Measure	NQF Number	Measure Description	Benchmark and Improvement Target MY = Measurement Year MN method = Minnesota method	Data Source*
Adults with Diabetes - Oral Evaluation	n/a	Percentage of adults with diabetes who received at least one oral evaluation within the reporting year.	Benchmark: 35.0% Improvement Target: MN method with a 2 percentage point floor	Claims
Assessments for Children in ODHS Custody	n/a	Percentage of children ages 0-17 who received a physical health assessment, children ages 1-17 who received a dental health assessment, and children ages 3-17 who received a mental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care).	Benchmark: MY 2022 CCO 75th percentile, 93.2% Improvement Target: MN method with a 3 percentage point floor	Claims/Social Service Data
Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness)	1516	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year.	Benchmark: MY 2023 CCO 90th percentile, 72.0% Improvement Target: MN method with a 2 percentage point floor	Claims/Clinical Data
Childhood Immunization Status (Combo 3)	38	Percentage of children that turned 2 years old during the measurement year and had the Dtap, IPV, MMR, HiB, HepB, VZV, and PCV vaccines by their second birthday.	Benchmark: MY 2022 National Medicaid 75th percentile, 69.0% Improvement Target: MN method with a 1.5 percentage point floor	Claims/ Immunization Registry
Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	59	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Benchmark: MY 2022 National Commercial 90th percentile, 20.0% (lower is better)	Claims/Clinical Data (eCQM measure)

Measure	NQF Number	Measure Description	Benchmark and Improvement Target MY = Measurement Year MN method = Minnesota method	Data Source*
			Improvement Target: MN method with a 2 percentage point floor	
Immunizations for Adolescents (Combo 2)	1407	Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13th birthday.	Benchmark: MY 2022 National Medicaid 75th percentile, 40.9% Improvement Target: MN method with a 1.5 percentage point floor	Claims/ Immunization Registry
Initiation and Engagement of Substance Use Disorder Treatment	4	Initiation and Engagement of Substance Use Disorder Treatment.	Must meet both components to achieve measure. Benchmark: MY 2022 National Medicaid 75th percentile: • Initiation: 49.0% • Engagement: 18.8% Improvement Target: MN method with a 2 percentage point floor	Claims
Meaningful Language Access (Health Equity)	n/a	The proportion of visits with spoken and sign language interpreter needs that were provided with OHA qualified or certified interpreter services.	Must meet both components to achieve measure. Component 1: Minimum 97 points as outlined in measure specifications. Component 2: • Benchmark 50.0%	Plan Reporting

Measure	NQF Number	Measure Description	Benchmark and Improvement Target MY = Measurement Year MN method = Minnesota method	Data Source*
			Improvement Target: MN method with a 5.0% percentage point floor	
Prenatal & Postpartum Care - Postpartum Care	1517	Percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.	Benchmark: MY 2023 CCO 90th percentile, 87.0% Improvement Target: MN method with a 3 percentage point floor	Claims/Clinical Data
Preventive Dental or Oral Health Services, ages 1-5 and 6-14	n/a	Percentage of enrolled children ages 1-5 (kindergarten readiness) and 6-14 who received a preventive dental or oral health service during the measurement year	Must meet both components to achieve measure. Benchmark: MY 2023 CCO 90th percentile: • Ages 1-5: 60.6% • Ages 6-14: 67.3% Improvement Target: MN method with a 2 percentage point floor	Claims
Screening for Depression and Follow- Up Plan	418	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.	Benchmark: MY 2023 CCO 90th percentile, 73.8% Improvement Target: MN method with a 2 percentage point floor	Claims/Clinical Data (eCQM measure)

Measure	NQF Number	Measure Description	Benchmark and Improvement Target MY = Measurement Year MN method = Minnesota method	Data Source*
Social Determinants of Health: Social Needs Screening & Referral	n/a	To build system capacity, this measure requires CCOs to (1) prepare for equitable, trauma-informed, and culturally responsive screening and referrals, (2) work with community-based organizations to build capacity for referrals and meeting social needs, and (3) support data sharing between CCOs, providers, and community-based organizations. Later, CCOs start reporting social needs screening and referral data.	TBD (Metrics and Scoring Committee expected to vote during November 15 meeting)	Attestation and Plan Reporting
Social Emotional Health for Young Children	n/a	Percentage of children ages 1-5 (kindergarten readiness) who received an issue-focused intervention/treatment service.	Benchmark: 11.0% Improvement Target: MN method with a 0.5% percentage point floor	Plans Reporting

^{* (}Data Source*) Clinical data includes electronic health records, registry data, and paper medical records. Claims/clinical data includes measures that require claims and clinical data, and measures that require claims and clinical data.