

Washington State Common Measure Set, 2025 (PMCC Approved, December 2024)

#	Measure Name	Measure Steward ¹	NQF Endorsed	Measure Description	Value-Based Purchasing Arrangements in Contracts	Statewide Population Health Monitoring	Monitoring Hospital Quality
Primary Care And Prevention							
Primary Care and Prevention – Children and Adolescents							
1	Audiological Evaluation No Later Than 3 months of age	CDC	1360	The percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.		X	
2	Child and Adolescent Well-Care Visits (WCV) *	NCQA (HEDIS)	1516 (2019 version)	The percentage of members 3–21 years of age who had at least one comprehensive well- care visit with a PCP or an OB/GYN practitioner during the measurement year. R/E stratification.	X	X	
3	Childhood Immunization Status (CIS-E) * Combination 10 (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	0038	The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	X	X	
4	Immunizations for Adolescents (IMA) *	NCQA (HEDIS)	1407	The percentage of children 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents.	X	X	
5	Primary Caries Prevention Offered by a Medical Provider	DOH	No	Total number of patients (Age ≤6), who received a fluoride varnish (FV) application during a routine health visit with any non-dental health care provider who has received the appropriate training to apply FV. Measured and reported for Medicaid insured population only.	X	X	
6	Well Child Visits in the First Thirty Months of Life (W30) *	NCQA (HEDIS)	1392 (2019 version)	The percentage of members who had the following number of well-child visits with a PCP during the last 30 months. R/E stratification. The following rates are reported: <ol style="list-style-type: none"> 1. <i>Well-Child Visits in the First 15 Months.</i> Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. <i>Well-Child Visits for Age 15 Months–30 Months.</i> Children who turned 30 months old during the measurement year: Two or more well-child visits. 	X	X	

7	Youth Obesity (Self-reported BMI) ↓	DOH	No	Percentage of 10th graders self-reporting a body mass index (BMI) of >30 (calculated based on self-reported height and weight).		X	
8	Youth Substance Use ↓	DOH	No	Two rates will be produced: (1) the percentage of 10th graders who smoked cigarettes in the past 30 days; and (2) the percentage of 10th graders who used electronic vapor products in the past 30 days.		X	

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Primary Care and Prevention – Adults							
9	Adult Immunization Status (AIS-E) * (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	No	The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.	X	X	
10	Adult Obesity (Self-reported BMI) ↓	CDC	No	Age-adjusted percent of adults 18 years and older self-reporting a body mass index (BMI) of >30 (calculated based on self-reported height and weight).		X	
11	Adult Tobacco Use (Percentage of Adults who Smoke Cigarettes) ↓	CDC	No	The percentage of adults 18 years and older who answer, "every day" or "some days" in response to the survey question, "Do you now smoke cigarettes every day, some days, or not at all?"		X	
12	Breast Cancer Screening (BCS-E) *	NCQA (HEDIS)	2372	The percentage of members identifying as female 50-74 years of age who had a mammogram to screen for breast cancer.	X	X	
13	Cervical Cancer Screening (CCS-E) *	NCQA (HEDIS)	0032	The percentage of members identifying as female 21-64 years of age who were screened for cervical cancer using either of the following criteria: (1) Women 21 – 64 years of age who had cervical cytology performed within the last 3 years. (2) Women 30 – 64 years of age who had cervical high-risk human papillomavirus (harp) testing performed within the last 5 years. (3) Women 30 – 64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.	X	X	
14	Chlamydia Screening (CHL) *	NCQA (HEDIS)	0033	The percentage of members identifying as female 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Measure steward updated for 2025.	X	X	
15	Colorectal Cancer Screening (COL-E) * (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	0034	The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer. (Interval dependent upon screening method).	X	X	

16	Contraceptive Care – Most & Moderately Effective Methods	USPA	2903	The percentage of individuals aged 15-44 years at risk of unintended pregnancy is provided a most effective (i.e., sterilization, implants, intrauterine devices, or systems (IUD/IUS) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) method of contraception.		X	
17	Influenza Immunization	NCQA/AMA-PCPI	0041	Percentage of patients aged 6 months and older seen for a visit and who received an influenza immunization OR who reported previous receipt of an influenza immunization. Two rates are reported: (1) immunization for ages 6 months - 17 years (data source IIS); and (2) immunization for 18 and older (data source: BRFSS).		X	

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Primary Care and Prevention – Adults (continued)

18	Prenatal/Postpartum Care (PPC) *	NCQA (HEDIS)	1517	The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year. R/E stratification. For these women, the measure assesses the following facets of prenatal and postpartum care: Rate 1: 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. Rate 2: Postpartum Care. The percentage of deliveries that had a post-partum visit on or between 7 and 84 days after delivery.	X		
19	Unintended Pregnancies ↓	CDC	No	Percentage of pregnancies that was unintended at the time of conception.		X	

Behavioral Health




20	Depression Remission or Response for Adolescents and Adults (DRR-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	No	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 4-8 months of the elevated score. <ul style="list-style-type: none"> Follow-Up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within the 4-8 months after the initial elevated PHQ-9 score. Depression Remission. The percentage of members who achieved remission within 4-8 months after the initial elevated PHQ-9 score. Depression Response. The percentage of members who showed response within 4-8 months after the initial elevated PHQ-9 score. 	X	X	
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21	Depression Screening and Follow Up for Adolescents and Adults (DSF-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	No	The percentage of members 12 years of age and older who were screening for clinical depression using a standardized instrument and, if screened positive, received follow-up care. <ul style="list-style-type: none"> Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of positive depression screen find. 	X	X	
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Behavioral Health (continued)

22	Follow-Up After ED Visit for Substance Use (FUA) *	NCQA (HEDIS)	3488	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was follow up within 30 days of the ED visit. (NCQA requires an additional reporting rate of follow-up within 7 days of the ED visit. For public reporting of the Washington State Common Measure Set, report only the 30-day rate.) R/E stratification.	X	X	
23	Follow-up After Emergency Department Visit for Mental Illness (FUM) *	NCQA (HEDIS)	3489	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, for which there was follow up for mental illness within 30 days of the ED visit. (NCQA requires an additional reporting rate of follow-up within 7 days of the ED visit. For public reporting of the Washington State Common Measure Set, report only the 30-day rate.) R/E stratification. Measure steward updated for 2025.	X	X	
24	Follow-Up After Hospitalization for Mental Illness (FUH) *	NCQA (HEDIS)	0576	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days and within 30 days of discharge. R/E stratification. Measure steward updated for 2025.	X	X	

25	Follow-Up Care for Children prescribed ADHD Medication (ADD-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	0108	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two reportable rates: Rate 1: Initiation Phase. The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who had on follow-up vision with a practitioner with prescribing authority during the 30-day Initiation Phase. Rate 2: Continuation and Maintenance (C&M) Phase. The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner with 270 days (9 months) after the Initiation Phase ended. For public reporting of the Washington State Common Measure Set both rates are reported.	X	X	
26	Mental Health Service Rate (Broad Version)	DSHS - RDA	No	The percentage of members with a mental health service need who received outpatient mental health services in the measurement year. Separate reporting for three age groups: 6 – 17 years; 18 – 64 years; and 65 years and older.	X	X	
27	Psychiatric Inpatient Readmissions (30-day) 	DSHS - RDA	No	For members 18 years of age and older, the number of acute inpatient psychiatric stays that were followed by an acute readmission for a psychiatric diagnosis within 30 days. Reported for Medicaid only.		X	
28	Substance Use Disorder Treatment Rate	DSHS - RDA	No	The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year. Separate reporting for two age groups: 12 – 17 years and 18 years and older. Reported for Medicaid only.	X	X	
Behavioral Health: Opioid Prescribing							
29	New Opioid Patient Days Supply of First Opioid Prescription 	Bree Collaborative	No	Numerator: Number of patients with at least one opioid prescription in the current by days' supply (day supply categories: <3, 4-7, 8-13 and >14). Denominator: Patients with at least one opioid prescription in the current quarter who have no opioids prescribed in the prior quarter; Age stratify and report results for two groups: children/adolescents aged 17 and younger, and adults aged 18 and older.		X	
30	New Opioid Patients Transitioning to Chronic Opioids 	Bree Collaborative	No	Numerator: Number of patients who are prescribed >60 days' supply of opioids in the current calendar quarter with at least one opioid prescription in the previous quarter and no opioid prescription in the prior quarter. Denominator: Number of patients with at least one opioid prescription in the previous quarter who have no opioids prescribed in the prior quarter. Report as incidences per 1,000 population, age and sex adjusted.		X	

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31	Patients Prescribed High-Dose Chronic Opioid Therapy ↓	Bree Collaborative	No	Numerator: Number of patients in the population prescribed >60 days' supply of opioids at >50 mg/day or >90 mg/day MED. Denominator: Number of patients in the population prescribed >60 days' supply of opioids in the calendar quarter. Report each result as prevalence per 1,000 population, age and sex adjusted.		X	
32	Use of Opioids at High Dosage (HDO) ↓	NCQA (HEDIS)	No	The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.	X	X	
Effective Management Of Chronic Illness In The Outpatient Setting							
33	Asthma Medication Ratio (AMR)	NCQA (HEDIS)	1800	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	X	X	
34	Blood Pressure Control for Patients With Diabetes (BPD)	NCQA (HEDIS)	0061	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	X	X	
35	Controlling High Blood Pressure (CBP) *	NCQA (HEDIS)	0018	The percentage of patients 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. R/E stratification.	X	X	
36	Eye Exam for Patients with Diabetes (EED) *	NCQA (HEDIS)	0055	The percentage of members 18 – 75 years of age with diabetes (types 1 and type 2) who had a retinal eye exam. New for 2025: Administrative reporting only. R/E stratification.	X	X	
37	Glycemic Status Assessment for Patients with Diabetes (GSD) * (NCQA updated the name in 2024 from Hemoglobin A1c Control for Patients with Diabetes (HBD))	NCQA (HEDIS)	0059	The percentage of patients 18-75 years of age with diabetes (types 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: R/E stratification. <ul style="list-style-type: none"> HbA1c control (<8.0%). HbA1c poor control (>9.0%). ↓ 	X	X	

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Effective Management Of Chronic Illness In The Outpatient Setting (continued)							

38	HIV Viral Load Suppression (HVL-AD)	HRSA	No	The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.		X	
39	Kidney Health Evaluation for Patients with Diabetes (KED) *	NCQA (HEDIS)	No	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. R/E Stratification.	X	X	
40	Member Experience: HP-CAHPS Health Plan Survey Composite - How Well Providers Communicate with Patients	AHRQ	0006	This is one composite measure from the Health Plan-CAHPS member experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes, and never.	X	X	
41	Patient Experience with Primary Care: How Well Providers Communicate with Patients	AHRQ	0005	This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes, and never.	X	X	
42	Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care	AHRQ	0005	This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes, and never.	X	X	
43	Statin Therapy for Patients with Cardiovascular Disease (SPC)	NCQA (HEDIS)	No	Percentage of males 21-75 years of age and females 40-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: (1) Received statin therapy: Members who were dispensed at least one high or moderate-intensity statin medication. (2) Statin Adherence 80%. Members who remained on a high-intensity or moderate- intensity statin medication for at least 80% of the treatment period. Currently only reporting for #1, statin therapy received.	X	X	
Ensuring Appropriate Care – Avoiding Overuse							
44	Antibiotic Utilization for Respiratory Conditions (AXR)	NCQA (HEDIS)	No	The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.	X	X	
45	Appropriate Testing for Pharyngitis (CWP)	NCQA (HEDIS)	No	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	X	X	

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Ensuring Appropriate Care – Avoiding Overuse (continued)							
46	Potentially Avoidable Use of the Emergency Room ↓	WHA	No	The percentage of total ER visits considered potentially avoidable based on an agreed- upon list of ICD codes. This is considered a conservative measure of potentially avoidable ER use.	X	X	
47	Use of Imaging Studies for Low Back Pain (LBP)	NCQA (HEDIS)	No	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	X	X	
48	30-Day All-Cause Risk-standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization ↓	CMS	0230	Estimates the 30-day risk-standardized mortality rate for a hospital. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI, or heart attack).		X	X
Effective Hospital-Based Care							
49	↓ Cesarean Birth (NTSV C-Section)	TJC	0471	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of four nationally implemented measures that address perinatal care. This is PC-02.		X	X
50	↓ Catheter-Associated Urinary Tract Infections	CDC	0138	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU). This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals.		X	X
51	↓ Falls with Injury	ANA	No	Total number of patient falls with an injury level minor or greater on eligible unit types during the calendar month x 1000. Target population is adult acute care inpatient and adult rehabilitation patients. Eligible unit types include adult critical care, step-down, medical, surgical, medical-surgical combined, critical access, adult rehabilitation in-patient.		X	X

52	Patient Experience with Hospital Care: Discharge Information and Communication About Medicines	CMS	0166	Results are reported for two questions included on the HCAHPS patient experience survey instrument for patients that have been hospitalized: communication about medicines and discharge information. They were selected because of their relationship to care transitions and hospital readmissions.		X	X
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Effective Hospital-Based Care (continued)

53	Patient Safety for Selected Indicators (composite measure)	CMS (AHRQ)	0531	Patient safety for selected indicators is a weighted average of the adjusted observed-to-expected ratios for the following component indicators: (1) Pressure Ulcer Rate, (2) Iatrogenic Pneumothorax Rate, (3) Postoperative Hip Fracture Rate, (4) Postoperative Hemorrhage or Hematoma, (5) Physiologic and Metabolic Derangement, (6) Postoperative Respiratory Failure, (7) Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, (8) Postoperative Sepsis Rate, (9) Postoperative Wound Dehiscence Rate, and (10) Accidental Puncture or Laceration Rate.		X	X
54	Plan All-Cause Readmissions (30-day) (PCR) ↓	NCQA (HEDIS)	No	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.		X	X
55	Stroke Care (STK-04): Thrombolytic Therapy	TJC	0437	The proportion of acute ischemic stroke patients who arrive at hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's Hospital Accreditation and Disease-Specific Care certification programs.		X	X

Washington State Health Care Spending

56	Annual State-Purchased health Care Spending Growth Relative to State GDP	HCA	No	Total state health care spending in relation to the overall Washington State Gross Domestic Product (GDP). Monitoring only.			
57	Medicaid Per Enrolling Spending	HCA	No	Total Medicaid spending in the calendar year divided by the total number of Medicaid beneficiaries in the calendar year. Monitoring only.			

58	Public Employee and Dependent per Enrollee Spending	HCA	No	Total State spending for public employees and dependents in the calendar year divided by the total number of beneficiaries in the calendar year.			
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Social Recovery

59	Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need	DSHS-RDA	No	<p>The percentage of Medicaid enrollees 18 – 64 years of age who were arrested at least once in the measurement year and had an identified mental health or substance use disorder treatment need. There are two reportable rates for this measure:</p> <p>Rate 1: The percentage of members arrested at least once in the measurement year and had an identified mental health treatment need</p> <p>Rate 2: The percentage of members arrested at least once in the measurement year and had an identified substance use disorder treatment need Reported for Medicaid only.</p>	X		
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60	Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility	DSHS-RDA	No	<p>The percentage of Medicaid enrollees aged 18 to 64 receiving SUD treatment within a specified time period following release from a correctional facility or local jail, among enrollees with an identified SUD treatment need indicated between the day of release through 90-days post release. There are four reportable rates for this measure:</p> <p>Rate 1a: Receipt of SUD treatment within 7 Days of Release from a Department of Corrections Correctional Facility</p> <p>Rate 1b: Receipt of SUD treatment within 30 Days of Release from a Department of Corrections Correctional Facility</p> <p>Rate 2a: Receipt of SUD treatment within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody</p> <p>Rate 2b: Receipt of SUD treatment within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody Reported for Medicaid only.</p>	X		

61	Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility	DSHS-RDA	No	<p>The percentage of Medicaid enrollees aged 18 to 64 receiving mental health treatment within a specified time period following release from a correctional facility or local jail, among enrollees with an identified mental health treatment need indicated between the day of release through 90-days post release. There are four reportable rates for this measure:</p> <p>Rate 1a: Receipt of mental health treatment within 7 Days of Release from a Department of Corrections Correctional Facility</p> <p>Rate 1b: Receipt of mental health within 30 Days of Release from a Department of Corrections Correctional Facility</p> <p>Rate 2a: Receipt of mental health treatment within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody</p> <p>Rate 2b: Receipt of mental health treatment within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody Reported for Medicaid only.</p>	X		
62	Homelessness (Broad and Narrow) (HOME-B and HOME-N)	DSHS-RDA	No	<p>The percentage of Medicaid enrollees who were homeless in at least one month in the measurement year. There is separate reporting for the following age groups:</p> <ul style="list-style-type: none"> • 0-17 • 18 – 64 • 65+ <p>Reported for Medicaid only.</p>	X		

Washington State Common Measure Set, 2024 (Notes)

1. Measure Steward Organizations:

AHRQ = Agency for Health Care Research and Quality

AMA-PCI = AMA-convened Physician Consortium for Performance Improvement

ANA = American Nurses Association

CDC = Centers for Disease Control

CMS = Centers for Medicare and Medicaid Services DOH =

Washington State Department of Health

DSHS-RDA = Washington State Department of Social and Health Services Research and Data Analysis Division HCA =

Washington State Health Care Authority

HRSA = Health Resources and Services Administration

NCQA = National Committee for Quality Assurance

PQA = Pharmacy Quality Alliance

TJC = The Joint Commission

USPA = US Office of Population Affairs

WHA = Washington Health Alliance

2. R/E and GI indicated NCQA approved stratification by race/ethnicity and gender identity

3. -E indicates electronic clinical data system reporting only

4.  A lower score indicates better performance for this measure.

