84 days after delivery.</li> </ul>	<p><b>Prenatal Exam:</b> Claims / encounter data indicating a prenatal exam was completed or clinical documentation with the date of a prenatal care visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> <li>• Physical obstetrical exam that includes auscultation for fetal heart tone or fundus height or pelvic exam with obstetric observations.</li> <li>• Evidence that a prenatal care procedure was performed, i.e., ultrasound, obstetric panel, or TORCH antibody panel.</li> <li>• Documentation of pregnancy or reference to pregnancy, i.e., LMP or EDD, prenatal risk assessment or complete obstetrical history.</li> </ul> <p><b>Postpartum Exam:</b> Claims / encounter data indicating a postpartum exam was completed or clinical documentation with the date of a postpartum visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, BP, breasts, and abdomen</li> <li>• Notation of postpartum care (PP care, six-week check, or pre-printed postpartum care form)</li> <li>• Perineal or cesarean wound check</li> <li>• Screening for depression, tobacco use, substance use disorder</li> <li>• Glucose screening for GDM women</li> <li>• Family planning, resumption of intercourse</li> <li>• Infant care or breastfeeding</li> </ul>	<p><b>Prenatal:</b>  <b>CPT:</b> 99201-99205, 99241-99245, 59400, 59425, 59510, 99500  <b>ICD-10-CM:</b> 009.0x</p> <p><b>Postpartum:</b>  <b>CPT:</b> 57170, 59400, 88141  <b>ICD-10-CM:</b> Z01.411, Z01.419, Z01.42</p>



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Prenatal Depression Screening and Follow-Up (PND-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of deliveries in which members were screened for clinical depression while pregnant, and if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	<b>CPT:</b> 98960, 99366, 90791 <b>HCPCS:</b> G0071, G0512, G0155 <b>LOINC:</b> 44261-6, 55758-7, 89204-2
Prenatal Immunization Status (PRS-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of deliveries in the measurement period in which women received flu and Tdap vaccinations.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating the vaccine and dose administered.	<b>CPT:</b> 90630, 90715 <b>CVX:</b> 88, 115
Topical Fluoride for Children (TFL) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of children 1 through 20 years of age who received at least two topical fluoride applications in 2022.	Claims / encounter data indicating a dental varnish service was completed.	<b>CPT:</b> 99188 <b>CDT:</b> D1206, D1208
Well-Child Visits in the First 30 Months of Life (W30)  Administrative Measure <sup>4</sup>	Children who had the following number of well-child visits with a PCP during the last 15 months: <ul style="list-style-type: none"> <li>• Children who turned 15 months old in 2022 and had six or more well-child visits.</li> <li>• Children who turned 30 months old in 2022 and had two or more well-child visits.</li> </ul>	Claims / encounter data indicating a well-care exam were completed in 2022.	<b>CPT:</b> 99381-99385, 99391-99395 <b>ICD-10-CM:</b> Z00.110, Z00.111, Z00.121, Z00.129

<sup>1</sup> The 2022 measurement year / 2023 reporting year Managed Care Accountability Set (MCAS) is a set of performance measures selected by the state Department of Health Care Services (DHCS) to monitor the performance of Medi-Cal managed care health plans in California. The MCAS measures are based on the Centers for Medicare and Medicaid (CMS) Adult and Child Core Sets for Medicaid.

<sup>2</sup> This is a sample list of codes from each measure's technical specification guidelines and does not represent the complete list of codes used to evaluate compliance with the measure indicators.

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The data collection methods defines the types of data sources used to evaluate if services were performed and report rates.

Data Collection Method	Denominator Used to Calculate Rate	Data Sources Used to Evaluate if Services Were Performed
Hybrid <sup>3</sup>	A sample (usually 411) of the eligible population for the measure.	<ul style="list-style-type: none"> <li>• Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries)</li> <li>• Medical Record Reviews (e.g., progress notes, immunization records)</li> </ul>
Administrative <sup>4</sup>	The entire eligible population for the measure.	Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries)
Electronic Clinical Data Systems (ECDS) <sup>5</sup>	The entire eligible population for the measure.	ECDS is a HEDIS <sup>®</sup> reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease / cases management systems) to report rates on ECDS designated measures.

<sup>6</sup> For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan (GCHP) has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.