

Draft for 2026 Washington State Common Measure Set (Detailed v2)

#	Measure Name	Measure Steward ¹	Measure Description	Children/ Adolescents	Adults	Older Adults
Core Set Measures - The Core Set includes measures that (state purchasers), payers and providers should use in their Value-Based Purchasing (VBP) contracts (agreements).						
1	Breast Cancer Screening (BCS-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.		X	X
2	Child and Adolescent Well-Care Visits (WCV)	NCQA (HEDIS)	The percentage of persons 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 period.	X		
3	Childhood Immunization Status (CIS-E) Combination 10 (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 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 A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	X		
4	Colorectal Cancer Screening (COL-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 45–75 years of age who had appropriate screening for colorectal cancer.		X	X
5	Controlling High Blood Pressure (CBP)	NCQA (HEDIS)	The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.		X	X
6	Depression Remission or Response for Adolescents and Adults (DRR-E) Uses Electronic Data System (ECDS) reporting	NCQA (HEDIS)	<p>The percentage of persons 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 120–240 days (4–8 months) of the elevated score.</p> <ul style="list-style-type: none">Follow-Up PHQ-9. The percentage of persons who have a follow-up PHQ-9 score documented within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.Depression Remission. The percentage of persons who achieved remission within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.Depression Response. The percentage of persons who showed response within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.	X	X	X
7	Follow-Up After Emergency Department Visit for Substance Use (FUA)	NCQA (HEDIS)	<p>The percentage of emergency department (ED) visits among persons age 13 years and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:</p> <p>Rate 1: <i>The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).</i></p> <p>Rate 2: <i>The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).</i></p>	X	X	X

8	Glycemic Status Assessment for Patients with Diabetes (GSD)	NCQA (HEDIS)	<p>The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:</p> <ul style="list-style-type: none"> • HbA1c control (<8.0%). • HbA1c poor control (>9.0%). ↓ 		X	X
9	Plan All-Cause Readmissions (30-day) (PCR) ↓	NCQA (HEDIS)	For persons 18 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acute hospitalization (inpatient and observation stays).		X	X
10	Prenatal/Postpartum Care (PPC)	NCQA (HEDIS)	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> • 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. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. 	X	X	
Supplemental Set Measures - The Supplemental Set includes additional/alternative measures from which payers and providers may choose to supplement the Core measures in their Value-Based Purchasing contracts (agreements).						
1	Adult Immunization Status (AIS-E) (Uses Electronic Data System (ECDS) reporting) (NCQA updated for 2026)	NCQA (HEDIS)	The percentage of persons 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, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19).		X	X
2	Cervical Cancer Screening (CCS-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	<p>The percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • <i>Persons 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.</i> • <i>Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</i> • <i>Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.</i> 		X	
3	Chlamydia Screening (CHL)	NCQA (HEDIS)	The percentage of persons 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement period.	X	X	X
4	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	NCQA (HEDIS)	The percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.	X	X	X

	(Uses Electronic Data System (ECDS) reporting)		<ul style="list-style-type: none"> • Depression Screening. The percentage of persons 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 a positive depression screen finding. 			
5	Immunizations for Adolescents (IMA-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 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. The measure calculates a rate for each vaccine and two combination rates.	X		
6	Follow-up After Emergency Department Visit for Mental Illness (FUM)	NCQA (HEDIS)	<p>The percentage of emergency department (ED) visits for persons 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:</p> <p>Rate 1: <i>The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).</i></p> <p>Rate 2: <i>The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).</i></p>	X	X	X
7	Follow-Up After Hospitalization for Mental Illness (FUH)	NCQA (HEDIS)	<p>The percentage of discharges for persons 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:</p> <p>Rate 1: <i>The percentage of discharges for which the person received follow-up within 30 days after discharge.</i></p> <p>Rate 2: <i>The percentage of discharges for which the person received follow-up within 7 days after discharge.</i></p>	X	X	X
8	Follow-Up Care for Children prescribed ADHD Medication (ADD-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	<p>The percentage of persons newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <p>Rate 1: Initiation Phase. The percentage of persons 6–12 years of age with a prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.</p> <p>Rate 2: Continuation and Maintenance (C&M) Phase. The percentage of persons 6–12 years of age with a 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 within 270 days (9 months) after the initiation phase ended.</p>	X		
9	Kidney Health Evaluation for Patients with Diabetes (KED)	NCQA (HEDIS)	The percentage of persons 18–85 years of age with diabetes (type 1 or 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 period.		X	X
10	Patient Safety for Selected Indicators (composite measure)	AHRQ	Patient safety for selected indicators is a weighted average of the observed-to-expected ratios for the following component indicators: (1) Pressure Ulcer Rate; (2) Iatrogenic Pneumothorax Rate; (3) In-Hospital Fall-Associated Fracture Rate; (4) Postoperative Hemorrhage or Hematoma; (5) Postoperative Acute Kidney Injury Requiring Dialysis Rate; (6) Postoperative Respiratory Failure; (7) Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate; (8) Postoperative Sepsis Rate; (9) Postoperative Wound Dehiscence Rate; and (10) Abdominopelvic Accidental Puncture or Laceration Rate.		X	X
11	Statin Therapy for Patients with Cardiovascular Disease (SPC-E)	NCQA (HEDIS)	The percentage of persons 21–75 years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates are reported:		X	X

	(Uses Electronic Data System (ECDS) reporting) (NCQA updated in 2026)		<p>Rate 1: <i>Received statin therapy</i>: Persons who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement period.</p> <p>Rate 2: <i>Statin Adherence 80%</i>. Persons who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p>			
12	Well Child Visits in the First Thirty Months of Life (W30)	NCQA (HEDIS)	<p>The percentage of persons who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <p>Rate 1: <i>Well-Child Visits in the First 15 Months</i>. Persons who turned 15 months old during the measurement period: Six or more well-child visits.</p> <p>Rate 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.</p>	X		
Social Recovery Measures – These include measures that are legislatively mandated to track for the Medicaid population.						
1	Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need	DSHS- RDA	<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</p> <p>Reported for Medicaid only.</p>		X	
2	Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility	DSHS- RDA	<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</p> <p>Reported for Medicaid only.</p>		X	

3	Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility	DSHS-RDA	<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</p> <p>Reported for Medicaid only.</p>		X	
4	Homelessness (Broad and Narrow) (HOME-B and HOME-N)	DSHS-RDA	<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	X	X

Washington State Common Measure Set, 2026 (Notes)

1. Measure Steward Organizations:

AHRQ = Agency for Health Care Research and Quality

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

NCQA = National Committee for Quality Assurance

↓ A lower score indicates better performance for this measure.

For additional information please reach out to hcpmcc@hca.wa.gov.