



دائرة الصحة
DEPARTMENT OF HEALTH

Primary Care (PC) Service Jawda Guidance

Version 9

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Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance pertains to the quality indicators that the Department of Health (DOH) is requiring for quarterly reporting by all Primary healthcare providers in the Emirate of Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@DoH.gov.ae

This document is subjected for review and therefore it is advisable to utilize online versions available on the DOH at all times.

Issued:	Version 1 January 2021
Published Updates	Version 2: January 2022
	Version 3: July 2022
	Version 4: Oct 2022
	Version 5: Dec 2022
	Version 6: January 2023
	Version 7: July 2023
	Version 8: January 2025
	Version 8.1: February 2025
	Version 8.2: April 2025
	Version 8.3: April 2025
	Version 8.4: August 2025
	Version 8.5: October 2025
	Version 8.6: December 2025
	Version 9: December 2025

Effective from:	Version 9, Q1 2026
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About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Primary Care (PC) performance indicators. The Department of Health (DoH), with consultation from local and international expertise of chronic disease management has developed Primary Care facilities performance Indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period of time.

The Jawda KPI for primary care in this guidance include measures to monitor i.e. how well primary care service providers care for their patients, how often they follow best practices and how effective they are at keeping patients healthy, and how patients feel about their experience at primary care service providers. Healthcare providers are the most qualified professionals to develop and evaluate quality of care for people with chronic conditions; therefore, it is crucial that clinicians retain a leadership position in defining performance among primary care healthcare service providers.

Who is this guidance for?

All healthcare facilities who are licensed by DoH as Primary healthcare service provider or who are providing Primary care Services as part of their portfolio in the Emirate of Abu Dhabi.

All the Jawda KPIs are applicable to patient encounters* with the family medicine consultant or general practitioner. This is in alignment with the DOH primary care standard.

*The KPI definitions are not applicable to other specialty physician encounters e.g. pediatrician, dental, homeopathic etc.

For further details, kindly refer to the following available at

<https://www.doh.gov.ae/en/resources/standards> and
<https://www.doh.gov.ae/en/resources/guidelines>

- DOH Standard for Primary Healthcare Services in Emirate of Abu Dhabi (September 2022)
- Scope of Practice Guidelines for Licensed Healthcare Professionals (Family Medicine) (July 2022)
- Scope of Practice for General Practitioner (October 2022)

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect and monitor primary care quality indicators. Primary care provider is required to submit quarterly submission of data through Jawda e-notification system.

Note: Jawda team may use centrally collected claim data submitted by healthcare providers through Shafafiya portal to validate the data submitted by the providers through Jawda portal.

What is the Regulation related to this guidance?

- Legislation establishing the Health Sector

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- Department of Health Standard for primary care issued March 2020
<https://www.doh.gov.ae/en/resources/standards>
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DoH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Type: Mental Health

Number: PC004

KPI Description (title):	Percentage of Patients Completing the PHQ-9 Within 24 Hours After a Positive PHQ-2 Result
Domain	Effectiveness
Indicator Type	Process
Definition	Percentage of patients aged 18 years and older at the beginning of the reporting quarter, who did PHQ-9 screening (Completed documentation) within 24 hrs. of being screened positive on PHQ2.
Calculation	<p><u>Numerator:</u> Total number of unique patients from the denominator who did PHQ-9 screening (Completed documentation) within 24 hrs of positive PHQ-2.</p> <p><u>Denominator:</u> All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who were screened <i>positive on PHQ-2</i>.</p> <p><u>Denominator Guidance:</u></p> <ul style="list-style-type: none"> ○ <i>Calculate the number of patients who are covered through THIQA Insurance.</i> ○ <i>The intent of the measure is to screen for depression in patients who have never had a diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator.</i> ○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i> ○ <i>In the reporting quarter, if multiple positive PHQ2 screenings conducted consider first one only.</i> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> ○ Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up is not required ○ Patients who had an established diagnosis of depression prior to the index encounter in the reporting quarter: F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345 ○ Patients who had an established diagnosis of bipolar disorder prior to the index encounter in the reporting quarter: F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9 ○ Patients with a Documented Reason for not Screening for Depression (Patient refuses to participate for any reason) ○ Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time

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	<p>is of the essence and to delay treatment would jeopardize the patient's health status)</p> <ul style="list-style-type: none"> ○ All ABM Mandate encounters ○ Individuals receiving Dental, Ayurvedic, Homeopathic Services ○ Patients not assessed for vitals during the visit.
Reporting Frequency	Quarterly
Unit Measure	% depression screening
International comparison if available	Quality ID #134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (cms.gov) Standards Department of Health Abu Dhabi -(Standard Of Care for Depression & Anxiety Disorders)
Desire Direction	90%
Data Source	<ul style="list-style-type: none"> • Centrally collected claim data (KEH) • Patient medical record

Type: Disease management

Number: PC005

KPI Description (title):	Percentage of patients diagnosed with depression that have Follow-Up visit with their physicians within 30 days of diagnosis.
Domain	Effectiveness
Indicator Type	Process
Definition	The percentage of mental health patients who are managed in primary care and have a follow-up visit within 30 days of positive depression diagnosis.
Calculation	<p><u>Numerator:</u> Total number of unique patients from the denominator who had a first follow-up visit within 30 days of diagnosis within the same primary care unit/facility/network.</p> <p><u>Denominator:</u> Total number of unique patients aged ≥18 years of age (at the time of depression screening and diagnosed with depression) who was positive (5-14 PHQ-9 score) for depression screening and diagnosed with depression during the reporting quarter.</p> <ul style="list-style-type: none"> • <i>ICD-10 CM code of depression:</i> F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345 • <i>ICD-10 CM code of bipolar disorder:</i> F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9 <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Patients with PHQ9 ≥15 are expected to refer to Psychiatry • Established depression patients who are diagnosed in another healthcare facility prior. • Patients with a Documented Reason for not attending Follow-up appointments on Depression (Patient refuses to participate for any reason). • All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	% Follow up Depression screening
International comparison if available	Mental health care Standard
Desired Direction	>90%
Data Source	<ul style="list-style-type: none"> • Patient medical record • Centrally collected claim data (KEH))

Type: Chronic disease management

Number: PC009

KPI Description (title):	Diabetes: Hemoglobin A1c (HbA1c) Poor Control Rate (> 9%) or no test result
Domain	Effectiveness
Indicator Type	Outcome
Definition	Percentage of diabetics ≥18 to ≤75 years of age whose most recent HbA1c level was >9.0% (poor control) or who had no test result within 12 months (prior to the end of reporting quarter)
Calculation	<p><u>Numerator</u> Patients in the denominator population whose most recent HbA1c level was > 9.0 % OR who had no test result can be performed in the <i>same or different</i> facility within 12 months prior to the end of the reporting quarter (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><i>Numerator Guidance:</i> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p>HbA1C – CPT – 83036 <i>(Based on LOINC observation)</i></p> <p><u>Denominator</u> Total number of unique outpatients (≥18 to ≤75 years of age), with a diagnosis of diabetes during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><i>Denominator Guidance</i></p> <ul style="list-style-type: none"> Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code). CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix – B) In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded) <p><u>Denominator exclusions</u></p> <ul style="list-style-type: none"> Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame)

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	<p>ICD 10 Codes: Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</p> <p>Polycystic Ovaries: E28.2</p> <p>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</p> <ul style="list-style-type: none"> ○ All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	% Hemoglobin A1c >9.0 or no test result
Desired Direction	<30%
International comparison if available	Quality Measures CMS https://www.ncqa.org/hedis/measures/ https://www.ahrq.gov/ https://www.qualityforum.org/QPS/QPSTool
Data Source	<ul style="list-style-type: none"> • Centrally collected claim data (KEH)) • Patient medical record

Type: chronic disease management

Number: PC010

KPI Description (title):	Diabetes: Hemoglobin A1c (HbA1c) Good Control Rate ($\leq 8.0\%$)
Domain	Effectiveness
Indicator Type	Outcome
Definition	Percentage of diabetics ≥ 18 to ≤ 75 years of age whose most recent HbA1c level was $\leq 8.0\%$ (good control) within 12 months (prior to the end of reporting quarter)
Calculation	<p><u>Numerator</u> Patients in the denominator population whose most recent HbA1c level was $\leq 8.0\%$ can be performed in the <i>same or different facility</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><i>Numerator Guidance:</i> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p>HbA1C – CPT – 83036 (<i>Based on LOINC observation</i>)</p> <p><u>Denominator</u> Total number of unique outpatients (≥ 18 to ≤ 75 years of age), with a diagnosis of diabetes during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><i>Denominator Guidance</i></p> <ul style="list-style-type: none"> ○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i> <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix – B)</i> ○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i> <p><u>Denominator Exclusions</u></p> <ul style="list-style-type: none"> • Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame)

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	<p>ICD 10 Codes: Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</p> <p>Polycystic Ovaries: E28.2</p> <p>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</p> <p>○ All ABM Mandate encounters</p>
Reporting Frequency	Quarterly
Unit Measure	% Hemoglobin A1C ≤8.0%
Desired Direction	>36%
International comparison if available	https://www.ncqa.org/hedis/measures/ https://www.ahrq.gov/ https://www.qualityforum.org/QPS/QPSTool
Data Source	<ul style="list-style-type: none"> Centrally collected claim data (KEH) Patient medical record

Type: chronic disease management

Number: PC011

KPI Description (title):	Percentage of Diabetics Receiving Annual Foot Exams
Domain	Effectiveness
Indicator Type	Process
Definition	Percentage of diabetics ≥ 18 to ≤ 75 years of age who received a Foot exam: visual inspection with either a sensory exam or a pulse exam within 12 months (prior to the end of reporting quarter)
Calculation	<p><u>Numerator</u> Patients in the denominator population with a diabetic foot exam (skin, soft tissue, musculoskeletal, vascular, neurological) <i>performed in the same facility or network</i> within 12 months. (prior to the end of reporting quarter)</p> <p><i>Numerator Guidance:</i> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p><u>Denominator</u> Total number of unique outpatients (≥ 18 to ≤ 75 years of age), with a diagnosis of diabetes during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><i>Denominator Guidance</i></p> <ul style="list-style-type: none"> Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code). CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix – B) In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded) <p><u>Denominator Exclusions</u></p> <ul style="list-style-type: none"> Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes, amputated lower limb before or during the measurement period. (within the denominator time frame)

	<p>ICD 10 Codes: Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</p> <p>Polycystic Ovaries: E28.2</p> <p>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</p> <p>AMPUTATED LOWER LIMB BEFORE OR DURING THE MEASUREMENT PERIOD - Z89.411, Z89.412, Z89.419, Z89.421, Z89.422, Z89.429, Z89.431, Z89.432, Z89.439, Z89.441, Z89.442, Z89.449, Z89.511, Z89.512, Z89.519, Z89.521, Z89.522, Z89.529, Z89.611, Z89.612, Z89.619, Z89.621, Z89.622, Z89.629.</p> <p>○ All ABM Mandate encounters</p>
Reporting Frequency	Quarterly
Unit Measure	% foot examination for diabetic patients
International comparison if available	https://www.ncqa.org/hedis/measures/ https://www.ahrq.gov/ https://www.qualityforum.org/QPS/QPSTool
Desired Direction	>76%
Data Source	Centrally collected claim data (KEH) Patient medical record

Type: chronic disease management

Number: PC012

KPI Description (title):	Percentage of Diabetics Receiving Annual Eye Exams
Domain	Effectiveness
Indicator Type	Process
Definition	Percentage of patients ≥ 18 to ≤ 75 years of age with diabetes and an active diagnosis of retinopathy in any part of the reporting quarter who had a retinal or dilated eye exam by an eye care professional during the reporting quarter OR diabetics with no diagnosis of retinopathy in any part of the reporting quarter who had a retinal or dilated eye exam by an eye care professional during the reporting quarter or in the 09 months prior to the reporting quarter
Calculation	<p><u>Numerator</u></p> <p>Patients with eye screening for diabetic retinal disease performed in the <i>same or different facility</i>. This includes diabetics who had <u>one</u> of the following:</p> <ul style="list-style-type: none"> ○ Diabetic with a diagnosis of retinopathy during the reporting quarter and a retinal image or dilated eye exam by an eye care professional during the reporting quarter (Procedure codes with ICD) ○ Diabetic with no diagnosis of retinopathy in the reporting quarter and a retinal image or dilated eye exam by an eye care professional during the measurement quarter or within 09 months prior to the reporting quarter (Procedure codes without ICD) <p><i>The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends.</i></p> <p><i>Numerator Guidance:</i></p> <ul style="list-style-type: none"> ○ <i>Timeframe: 12 months (prior to the end of reporting quarter) = 3 months (quarter) + 09 months prior</i> ○ <i>The eye exam must be performed or reviewed by an ophthalmologist or optometrist, or there must be evidence that fundus photography results were read by a system that provides an artificial intelligence (AI) interpretation.</i> <p>Retinal or Dilated Eye Exam CPT Codes: 92134, 92132, 92133, 92136, 92242, 92265, 92270, 92283, 92284, 92285, 92230, 92235, 92260, 92499, 95060, 92240, 92250, 92260, 92227, 92228.</p> <p>SERVICE CODE: 60</p> <p>CPT Ophthalmological services: 92002, 92004, 92012, 92014, 92018, 92019</p>

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	<p><u>Denominator</u> Total number of unique outpatients (≥18 to ≤75 years of age), with a diagnosis of diabetes during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><u>Denominator Guidance</u></p> <ul style="list-style-type: none"> Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code). <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix – B)</i> In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded) <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame) <i>ICD 10 Codes: Gestational Diabetes: O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439.</i> Polycystic Ovaries: E28.2 STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9. All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	% annual retinal or dilated eye examination

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Desired Direction	>52%
International comparison if available	Quality ID #117 (NQF 0055): Diabetes: Eye Exam (2022) https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_117_MIPSCQM.pdf https://ecqi.healthit.gov/ecqm/ec/2021/cms131v9
Data Source	<ul style="list-style-type: none">Centrally collected claim data (KEH)Patient clinical record

Type: Chronic disease management

Number: PC013

KPI Description (title):	Percentage of Diabetics Receiving Annual Nephropathy Exams
Domain	Effectiveness
Indicator Type	Process
Definition	Percentage of patients ≥ 18 to ≤ 75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the reporting quarter or in the 09 months prior to the reporting quarter
Calculation	<p><u>Numerator</u> Patients in the denominator population with a screening for nephropathy or evidence of nephropathy can be performed in the <i>same or different facility</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><u>Codes:</u> <u>Any of the following conditions:</u></p> <ul style="list-style-type: none"> ○ Microalbuminuria/ Macroalbuminuria test: 82043 or ○ Estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR). <i>Use any of the relevant CPT for calculation: 82570, 82042, 82044, 82565</i> <p><i>Numerator Guidance:</i> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p><u>Denominator</u> Total number of unique outpatients (≥ 18 to ≤ 75 years of age), with a diagnosis of diabetes during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><i>Denominator Guidance</i></p> <ul style="list-style-type: none"> ○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i> <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix – B)</i> ○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i>

	<p><u>Denominator Exclusions</u></p> <ul style="list-style-type: none"> ○ Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame) ICD 10 Codes: Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439. Polycystic Ovaries: E28.2 STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9. DOCUMENTATION OF KIDNEY TRANSPLANT: ICD10: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0. ○ All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	% annual nephropathy screening test
Desired Direction	>92%
International comparison if available	https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_119_MIPSCQM.pdf https://ecqi.healthit.gov/ecqm/ec/2022/cms134v10 https://mdinteractive.com/mips_quality_measure/2022-mips-quality-measure-119
Data Source	<ul style="list-style-type: none"> • Centrally collected claim data (KEH) • Patient medical record

Type: Chronic disease management

Number: PC014

KPI Description (title):	Percentage of Patients with Controlled Hypertension (<130/80 mmHg)
Domain	Effectiveness
Indicator Type	Outcome
Definition	Percentage of patients ≥ 18 to ≤ 85 years of age who had a diagnosis of essential hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled ($< 130/80$ mmHg) during the reporting quarter
Calculation	<p><u>Numerator:</u> Patients whose most recent blood pressure, performed in the <i>same facility or network</i>, is adequately controlled (systolic blood pressure < 130 mmHg and diastolic blood pressure < 80 mmHg) during the reporting quarter.</p> <p><u>Numerator Guidance:</u></p> <ul style="list-style-type: none"> <i>If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."</i> <i>If there are multiple blood pressure readings on the same day, use the reading with both the systolic and diastolic being in the normal range (numerator values) as the most recent blood pressure reading.</i> <p><u>Denominator:</u> Total number of unique outpatients (≥ 18 to ≤ 85 years of age), with a diagnosis of hypertension during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><u>Denominator Guidance:</u></p> <ul style="list-style-type: none"> <i>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code). CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus with the essential hypertension diagnoses (applicable ICD-10 code: I10-I13)</i> <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> Documentation of End stage renal disease (ESRD): ICD10: N18.6 (within the denominator time frame) Renal transplant (before or during the reporting quarter)

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	<p>ICD codes: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0, CPT codes: 90935- 90999 (Dialysis Services and Procedures CPT® Code range) 90935, 90937, 90940, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993, 90997, 90999.</p> <ul style="list-style-type: none"> ○ Pregnancy (during the reporting quarter) <i>Appendix A (000- 09A)</i> ○ All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	Percentage.
International comparison if available	https://mdinteractive.com/MIPS Family Practice
Desired Direction	>64%
Data Source	<ul style="list-style-type: none"> • Centrally collected claim data (KEH) • Patient medical record

Type: Chronic disease management

Number: PC016

KPI Description (title):	Percentage of Hypertensive Patients Receiving Annual Nephropathy Exams
Domain	Effectiveness
Indicator Type	Process
Definition	Percentage of patients ≥ 18 to ≤ 85 years of age with hypertension who had a nephropathy screening test or evidence of nephropathy exam during the reporting quarter or in the 09 months prior to the reporting quarter
Calculation	<p><u>Numerator:</u> Patients in the denominator population with a screening for nephropathy or evidence of nephropathy exam performed in the <i>same or different facility</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><u>Codes:</u> <u>Any of the following conditions:</u></p> <ul style="list-style-type: none"> ○ Microalbuminuria/ Macroalbuminuria test: 82043 or ○ Estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR). <i>Use any of the relevant CPT for calculation: 82570, 82042, 82044, 82565</i> <p><u>Numerator Guidance:</u> <i>Timeframe: 12 months (prior to the end of reporting quarter) = 3 months (quarter) + 09 months prior</i></p> <p><u>Denominator:</u> Total number of unique outpatients (≥ 18 to ≤ 85 years of age), with a diagnosis of hypertension during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><u>Denominator Guidance:</u></p> <ul style="list-style-type: none"> ○ <i>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).</i> <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus with the essential hypertension diagnoses (ICD-10 code: I10-I13)</i>

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	<ul style="list-style-type: none"> <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> DOCUMENTATION OF KIDNEY TRANSPLANT: ICD10: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0 (within the denominator time frame) Pregnancy (during the reporting quarter) Appendix B (000- 09A) All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	% annual nephropathy screening test
International comparison if available	https://www.ncqa.org/hedis/measures/ https://www.ahrq.gov/ https://www.qualityforum.org/QPS/QPSTool
Desired Direction	>90%
Data Source	<ul style="list-style-type: none"> Centrally collected claim data (KEH) Patient medical record

Type: Child health

Number: PC021

KPI Description (title):	Autism Screening in children between 18 to 24 months
Domain	Effectiveness
Indicator Type	Process
Definition	Percentage of children from (18 months to 24 months of age who received at least 1 autism screening using an evidence-based tool.
Calculation	<p><u>Numerator:</u> Children from the denominator who had the screening for Autism using evidence-based tool</p> <p>ICD-10CM: Z13.4 CPT: 96110</p> <p><i>Performance Met Criteria:</i> <i>Up to 24 months age: at least 1</i></p> <p><u>Denominator:</u> Total number of children (18 month to 24 months) with an outpatient visit during the reporting quarter.</p> <p><i>Denominator Guidance:</i></p> <ul style="list-style-type: none"> ○ <i>The age limit will apply to the patient's visit in the reporting facility within the reporting quarter.</i> ○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i> <p>CPT codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> ○ Current diagnosed conditions (ICD-10 CM: F84.0 - Autistic disorder or other developmental disorders) ○ All ABM Mandate encounters, except Well Child and Immunization Mandate encounters. ○ Self-pay encounters.
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	<p>DOH Standard Well Child visits (0-6 years)</p> <p>https://www.cdc.gov/ncbddd/autism/hcp-screening.html</p> <p>https://www.doh.gov.ae/-/media/256D066B50884B79ADF51238FABF2032.ashx</p>

Primary Care (PC) Service JAWDA Performance Indicators

Desired Direction	Higher is better
Data Source	<ul style="list-style-type: none">• Centrally collected claim data (KEH)• Patient medical record

Type: Chronic disease management

Number: PC023

KPI Description (title):	Percentage of Patients with Poorly Controlled Hypertension (≥ 130 mmHg or ≥ 80 mmHg)
Domain	Effectiveness
Indicator Type	Outcome
Definition	Percentage of patients ≥ 18 to ≤ 85 years of age who had a diagnosis of essential hypertension overlapping the measurement period and whose 2 abnormal readings in separate encounters in the last 3 months was (≥ 130 mmHg or diastolic blood pressure ≥ 80 mmHg) during the reporting quarter.
Calculation	<p><u>Numerator:</u> Patients whose most recent 2 abnormal blood pressure readings in separate encounters, performed in the <i>same facility or network</i>, was (systolic blood pressure ≥ 130 mmHg or diastolic blood pressure ≥ 80 mmHg) during the reporting quarter.</p> <p><i>Numerator Guidance:</i></p> <ul style="list-style-type: none"> <i>If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."</i> <i>If there are multiple blood pressure readings on the same day, use the reading with either the systolic or diastolic being in the abnormal range (numerator values) as the most recent blood pressure readings.</i> <i>The most recent blood pressure reading during the reporting quarter can be in the same primary care unit/facility.</i> <p><u>Denominator:</u></p> <p>Total number of unique outpatients (≥ 18 to ≤ 85 years of age), with a diagnosis of hypertension during the reporting quarter</p> <p>AND</p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><i>Denominator Guidance:</i></p> <ul style="list-style-type: none"> <i>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).</i> <p><i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 plus with the essential hypertension diagnoses (ICD-10 code: I10-I13)</i></p>

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	<ul style="list-style-type: none"> <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> Documentation of End stage renal disease (ESRD): ICD10: N18.6 (within the denominator time frame) Renal transplant (before or during the reporting quarter) ICD codes: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0, CPT codes: 90935- 90999 (Dialysis Services and Procedures CPT® Code range) 90935, 90937, 90940, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993, 90997, 90999. Pregnancy (during the reporting quarter) <i>Appendix A (000- 09A)</i> All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	Percentage.
International comparison if available	https://mdinteractive.com/MIPS_Family_Practice
Desired Direction	Lower is better
Data Source	<ul style="list-style-type: none"> Centrally collected claim data (KEH) Patient medical record

Type: Chronic disease management

Number: PC024

KPI Description (title):	Percentage of high-risk patients (18 years and above) who are screened for dyslipidemia
Domain	Effectiveness
Indicator Type	Process
Definition	The percentage of high-risk patients ≥18 years who had a complete lipid profile performed for screening of dyslipidemia within 1 year prior to the end of reporting quarter. Dyslipidemia is diagnosed by measuring serum lipids. Routine measurements (lipid profile) include total cholesterol (TC), TGs, HDL-C, and LDL-C.
Calculation	<p><u>Numerator:</u> Number of patients (≥18 years of age) who had a complete lipid profile performed for screening of dyslipidemia by the <i>same facility or network</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><i>Numerator Guidance:</i> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p><u>Denominator:</u> Number of high-risk patients ≥18 years of age, with at least one encounter within the same primary healthcare provider during the reporting quarter AND having at least one encounter within the 9 months prior to the start of the reporting quarter</p> <p><i>Denominator Guidance:</i></p> <ul style="list-style-type: none"> ○ <i>High risk patients are:</i> <i>Diabetes (Appendix B)</i> <i>Hypertension (ICD-10 codes: I10-I13)</i> <i>Cardiovascular Disease (ICD-10 codes: I20-I25)</i> <i>Obesity with BMI ≥30 (ICD-10 codes: E66)</i> ○ <i>Face- to-face consultations should be included</i> ○ <i>In case of multiple consultation visits within prior months, please consider the latest one.</i> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> ○ Individuals with documented reason for not ordering dyslipidemia screening (e.g.: refusal). ○ Individuals who have limitation of insurance benefits. ○ Patients previously diagnosed with dyslipidemia (ICD-10 codes: E78 series):

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	<ul style="list-style-type: none"> ○ New patients in the reporting facility/network: Diagnosed prior to the first encounter in the reporting facility/network within the denominator time frame ○ Established patients in the reporting facility/network: <ul style="list-style-type: none"> ▪ Diagnosed prior to the denominator timeframe in any facility/network ▪ Diagnosed within the denominator timeframe by another facility/network ○ Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health Status ○ Pregnancy (during the reporting quarter) <i>Appendix A (000- 09A)</i> ○ All ABM Mandate encounters.
Reporting Frequency	Quarterly
Unit Measure	% Dyslipidemia Screening
International comparison if available	<ul style="list-style-type: none"> • https://www.cdc.gov/mmwr/preview/mmwrhtml/su6102a5.Htm • DOH Standard for Obesity and Weight Diagnosis, Pharmacological and Surgical Management Interventions • DOH PROGRAM SERVICE REQUIREMENTS FOR THE PROVISION OF CARDIOVASCULAR RISK FACTORS SCREENING AND FOLLOW-UP • Standard for Diagnosis and Management of Diabetes Mellitus Type 1 and 2 • HAAD Guidelines for The Provision of Cardiovascular Disease Management Programs
Desired Direction	Higher is better
Data Source	<ul style="list-style-type: none"> • Patient medical record

Type: Disease management

Number: PC025

KPI Description (title):	Percentage of adult patients (18 years and above) who are overweight or obese
Domain	Effectiveness
Indicator Type	Outcome
Definition	This measure addresses the importance of both obesity and overweight.
Calculation	<p><u>Numerator:</u> Number of adult patients from the denominator with a documented BMI range 25 and above performed in the same facility or network.</p> <p><i>Numerator Guidance:</i></p> <ul style="list-style-type: none"> ○ <i>If no height & weight, or BMI is recorded during the measurement period, the patient's assessment is assumed "overweight or obese."</i> ○ <i>If there are multiple visits in the reporting quarter, consider the visit with the abnormal BMI range (numerator values BMI range ≥ 25).</i> <p><u>Denominator:</u> Total number of unique adult patients (≥ 18 years of age) who have at least one visit in the facility during the reporting quarter,</p> <p><i>Denominator Guidance:</i></p> <ul style="list-style-type: none"> ○ <i>The patient must be aged 18 and older on the date of visit.</i> ○ <i>Face-to-face consultations should be included</i> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> ○ Patients who are not eligible for BMI Calculation or due to any of the following: <ul style="list-style-type: none"> • Patients receiving palliative care on the date of the current encounter or any time prior to the current encounter. • Patients who are pregnant on the date of the current encounter or any time during the reporting period prior to the current encounter. • Patients who refuse measurement of height and/or weight or refuse follow-up on the date of the current encounter or any time during the • Reporting period prior to the current encounter. • Patient is in an urgent or emergent medical situation where time is of the essence, and to delay treatment would jeopardize the patient's health status. ○ All ABM Mandate encounters
Reporting Frequency	Quarterly
Unit Measure	% obesity Screening
International comparison if available	https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_128_MIPSCQM.pdf

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Desired Direction	Lower is better
Data Source	<ul style="list-style-type: none"> • Patient medical record

Type: Mental Health

Number: PC026

KPI Description (title):	Primary Care Depression Treatment Success Rate																						
Domain	Effectiveness																						
Indicator Type	Outcome																						
Definition	Percentage of patients treated for depression in primary care who show a % reduction in depression scores (PHQ9) between 14 days to 180 days																						
Calculation	<p><u>Numerator:</u> Total patients aged 18 years and older from the denominator with 50% improvement of PHQ-9 scores between 14 days to 180 days (follow-up) from initial PHQ-9 screening</p> <p><u>Numerator guidance:</u></p> <ul style="list-style-type: none">• At least one PHQ-9 score recorded between 14 days and 180 days after baseline / index event.• The best (i.e., lowest) PHQ-9 score observed between 14 days and 180 days after index event date to be considered as response. <p><u>Denominator:</u> All adults aged 18 years and older patients who had a positive PHQ-9 screening and were treated in the same primary care center during the same measurement period of positive screening.</p> <p>Ex: <u>Calculation of Time frame</u></p> <table><tr><th>Reporting Period</th><th>Submission Dates</th><th>Denominator</th><th>Numerator</th></tr><tr><td>Q1 2025</td><td>1st May 2025 – June 13th 2025</td><td>Q3 2024</td><td>Q1 2025</td></tr><tr><td>Q2 2025</td><td>1st Aug 2025 – 22nd Aug 2025</td><td>Q4 2024</td><td>Q2 2025</td></tr><tr><td>Q3 2025</td><td>1st Nov 2025 – 22nd Nov 2025</td><td>Q1 2025</td><td>Q3 2025</td></tr><tr><td>Q4 2025</td><td>1st Feb 2026 – 21st Feb 2026</td><td>Q2 2025</td><td>Q4 2025</td></tr></table> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none">○ Patients having procedure code for a psychotherapy visit or a depression psychotherapy code within the 180 days prior to the denominator identification period.○ Patients who have ever been diagnosed with bipolar disorder			Reporting Period	Submission Dates	Denominator	Numerator	Q1 2025	1st May 2025 – June 13th 2025	Q3 2024	Q1 2025	Q2 2025	1st Aug 2025 – 22nd Aug 2025	Q4 2024	Q2 2025	Q3 2025	1st Nov 2025 – 22nd Nov 2025	Q1 2025	Q3 2025	Q4 2025	1st Feb 2026 – 21st Feb 2026	Q2 2025	Q4 2025
Reporting Period	Submission Dates	Denominator	Numerator																				
Q1 2025	1st May 2025 – June 13th 2025	Q3 2024	Q1 2025																				
Q2 2025	1st Aug 2025 – 22nd Aug 2025	Q4 2024	Q2 2025																				
Q3 2025	1st Nov 2025 – 22nd Nov 2025	Q1 2025	Q3 2025																				
Q4 2025	1st Feb 2026 – 21st Feb 2026	Q2 2025	Q4 2025																				

Primary Care (PC) Service JAWDA Performance Indicators

	<p>F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9</p> <ul style="list-style-type: none"> ○ All ABM Mandate encounters
	Quarterly
Unit Measure	% of depression patients with treatment success in primary care
International comparison if available	<p>https://pmc.ncbi.nlm.nih.gov/articles/PMC5496323/pdf/13643_2017_Article_530.pdf</p> <p>https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_411_MIPSCQM.pdf</p> <p>https://psychiatryonline.org/doi/epdf/10.1176/appi.ps.201900295</p>
Desire Direction	>50%
Data Source	<ul style="list-style-type: none"> • Centrally collected claim data (KEH)) • Patient medical record

APPENDIX – A ICD-10 CM CODES (O00- O9A)

O00.00	O00.01	O00.1	O00.201	O00.202	O00.209	O00.80	O00.81
O00.90	O00.91	O01.0	O01.1	O01.9			
O02.0	O02.1	O02.81	O02.89	O02.9	O03.0	O03.1	O03.2
O03.30	O03.31	O03.32	O03.33	O03.34	O03.35	O03.36	O03.37
O03.38	O03.39	O03.4	O03.5	O03.6	O03.7	O03.80	O03.81
O03.82	O03.83	O03.84	O03.85	O03.86	O03.87	O03.88	O03.89
O03.9	O04.5	O04.6	O04.7	O04.80	O04.81	O04.82	O04.83
O04.84	O04.85	O04.86	O04.87	O04.88	O04.89	O07.0	O07.1
O07.2	O07.30	O07.31	O07.32	O07.33	O07.34	O07.35	O07.36
O07.37	O07.38	O07.39	O07.4	O08.0	O08.1	O08.2	O08.3
O08.4	O08.5	O08.6	O08.7	O08.81	O08.82	O08.83	O08.89
O08.9	O09.00	O09.01	O09.02	O09.03	O09.10	O09.11	O09.12
O09.13	O09.211	O09.212	O09.213	O09.219	O09.291	O09.292	O09.293
O09.299	O09.30	O09.31	O09.32	O09.33	O09.40	O09.41	O09.42
O09.43	O09.511	O09.512	O09.513	O09.519	O09.521	O09.522	O09.523
O09.529	O09.611	O09.612	O09.613	O09.619	O09.621	O09.622	O09.623
O09.629	O09.70	O09.71	O09.72	O09.73	O09.811	O09.812	O09.813
O09.819	O09.821	O09.822	O09.823	O09.829	O09.891	O09.892	O09.893
O09.899	O09.90	O09.91	O09.92	O09.93	O10.011	O10.012	O10.013
O10.019	O10.02	O10.03	O10.111	O10.112	O10.113	O10.119	O10.12
O10.13	O10.211	O10.212	O10.213	O10.219	O10.22	O10.23	O10.311
O10.312	O10.313	O10.319	O10.32	O10.33	O10.411	O10.412	O10.413
O10.419	O10.42	O10.43	O10.911	O10.912	O10.913	O10.919	O10.92
O10.93	O11.1	O11.2	O11.3	O11.9	O12.00	O12.01	O12.02
O12.03	O12.10	O12.11	O12.12	O12.13	O12.20	O12.21	O12.22
O12.23	O13.1	O13.2	O13.3	O13.9	O14.00	O14.02	O14.03
O14.10	O14.12	O14.13	O14.20	O14.22	O14.23	O14.90	O14.92
O14.93	O15.00	O15.02	O15.03	O15.1	O15.2	O15.9	O16.1
O16.2	O16.3	O16.9	O20.0	O20.8	O20.9	O21.0	O21.1
O21.2	O21.8	O21.9	O22.00	O22.01	O22.02	O22.03	O22.10
O22.11	O22.12	O22.13	O22.20	O22.21	O22.22	O22.23	O22.30
O22.31	O22.32	O22.33	O22.40	O22.41	O22.42	O22.43	O22.50
O22.51	O22.52	O22.53	O22.8X1	O22.8X2	O22.8X3	O22.8X9	O22.90
O22.91	O22.92	O22.93	O23.00	O23.01	O23.02	O23.03	O23.10
O23.11	O23.12	O23.13	O23.20	O23.21	O23.22	O23.23	O23.30
O23.31	O23.32	O23.33	O23.40	O23.41	O23.42	O23.43	O23.511
O23.512	O23.513	O23.519	O23.521	O23.522	O23.523	O23.529	O23.591
O23.592	O23.593	O23.599	O23.90	O23.91	O23.92	O23.93	O24.011
O24.012	O24.013	O24.019	O24.02	O24.03	O24.111	O24.112	O24.113
O24.119	O24.12	O24.13	O24.311	O24.312	O24.313	O24.319	O24.32
O24.33	O24.410	O24.414	O24.419	O24.420	O24.424	O24.429	O24.430
O24.434	O24.439	O24.811	O24.812	O24.813	O24.819	O24.82	O24.83
O24.911	O24.912	O24.913	O24.919	O24.92	O24.93	O25.10	O25.11
O25.12	O25.13	O25.2	O25.3	O26.00	O26.01	O26.02	O26.03

Primary Care (PC) Service JAWDA Performance Indicators

O26.10	O26.11	O26.12	O26.13	O26.20	O26.21	O26.22	O26.23
O26.30	O26.31	O26.32	O26.33	O26.40	O26.41	O26.42	O26.43
O26.50	O26.51	O26.52	O26.53	O26.611	O26.612	O26.613	O26.619
O26.62	O26.63	O26.711	O26.712	O26.713	O26.719	O26.72	O26.73
O26.811	O26.812	O26.813	O26.819	O26.821	O26.822	O26.823	O26.829
O26.831	O26.832	O26.833	O26.839	O26.841	O26.842	O26.843	O26.849
O26.851	O26.852	O26.853	O26.859	O26.86	O26.872	O26.873	O26.879
O26.891	O26.892	O26.893	O26.899	O26.90	O26.91	O26.92	O26.93
O28.0	O28.1	O28.2	O28.3	O28.4	O28.5	O28.8	O28.9
O29.011	O29.012	O29.013	O29.019	O29.021	O29.022	O29.023	O29.029
O29.091	O29.092	O29.093	O29.099	O29.111	O29.112	O29.113	O29.119
O29.121	O29.122	O29.123	O29.129	O29.191	O29.192	O29.193	O29.199
O29.211	O29.212	O29.213	O29.219	O29.291	O29.292	O29.293	O29.299
O29.3X1	O29.3X2	O29.3X3	O29.3X9	O29.40	O29.41	O29.42	O29.43
O29.5X1	O29.5X2	O29.5X3	O29.5X9	O29.60	O29.61	O29.62	O29.63
O29.8X1	O29.8X2	O29.8X3	O29.8X9	O29.90	O29.91	O29.92	O29.93
O30.001	O30.002	O30.003	O30.009	O30.011	O30.012	O30.013	O30.019
O30.021	O30.022	O30.023	O30.029	O30.031	O30.032	O30.033	O30.039
O30.041	O30.042	O30.043	O30.049	O30.091	O30.092	O30.093	O30.099
O30.101	O30.102	O30.103	O30.109	O30.111	O30.112	O30.113	O30.119
O30.121	O30.122	O30.123	O30.129	O30.191	O30.192	O30.193	O30.199
O30.201	O30.202	O30.203	O30.209	O30.211	O30.212	O30.213	O30.219
O30.221	O30.222	O30.223	O30.229	O30.291	O30.292	O30.293	O30.299
O30.801	O30.802	O30.803	O30.809	O30.811	O30.812	O30.813	O30.819
O30.821	O30.822	O30.823	O30.829	O30.891	O30.892	O30.893	O30.899
O30.90	O30.91	O30.92	O30.93	O31.00X0	O31.00X1	O31.00X2	O31.00X3
O31.00X4	O31.00X5	O31.00X9	O31.01X0	O31.01X1	O31.01X2	O31.01X3	O31.01X4
O31.01X5	O31.01X9	O31.02X0	O31.02X1	O31.02X2	O31.02X3	O31.02X4	O31.02X5
O31.02X9	O31.03X0	O31.03X1	O31.03X2	O31.03X3	O31.03X4	O31.03X5	O31.03X9
O31.10X0	O31.10X1	O31.10X2	O31.10X3	O31.10X4	O31.10X5	O31.10X9	O31.11X0
O31.11X1	O31.11X2	O31.11X3	O31.11X4	O31.11X5	O31.11X9	O31.12X0	O31.12X1
O31.12X2	O31.12X3	O31.12X4	O31.12X5	O31.12X9	O31.13X0	O31.13X1	O31.13X2
O31.13X3	O31.13X4	O31.13X5	O31.13X9	O31.20X0	O31.20X1	O31.20X2	O31.20X3
O31.20X4	O31.20X5	O31.20X9	O31.21X0	O31.21X1	O31.21X2	O31.21X3	O31.21X4
O31.21X5	O31.21X9	O31.22X0	O31.22X1	O31.22X2	O31.22X3	O31.22X4	O31.22X5
O31.22X9	O31.23X0	O31.23X1	O31.23X2	O31.23X3	O31.23X4	O31.23X5	O31.23X9
O31.30X0	O31.30X1	O31.30X2	O31.30X3	O31.30X4	O31.30X5	O31.30X9	O31.31X0
O31.31X1	O31.31X2	O31.31X3	O31.31X4	O31.31X5	O31.31X9	O31.32X0	O31.32X1
O31.32X2	O31.32X3	O31.32X4	O31.32X5	O31.32X9	O31.33X0	O31.33X1	O31.33X2
O31.33X3	O31.33X4	O31.33X5	O31.33X9	O31.8X10	O31.8X11	O31.8X12	O31.8X13
O31.8X14	O31.8X15	O31.8X19	O31.8X20	O31.8X21	O31.8X22	O31.8X23	O31.8X24
O31.8X25	O31.8X29	O31.8X30	O31.8X31	O31.8X32	O31.8X33	O31.8X34	O31.8X35
O31.8X39	O31.8X90	O31.8X91	O31.8X92	O31.8X93	O31.8X94	O31.8X95	O31.8X99
O32.0XX0	O32.0XX1	O32.0XX2	O32.0XX3	O32.0XX4	O32.0XX5	O32.0XX9	O32.1XX0
O24.434	O24.439	O24.811	O24.812	O24.813	O24.819	O24.82	O24.83

Primary Care (PC) Service JAWDA Performance Indicators

O24.911	O24.912	O24.913	O24.919	O24.92	O24.93	O25.10	O25.11
O25.12	O25.13	O25.2	O25.3	O26.00	O26.01	O26.02	O26.03
O26.10	O26.11	O26.12	O26.13	O26.20	O26.21	O26.22	O26.23
O26.30	O26.31	O26.32	O26.33	O26.40	O26.41	O26.42	O26.43
O26.50	O26.51	O26.52	O26.53	O26.611	O26.612	O26.613	O26.619
O26.62	O26.63	O26.711	O26.712	O26.713	O26.719	O26.72	O26.73
O26.811	O26.812	O26.813	O26.819	O26.821	O26.822	O26.823	O26.829
O26.831	O26.832	O26.833	O26.839	O26.841	O26.842	O26.843	O26.849
O26.851	O26.852	O26.853	O26.859	O26.86	O26.872	O26.873	O26.879
O26.891	O26.892	O26.893	O26.899	O26.90	O26.91	O26.92	O26.93
O28.0	O28.1	O28.2	O28.3	O28.4	O28.5	O28.8	O28.9
O29.011	O29.012	O29.013	O29.019	O29.021	O29.022	O29.023	O29.029
O29.091	O29.092	O29.093	O29.099	O29.111	O29.112	O29.113	O29.119
O29.121	O29.122	O29.123	O29.129	O29.191	O29.192	O29.193	O29.199
O29.211	O29.212	O29.213	O29.219	O29.291	O29.292	O29.293	O29.299
O29.3X1	O29.3X2	O29.3X3	O29.3X9	O29.40	O29.41	O29.42	O29.43
O29.5X1	O29.5X2	O29.5X3	O29.5X9	O29.60	O29.61	O29.62	O29.63
O29.8X1	O29.8X2	O29.8X3	O29.8X9	O29.90	O29.91	O29.92	O29.93
O30.001	O30.002	O30.003	O30.009	O30.011	O30.012	O30.013	O30.019
O30.021	O30.022	O30.023	O30.029	O30.031	O30.032	O30.033	O30.039
O30.041	O30.042	O30.043	O30.049	O30.091	O30.092	O30.093	O30.099
O30.101	O30.102	O30.103	O30.109	O30.111	O30.112	O30.113	O30.119
O30.121	O30.122	O30.123	O30.129	O30.191	O30.192	O30.193	O30.199
O30.201	O30.202	O30.203	O30.209	O30.211	O30.212	O30.213	O30.219
O30.221	O30.222	O30.223	O30.229	O30.291	O30.292	O30.293	O30.299
O30.801	O30.802	O30.803	O30.809	O30.811	O30.812	O30.813	O30.819
O30.821	O30.822	O30.823	O30.829	O30.891	O30.892	O30.893	O30.899
O30.90	O30.91	O30.92	O30.93	O31.00X0	O31.00X1	O31.00X2	O31.00X3
O31.00X4	O31.00X5	O31.00X9	O31.01X0	O31.01X1	O31.01X2	O31.01X3	O31.01X4
O31.01X5	O31.01X9	O31.02X0	O31.02X1	O31.02X2	O31.02X3	O31.02X4	O31.02X5
O31.02X9	O31.03X0	O31.03X1	O31.03X2	O31.03X3	O31.03X4	O31.03X5	O31.03X9
O31.10X0	O31.10X1	O31.10X2	O31.10X3	O31.10X4	O31.10X5	O31.10X9	O31.11X0
O31.11X1	O31.11X2	O31.11X3	O31.11X4	O31.11X5	O31.11X9	O31.12X0	O31.12X1
O31.12X2	O31.12X3	O31.12X4	O31.12X5	O31.12X9	O31.13X0	O31.13X1	O31.13X2
O31.13X3	O31.13X4	O31.13X5	O31.13X9	O31.20X0	O31.20X1	O31.20X2	O31.20X3
O31.20X4	O31.20X5	O31.20X9	O31.21X0	O31.21X1	O31.21X2	O31.21X3	O31.21X4
O31.21X5	O31.21X9	O31.22X0	O31.22X1	O31.22X2	O31.22X3	O31.22X4	O31.22X5
O31.22X9	O31.23X0	O31.23X1	O31.23X2	O31.23X3	O31.23X4	O31.23X5	O31.23X9
O31.30X0	O31.30X1	O31.30X2	O31.30X3	O31.30X4	O31.30X5	O31.30X9	O31.31X0
O31.31X1	O31.31X2	O31.31X3	O31.31X4	O31.31X5	O31.31X9	O31.32X0	O31.32X1
O31.32X2	O31.32X3	O31.32X4	O31.32X5	O31.32X9	O31.33X0	O31.33X1	O31.33X2
O31.33X3	O31.33X4	O31.33X5	O31.33X9	O31.8X10	O31.8X11	O31.8X12	O31.8X13
O31.8X14	O31.8X15	O31.8X19	O31.8X20	O31.8X21	O31.8X22	O31.8X23	O31.8X24
O31.8X25	O31.8X29	O31.8X30	O31.8X31	O31.8X32	O31.8X33	O31.8X34	O31.8X35
O31.8X39	O31.8X90	O31.8X91	O31.8X92	O31.8X93	O31.8X94	O31.8X95	O31.8X99

Primary Care (PC) Service JAWDA Performance Indicators

O32.0XX0	O32.0XX1	O32.0XX2	O32.0XX3	O32.0XX4	O32.0XX5	O32.0XX9	O32.1XX0
O32.1XX1	O32.1XX2	O32.1XX3	O32.1XX4	O32.1XX5	O32.1XX9	O32.2XX0	O32.2XX1
O32.2XX2	O32.2XX3	O32.2XX4	O32.2XX5	O32.2XX9	O32.3XX0	O32.3XX1	O32.3XX2
O32.3XX3	O32.3XX4	O32.3XX5	O32.3XX9	O32.4XX0	O32.4XX1	O32.4XX2	O32.4XX3
O32.4XX4	O32.4XX5	O32.4XX9	O32.6XX0	O32.6XX1	O32.6XX2	O32.6XX3	O32.6XX4
O32.6XX5	O32.6XX9	O32.8XX0	O32.8XX1	O32.8XX2	O32.8XX3	O32.8XX4	O32.8XX5
O32.8XX9	O32.9XX0	O32.9XX1	O32.9XX2	O32.9XX3	O32.9XX4	O32.9XX5	O32.9XX9
O33.0	O33.1	O33.2	O33.3XX0	O33.3XX1	O33.3XX2	O33.3XX3	O33.3XX4
O33.3XX5	O33.3XX9	O33.4XX0	O33.4XX1	O33.4XX2	O33.4XX3	O33.4XX4	O33.4XX5
O33.4XX9	O33.5XX0	O33.5XX1	O33.5XX2	O33.5XX3	O33.5XX4	O33.5XX5	O33.5XX9
O33.6XX0	O33.6XX1	O33.6XX2	O33.6XX3	O33.6XX4	O33.6XX5	O33.6XX9	O33.7XX0
O33.7XX1	O33.7XX2	O33.7XX3	O33.7XX4	O33.7XX5	O33.7XX9	O33.8	O33.9
O34.00	O34.01	O34.02	O34.03	O34.10	O34.11	O34.12	O34.13
O34.211	O34.212	O34.219	O34.29	O34.30	O34.31	O34.32	O34.33
O34.40	O34.41	O34.42	O34.43	O34.511	O34.512	O34.513	O34.519
O34.521	O34.522	O34.523	O34.529	O34.531	O34.532	O34.533	O34.539
O34.591	O34.592	O34.593	O34.599	O34.60	O34.61	O34.62	O34.63
O34.70	O34.71	O34.72	O34.73	O34.80	O34.81	O34.82	O34.83
O34.90	O34.91	O34.92	O34.93	O35.0XX0	O35.0XX1	O35.0XX2	O35.0XX3
O35.0XX4	O35.0XX5	O35.0XX9	O35.1XX0	O35.1XX1	O35.1XX2	O35.1XX3	O35.1XX4
O35.1XX5	O35.1XX9	O35.2XX0	O35.2XX1	O35.2XX2	O35.2XX3	O35.2XX4	O35.2XX5
O35.2XX9	O35.3XX0	O35.3XX1	O35.3XX2	O35.3XX3	O35.3XX4	O35.3XX5	O35.3XX9
O35.4XX0	O35.4XX1	O35.4XX2	O35.4XX3	O35.4XX4	O35.4XX5	O35.4XX9	O35.5XX0
O35.5XX1	O35.5XX2	O35.5XX3	O35.5XX4	O35.5XX5	O35.5XX9	O35.6XX0	O35.6XX1
O35.6XX2	O35.6XX3	O35.6XX4	O35.6XX5	O35.6XX9	O35.7XX0	O35.7XX1	O35.7XX2
O35.7XX3	O35.7XX4	O35.7XX5	O35.7XX9	O35.8XX0	O35.8XX1	O35.8XX2	O35.8XX3
O35.8XX4	O35.8XX5	O35.8XX9	O35.9XX0	O35.9XX1	O35.9XX2	O35.9XX3	O35.9XX4
O35.9XX5	O35.9XX9	O36.0110	O36.0111	O36.0112	O36.0113	O36.0114	O36.0115
O36.0119	O36.0120	O36.0121	O36.0122	O36.0123	O36.0124	O36.0125	O36.0129
O36.0130	O36.0131	O36.0132	O36.0133	O36.0134	O36.0135	O36.0139	O36.0190
O36.0191	O36.0192	O36.0193	O36.0194	O36.0195	O36.0199	O36.0910	O36.0911
O36.0912	O36.0913	O36.0914	O36.0915	O36.0919	O36.0920	O36.0921	O36.0922
O36.0923	O36.0924	O36.0925	O36.0929	O36.0930	O36.0931	O36.0932	O36.0933
O36.0934	O36.0935	O36.0939	O36.0990	O36.0991	O36.0992	O36.0993	O36.0994
O36.0995	O36.0999	O36.1110	O36.1111	O36.1112	O36.1113	O36.1114	O36.1115
O36.1119	O36.1120	O36.1121	O36.1122	O36.1123	O36.1124	O36.1125	O36.1129
O36.1130	O36.1131	O36.1132	O36.1133	O36.1134	O36.1135	O36.1139	O36.1190
O36.1191	O36.1192	O36.1193	O36.1194	O36.1195	O36.1199	O36.1910	O36.1911
O36.1912	O36.1913	O36.1914	O36.1915	O36.1919	O36.1920	O36.1921	O36.1922
O36.1923	O36.1924	O36.1925	O36.1929	O36.1930	O36.1931	O36.1932	O36.1933
O36.1934	O36.1935	O36.1939	O36.1990	O36.1991	O36.1992	O36.1993	O36.1994
O36.1995	O36.1999	O36.20X0	O36.20X1	O36.20X2	O36.20X3	O36.20X4	O36.20X5
O36.20X9	O36.21X0	O36.21X1	O36.21X2	O36.21X3	O36.21X4	O36.21X5	O36.21X9
O36.22X0	O36.22X1	O36.22X2	O36.22X3	O36.22X4	O36.22X5	O36.22X9	O36.23X0
O36.23X1	O36.23X2	O36.23X3	O36.23X4	O36.23X5	O36.23X9	O36.4XX0	O36.4XX1
O36.4XX2	O36.4XX3	O36.4XX4	O36.4XX5	O36.4XX9	O36.5110	O36.5111	O36.5112

Primary Care (PC) Service JAWDA Performance Indicators

O36.5113	O36.5114	O36.5115	O36.5119	O36.5120	O36.5121	O36.5122	O36.5123
O36.5124	O36.5125	O36.5129	O36.5130	O36.5131	O36.5132	O36.5133	O36.5134
O36.5135	O36.5139	O36.5190	O36.5191	O36.5192	O36.5193	O36.5194	O36.5195
O36.5199	O36.5910	O36.5911	O36.5912	O36.5913	O36.5914	O36.5915	O36.5919
O36.5920	O36.5921	O36.5922	O36.5923	O36.5924	O36.5925	O36.5929	O36.5930
O36.5931	O36.5932	O36.5933	O36.5934	O36.5935	O36.5939	O36.5990	O36.5991
O36.5992	O36.5993	O36.5994	O36.5995	O36.5999	O36.60X0	O36.60X1	O36.60X2
O36.60X3	O36.60X4	O36.60X5	O36.60X9	O36.61X0	O36.61X1	O36.61X2	O36.61X3
O36.61X4	O36.61X5	O36.61X9	O36.62X0	O36.62X1	O36.62X2	O36.62X3	O36.62X4
O36.62X5	O36.62X9	O36.63X0	O36.63X1	O36.63X2	O36.63X3	O36.63X4	O36.63X5
O36.63X9	O36.70X0	O36.70X1	O36.70X2	O36.70X3	O36.70X4	O36.70X5	O36.70X9
O36.71X0	O36.71X1	O36.71X2	O36.71X3	O36.71X4	O36.71X5	O36.71X9	O36.72X0
O36.72X1	O36.72X2	O36.72X3	O36.72X4	O36.72X5	O36.72X9	O36.73X0	O36.73X1
O36.73X2	O36.73X3	O36.73X4	O36.73X5	O36.73X9	O36.80X0	O36.80X1	O36.80X2
O36.80X3	O36.80X4	O36.80X5	O36.80X9	O36.8120	O36.8121	O36.8122	O36.8123
O36.8124	O36.8125	O36.8129	O36.8130	O36.8131	O36.8132	O36.8133	O36.8134
O36.8135	O36.8139	O36.8190	O36.8191	O36.8192	O36.8193	O36.8194	O36.8195
O36.8199	O36.8210	O36.8211	O36.8212	O36.8213	O36.8214	O36.8215	O36.8219
O36.8220	O36.8221	O36.8222	O36.8223	O36.8224	O36.8225	O36.8229	O36.8230
O36.8231	O36.8232	O36.8233	O36.8234	O36.8235	O36.8239	O36.8290	O36.8291
O36.8292	O36.8293	O36.8294	O36.8295	O36.8299	O36.8910	O36.8911	O36.8912
O36.8913	O36.8914	O36.8915	O36.8919	O36.8920	O36.8921	O36.8922	O36.8923
O36.8924	O36.8925	O36.8929	O36.8930	O36.8931	O36.8932	O36.8933	O36.8934
O36.8935	O36.8939	O36.8990	O36.8991	O36.8992	O36.8993	O36.8994	O36.8995
O36.8999	O36.90X0	O36.90X1	O36.90X2	O36.90X3	O36.90X4	O36.90X5	O36.90X9
O36.91X0	O36.91X1	O36.91X2	O36.91X3	O36.91X4	O36.91X5	O36.91X9	O36.92X0
O36.92X1	O36.92X2	O36.92X3	O36.92X4	O36.92X5	O36.92X9	O36.93X0	O36.93X1
O36.93X2	O36.93X3	O36.93X4	O36.93X5	O36.93X9	O40.1XX0	O40.1XX1	O40.1XX2
O40.1XX3	O40.1XX4	O40.1XX5	O40.1XX9	O40.2XX0	O40.2XX1	O40.2XX2	O40.2XX3
O40.2XX4	O40.2XX5	O40.2XX9	O40.3XX0	O40.3XX1	O40.3XX2	O40.3XX3	O40.3XX4
O40.3XX5	O40.3XX9	O40.9XX0	O40.9XX1	O40.9XX2	O40.9XX3	O40.9XX4	O40.9XX5
O40.9XX9	O41.00X0	O41.00X1	O41.00X2	O41.00X3	O41.00X4	O41.00X5	O41.00X9
O41.01X0	O41.01X1	O41.01X2	O41.01X3	O41.01X4	O41.01X5	O41.01X9	O41.02X0
O41.02X1	O41.02X2	O41.02X3	O41.02X4	O41.02X5	O41.02X9	O41.03X0	O41.03X1
O41.03X2	O41.03X3	O41.03X4	O41.03X5	O41.03X9	O41.1010	O41.1011	O41.1012
O41.1013	O41.1014	O41.1015	O41.1019	O41.1020	O41.1021	O41.1022	O41.1023
O41.1024	O41.1025	O41.1029	O41.1030	O41.1031	O41.1032	O41.1033	O41.1034
O41.1035	O41.1039	O41.1090	O41.1091	O41.1092	O41.1093	O41.1094	O41.1095
O41.1099	O41.1210	O41.1211	O41.1212	O41.1213	O41.1214	O41.1215	O41.1219
O41.1220	O41.1221	O41.1222	O41.1223	O41.1224	O41.1225	O41.1229	O41.1230
O41.1231	O41.1232	O41.1233	O41.1234	O41.1235	O41.1239	O41.1290	O41.1291
O41.1292	O41.1293	O41.1294	O41.1295	O41.1299	O41.1410	O41.1411	O41.1412
O41.1413	O41.1414	O41.1415	O41.1419	O41.1420	O41.1421	O41.1422	O41.1423
O41.1424	O41.1425	O41.1429	O41.1430	O41.1431	O41.1432	O41.1433	O41.1434
O41.1435	O41.1439	O41.1490	O41.1491	O41.1492	O41.1493	O41.1494	O41.1495

Primary Care (PC) Service JAWDA Performance Indicators

O41.1499	O41.8X10	O41.8X11	O41.8X12	O41.8X13	O41.8X14	O41.8X15	O41.8X19
O41.8X20	O41.8X21	O41.8X22	O41.8X23	O41.8X24	O41.8X25	O41.8X29	O41.8X30
O41.8X31	O41.8X32	O41.8X33	O41.8X34	O41.8X35	O41.8X39	O41.8X90	O41.8X91
O41.8X92	O41.8X93	O41.8X94	O41.8X95	O41.8X99	O41.90X0	O41.90X1	O41.90X2
O41.90X3	O41.90X4	O41.90X5	O41.90X9	O41.91X0	O41.91X1	O41.91X2	O41.91X3
O41.91X4	O41.91X5	O41.91X9	O41.92X0	O41.92X1	O41.92X2	O41.92X3	O41.92X4
O41.92X5	O41.92X9	O41.93X0	O41.93X1	O41.93X2	O41.93X3	O41.93X4	O41.93X5
O41.93X9	O42.00	O42.011	O42.012	O42.013	O42.019	O42.02	O42.10
O42.111	O42.112	O42.113	O42.119	O42.12	O42.90	O42.911	O42.912
O42.913	O42.919	O42.92	O43.011	O43.012	O43.013	O43.019	O43.021
O43.022	O43.023	O43.029	O43.101	O43.102	O43.103	O43.109	O43.111
O43.112	O43.113	O43.119	O43.121	O43.122	O43.123	O43.129	O43.191
O43.192	O43.193	O43.199	O43.211	O43.212	O43.213	O43.219	O43.221
O43.222	O43.223	O43.229	O43.231	O43.232	O43.233	O43.239	O43.811
O43.812	O43.813	O43.819	O43.891	O43.892	O43.893	O43.899	O43.90
O43.91	O43.92	O43.93	O44.00	O44.01	O44.02	O44.03	O44.10
O44.11	O44.12	O44.13	O45.001	O45.002	O45.003	O45.009	O45.011
O45.012	O45.013	O45.019	O45.021	O45.022	O45.023	O45.029	O45.091
O45.092	O45.093	O45.099	O45.8X1	O45.8X2	O45.8X3	O45.8X9	O45.90
O45.91	O45.92	O45.93	O46.001	O46.002	O46.003	O46.009	O46.011
O46.012	O46.013	O46.019	O46.021	O46.022	O46.023	O46.029	O46.091
O46.092	O46.093	O46.099	O46.8X1	O46.8X2	O46.8X3	O46.8X9	O46.90
O46.91	O46.92	O46.93	O47.00	O47.02	O47.03	O47.1	O47.9
O48.0	O48.1	O60.00	O60.02	O60.03	O60.10X0	O60.10X1	O60.10X2
O60.10X3	O60.10X4	O60.10X5	O60.10X9	O60.12X0	O60.12X1	O60.12X2	O60.12X3
O60.12X4	O60.12X5	O60.12X9	O60.13X0	O60.13X1	O60.13X2	O60.13X3	O60.13X4
O60.13X5	O60.13X9	O60.14X0	O60.14X1	O60.14X2	O60.14X3	O60.14X4	O60.14X5
O60.14X9	O60.20X0	O60.20X1	O60.20X2	O60.20X3	O60.20X4	O60.20X5	O60.20X9
O60.22X0	O60.22X1	O60.22X2	O60.22X3	O60.22X4	O60.22X5	O60.22X9	O60.23X0
O60.23X1	O60.23X2	O60.23X3	O60.23X4	O60.23X5	O60.23X9	O61.0	O61.1
O61.8	O61.9	O62.0	O62.1	O62.2	O62.3	O62.4	O62.8
O62.9	O63.0	O63.1	O63.2	O63.9	O64.0XX0	O64.0XX1	O64.0XX2
O64.0XX3	O64.0XX4	O64.0XX5	O64.0XX9	O64.1XX0	O64.1XX1	O64.1XX2	O64.1XX3
O64.1XX4	O64.1XX5	O64.1XX9	O64.2XX0	O64.2XX1	O64.2XX2	O64.2XX3	O64.2XX4
O64.2XX5	O64.2XX9	O64.3XX0	O64.3XX1	O64.3XX2	O64.3XX3	O64.3XX4	O64.3XX5
O64.3XX9	O64.4XX0	O64.4XX1	O64.4XX2	O64.4XX3	O64.4XX4	O64.4XX5	O64.4XX9
O64.5XX0	O64.5XX1	O64.5XX2	O64.5XX3	O64.5XX4	O64.5XX5	O64.5XX9	O64.8XX0
O64.8XX1	O64.8XX2	O64.8XX3	O64.8XX4	O64.8XX5	O64.8XX9	O64.9XX0	O64.9XX1
O64.9XX2	O64.9XX3	O64.9XX4	O64.9XX5	O64.9XX9	O65.0	O65.1	O65.2
O65.3	O65.4	O65.5	O65.8	O65.9	O66.0	O66.1	O66.2
O66.3	O66.40	O66.41	O66.5	O66.6	O66.8	O66.9	O67.0
O67.8	O67.9	O68	O69.0XX0	O69.0XX1	O69.0XX2	O69.0XX3	O69.0XX4
O69.0XX5	O69.0XX9	O69.1XX0	O69.1XX1	O69.1XX2	O69.1XX3	O69.1XX4	O69.1XX5
O69.1XX9	O69.2XX0	O69.2XX1	O69.2XX2	O69.2XX3	O69.2XX4	O69.2XX5	O69.2XX9
O69.3XX0	O69.3XX1	O69.3XX2	O69.3XX3	O69.3XX4	O69.3XX5	O69.3XX9	O69.4XX0

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O69.4XX1	O69.4XX2	O69.4XX3	O69.4XX4	O69.4XX5	O69.4XX9	O69.5XX0	O69.5XX1
O69.5XX2	O69.5XX3	O69.5XX4	O69.5XX5	O69.5XX9	O69.81X0	O69.81X1	O69.81X2
O69.81X3	O69.81X4	O69.81X5	O69.81X9	O69.82X0	O69.82X1	O69.82X2	O69.82X3
O69.82X4	O69.82X5	O69.82X9	O69.89X0	O69.89X1	O69.89X2	O69.89X3	O69.89X4
O69.89X5	O69.89X9	O69.9XX0	O69.9XX1	O69.9XX2	O69.9XX3	O69.9XX4	O69.9XX5
O69.9XX9	O70.0	O70.1	O70.20	O70.21	O70.22	O70.23	O70.3
O71.02	O71.03	O71.1	O71.2	O71.3	O71.4	O71.5	O71.6
O71.7	O71.81	O71.82	O71.89	O71.9	O72.0	O72.1	O72.2
O72.3	O73.0	O73.1	O74.0	O74.1	O74.2	O74.3	O74.4
O74.5	O74.6	O74.7	O74.8	O74.9	O75.0	O75.1	O75.2
O75.3	O75.4	O75.5	O75.81	O75.82	O75.89	O75.9	O76
O77.0	O77.1	O77.8	O77.9	O80	O82	O85	O86.0
O86.11	O86.12	O86.13	O86.19	O86.20	O86.21	O86.22	O86.29
O86.4	O86.81	O86.89	O87.0	O87.1	O87.2	O87.3	O87.4
O87.8	O87.9	O88.011	O88.012	O88.013	O88.019	O88.02	O88.03
O88.111	O88.112	O88.113	O88.119	O88.12	O88.13	O88.211	O88.212
O88.213	O88.219	O88.22	O88.23	O88.311	O88.312	O88.313	O88.319
O88.32	O88.33	O88.811	O88.812	O88.813	O88.819	O88.82	O88.83
O89.01	O89.09	O89.1	O89.2	O89.3	O89.4	O89.5	O89.6
O89.8	O89.9	O90.0	O90.1	O90.2	O90.3	O90.4	O90.5
O90.6	O90.81	O90.89	O90.9	O91.011	O91.012	O91.013	O91.019
O91.02	O91.03	O91.111	O91.112	O91.113	O91.119	O91.12	O91.13
O91.211	O91.212	O91.213	O91.219	O91.22	O91.23	O92.011	O92.012
O92.013	O92.019	O92.02	O92.03	O92.111	O92.112	O92.113	O92.119
O92.12	O92.13	O92.20	O92.29	O92.3	O92.4	O92.5	O92.6
O92.70	O92.79	O94	O98.011	O98.012	O98.013	O98.019	O98.02
O98.03	O98.111	O98.112	O98.113	O98.119	O98.12	O98.13	O98.211
O98.212	O98.213	O98.219	O98.22	O98.23	O98.311	O98.312	O98.313
O98.319	O98.32	O98.33	O98.411	O98.412	O98.413	O98.419	O98.42
O98.43	O98.511	O98.512	O98.513	O98.519	O98.52	O98.53	O98.611
O98.612	O98.613	O98.619	O98.62	O98.63	O98.711	O98.712	O98.713
O98.719	O98.72	O98.73	O98.811	O98.812	O98.813	O98.819	O98.82
O98.83	O98.911	O98.912	O98.913	O98.919	O98.92	O98.93	O99.011
O99.012	O99.013	O99.019	O99.02	O99.03	O99.111	O99.112	O99.113
O99.119	O99.12	O99.13	O99.210	O99.211	O99.212	O99.213	O99.214
O99.215	O99.280	O99.281	O99.282	O99.283	O99.284	O99.285	O99.310
O99.311	O99.312	O99.313	O99.314	O99.315	O99.320	O99.321	O99.322
O99.323	O99.324	O99.325	O99.330	O99.331	O99.332	O99.333	O99.334
O99.335	O99.340	O99.341	O99.342	O99.343	O99.344	O99.345	O99.350
O99.351	O99.352	O99.353	O99.354	O99.355	O99.411	O99.412	O99.413
O99.419	O99.42	O99.43	O99.511	O99.512	O99.513	O99.519	O99.52
O99.53	O99.611	O99.612	O99.613	O99.619	O99.62	O99.63	O99.711
O99.712	O99.713	O99.719	O99.72	O99.73	O99.810	O99.814	O99.815
O99.820	O99.824	O99.825	O99.830	O99.834	O99.835	O99.840	O99.841
O99.842	O99.843	O99.844	O99.845	O99.89	O9A.111	O9A.112	O9A.113

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O9A.119	O9A.12	O9A.13	O9A.211	O9A.212	O9A.213	O9A.219	O9A.22
O9A.23	O9A.311	O9A.312	O9A.313	O9A.319	O9A.32	O9A.33	O9A.411
O9A.412	O9A.413	O9A.419	O9A.42	O9A.43	O9A.511	O9A.512	O9A.513
O9A.519	O9A.52	O9A.53	O70.4	O70.9	O71.00		

Appendix B – ICD-10 CM CODES (E10, E11, E13, O24 Series)

E10.10	E10.11	E10.21	E10.22	E10.29	E10.311	E10.319	E10.3211
E10.3212	E10.3213	E10.3219	E10.3291	E10.3292	E10.3293	E10.3299	E10.3311
E10.3312	E10.3313	E10.3319	E10.3391	E10.3392	E10.3393	E10.3399	E10.3411
E10.3412	E10.3413	E10.3419	E10.3491	E10.3492	E10.3493	E10.3499	E10.3511
E10.3512	E10.3513	E10.3519	E10.3521	E10.3522	E10.3523	E10.3529	E10.3531
E10.3532	E10.3533	E10.3539	E10.3541	E10.3542	E10.3543	E10.3549	E10.3551
E10.3552	E10.3553	E10.3559	E10.3591	E10.3592	E10.3593	E10.3599	E10.36
E10.37X1	E10.37X2	E10.37X3	E10.37X9	E10.39	E10.40	E10.41	E10.42
E10.43	E10.44	E10.49	E10.51	E10.52	E10.59	E10.610	E10.618
E10.620	E10.621	E10.622	E10.628	E10.630	E10.638	E10.641	E10.649
E10.65	E10.69	E10.8	E10.9	E11.00	E11.01	E11.21	E11.22
E11.29	E11.311	E11.319	E11.3211	E11.3212	E11.3213	E11.3219	E11.3291
E11.3292	E11.3293	E11.3299	E11.3311	E11.3312	E11.3313	E11.3319	E11.3391
E11.3392	E11.3393	E11.3399	E11.3411	E11.3412	E11.3413	E11.3419	E11.3491
E11.3492	E11.3493	E11.3499	E11.3511	E11.3512	E11.3513	E11.3519	E11.3521
E11.3522	E11.3523	E11.3529	E11.3531	E11.3532	E11.3533	E11.3539	E11.3541
E11.3542	E11.3543	E11.3549	E11.3551	E11.3552	E11.3553	E11.3559	E11.3591
E11.3592	E11.3593	E11.3599	E11.36	E11.37X1	E11.37X2	E11.37X3	E11.37X9
E11.39	E11.40	E11.41	E11.42	E11.43	E11.44	E11.49	E11.51
E11.52	E11.59	E11.610	E11.618	E11.620	E11.621	E11.622	E11.628
E11.630	E11.638	E11.641	E11.649	E11.65	E11.69	E11.8	E11.9
E13.00	E13.01	E13.10	E13.11	E13.21	E13.22	E13.29	E13.311
E13.319	E13.3211	E13.3212	E13.3213	E13.3219	E13.3291	E13.3292	E13.3293
E13.3299	E13.3311	E13.3312	E13.3313	E13.3319	E13.3391	E13.3392	E13.3393
E13.3399	E13.3411	E13.3412	E13.3413	E13.3419	E13.3491	E13.3492	E13.3493
E13.3499	E13.3511	E13.3512	E13.3513	E13.3519	E13.3521	E13.3522	E13.3523
E13.3529	E13.3531	E13.3532	E13.3533	E13.3539	E13.3541	E13.3542	E13.3543
E13.3549	E13.3551	E13.3552	E13.3553	E13.3559	E13.3591	E13.3592	E13.3593
E13.3599	E13.36	E13.37X1	E13.37X2	E13.37X3	E13.37X9	E13.39	E13.40
E13.41	E13.42	E13.43	E13.44	E13.49	E13.51	E13.52	E13.59
E13.610	E13.618	E13.620	E13.621	E13.622	E13.628	E13.630	E13.638
E13.641	E13.649	E13.65	E13.69	E13.8	E13.9	O24.011	O24.012
O24.013	O24.019	O24.02	O24.03	O24.111	O24.112	O24.113	O24.119
O24.12	O24.13	O24.311	O24.312	O24.313	O24.319	O24.32	O24.33
O24.811	O24.812	O24.813	O24.819	O24.82	O24.83		

Summary of Changes 2025 V8

KPI #	Changes
PC001 – PC003, PC006 - PC008, PC015, PC017 - PC020, PC022	Retired the KPIs
PC004 – PC005	Revised Title, definition, and KPI content (Numerator & Denominator)
PC009 - PC014, PC016	Revised Denominator & Denominator Guidance: Added “As per DOH adjudication rule, 7-day follow-up from the last visit is NOT considered a separate visit”
PC021	Revised Title, definition, and KPI content (Numerator & Denominator)
PC023 - PC026	Added new KPI

Summary of Changes 2025 V8.1

KPI #	Changes
PC004	<ul style="list-style-type: none"> ○ Rephrase Denominator: All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who did a PHQ-9 within 24 hours of positive PHQ2 ○ Added in Denominator Exclusions: <ul style="list-style-type: none"> ○ Patients with a Documented Reason for not Screening for Depression (Patient refuses to participate for any reason) ○ Individuals who do not qualify for insurance benefits of psychiatric treatment
PC005	<ul style="list-style-type: none"> • Moved phrase “within the same primary care unit/facility/network” from Denominator to numerator • Added in Denominator Exclusions: <ul style="list-style-type: none"> ○ Patients with a Documented Reason for not Screening for Depression (Patient refuses to participate for any reason) ○ Individuals who do not qualify for insurance benefits of psychiatric treatment
PC009 - PC014, PC016	<ul style="list-style-type: none"> • Removed Denominator Guidance: Added “As per DOH adjudication rule, 7-day follow-up from the last visit is NOT considered a separate visit”
PC009, PC010, PC012, PC016, PC024	<ul style="list-style-type: none"> • Added in Numerator: <i>performed in the same or different facility</i> within 12 months prior to the end of the reporting quarter (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)
PC011, PC014	<ul style="list-style-type: none"> • Added in Numerator: performed in the same facility or network
PC023	<ul style="list-style-type: none"> • Revised Numerator: Patients whose most recent 2 abnormal blood pressure readings in separate encounters, performed in the same facility or network, was (systolic blood pressure ≥ 130 mmHg or diastolic blood pressure ≥ 80 mmHg) during the reporting quarter.
PC024	<ul style="list-style-type: none"> • Added in Denominator Exclusion: Individuals who have limitation of insurance benefits.
PC025	<ul style="list-style-type: none"> • Revised Numerator: Number of adult patients from the denominator with a documented BMI (BMI range 25 and above) performed in the same facility or network. Numerator Guidance: <i>If there are multiple visits in the reporting quarter, consider the visit with the abnormal BMI range (numerator values BMI range ≥ 25).</i> • Denominator: Total number of unique adult patients (≥ 18 years of age) who have at least one visit in the facility during the reporting quarter, Denominator Guidance: <i>The patient must be aged 18 and older on the date of visit.</i>

Summary of Changes 2025 V8.2

KPI #	Changes
PC004 - PC005	<ul style="list-style-type: none"> Removed Denominator Exclusions: Individuals who do not qualify for insurance benefits of psychiatric treatment
PC005	<ul style="list-style-type: none"> Rephrased Denominator Exclusions: Patients with a Documented Reason for not attending Follow-up appointments on Depression (Patient refuses to participate for any reason)
PC026	<ul style="list-style-type: none"> Rephrased Denominator: All adults aged 18 years and older patients who had a positive PHQ-9 screening and were treated in the same primary care center during the <i>same measurement period of positive screening</i>

Summary of Changes 2025 V8.3

KPI #	Changes
PC025	<ul style="list-style-type: none"> Added Numerator Inclusions: If no height & weight, or BMI is recorded during the measurement period, the patient's assessment is assumed "overweight or obese."

Summary of Changes 2025 V8.4

KPI #	Changes
PC09 to PC013	<p>Denominator: Rephrased the denominator definition.</p> <p>Total number of unique patients (≥18 to ≤75 years of age), with diabetes related outpatient visit/s during the reporting quarter AND who had at least 2 diabetes related outpatient visits within 09 months, by the same primary care unit/facility (prior to the reporting quarter)</p> <p style="text-align: center;">To</p> <p>Total number of unique outpatients (≥18 to ≤75 years of age), with a diagnosis of diabetes during the reporting quarter AND who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with the same primary care unit/facility (prior to the reporting quarter)</p> <p>Denominator guidance: Removed the word related and rephrased</p> <p>Diabetes related outpatient visit is face-to-face visits with primary or secondary diagnosis</p> <p style="text-align: center;">To</p> <p>Outpatient face-to-face visits with a primary or secondary diagnosis of diabetes.</p>
PC014, PC016, PC023	<p>Denominator: Rephrased the denominator definition</p> <p>Total number of unique patients ≥18 to ≤85 years of age, with hypertension related outpatient visit/s during the reporting quarter AND who had at least 2 hypertension related outpatient face-to-face visits (primary or secondary diagnosis) within 09 months, by the same primary care unit/facility (prior to the reporting quarter)</p> <p style="text-align: center;">TO</p>

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	<p>Total number of unique outpatients (≥ 18 to ≤ 85 years of age), with a diagnosis of hypertension during the reporting quarter AND who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with the same primary care unit/facility (prior to the reporting quarter)</p> <p>Denominator Guidance: Removed the word related and rephrased</p> <p>Hypertension related outpatient visit is face-to-face visits with primary or secondary diagnosis</p> <p style="text-align: center;">TO</p> <p>Outpatient face-to-face visits with a primary or secondary diagnosis of hypertension</p>
PC021	<p>Denominator: Rephrased the denominator definition</p> <p>Total number of children (18 month to 24 months) who received well child vaccination during the reporting quarter.</p> <p style="text-align: center;">To</p> <p>Total number of children (18 month to 24 months) with an outpatient visit during the reporting quarter.</p> <p>Denominator Guidance: Rephrased the guidance.</p> <ul style="list-style-type: none"> o The age limit will apply to the patient's visit in the reporting facility within the reporting quarter. However, the vaccination may be done in the same or different facility in the reporting quarter or prior to it <p style="text-align: center;">To</p> <ul style="list-style-type: none"> o The age limit will apply to the patient's visit in the reporting facility within the reporting quarter. <p>Denominator Guidance: Removed the second bullet:</p> <p>The consultations should be by the same provider, however, can be by the same primary care unit/facility.</p> <p>Added consultation codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</p>
PC024	<p>Denominator Exclusion: Rephrased the sentence</p> <p>Patients with known diagnosis of dyslipidemia (ICD-10 codes: E78 series) prior to the first encounter in the same facility within the measurement time frame i.e. 12 months prior to the end of the reporting quarter.</p> <p style="text-align: center;">TO</p> <p>Patients who were diagnosed of dyslipidemia (ICD-10 codes: E78 series) prior to the first encounter in the reporting facility.</p>

Summary of Changes 2025 V8.5

KPI #	Changes
PC004	<p>Changed the title-</p> <p>Percentage of patients diagnosed with depression after positive screening</p> <p>To</p> <p>Percentage of Patients Completing the PHQ-9 Within 24 Hours After a Positive PHQ-2 Result</p> <p>Definition: Rephrased: Percentage of patients aged 18 years and older at the beginning of the reporting quarter, who did PHQ-9 screening (Completed documentation) within 24 hrs. of being screened positive on PHQ2.</p> <p>Denominator Rephrased the sentence: All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who did a PHQ-9 within 24 hours of positive PHQ2.</p> <p>To</p> <p>All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who were screened positive on PHQ-2.</p> <p>Denominator guidance: Added- In the reporting quarter, if multiple positive PHQ2 screenings conducted consider first one only.</p> <p>Numerator Rephrased the sentence: Total number of unique patients from the denominator who had a positive PHQ-9 ≥ 5 within 24 hours.</p> <p>To</p> <p>Total number of unique patients from the denominator who did PHQ-9 screening (Completed documentation) within 24 hrs of positive PHQ-2.</p>

Summary of Changes 2025 V8.6

KPI #	Changes
PC004	<p>Added in Denominator Guidance the patient requirement:</p> <p>Calculate the number of patients who are covered through THIQA Insurance.</p>

Summary of Changes 2026 V9

KPI #	Changes
PC005 & PC025	<ul style="list-style-type: none"> ○ Added Denominator Exclusion: All ABM Mandate encounters
PC010	<ul style="list-style-type: none"> ○ Changed the Good control rate target from ($\leq 7.0\%$) to ($\leq 8.0\%$)
PC024	<p>Added in the Denominator Exclusion:</p>

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	<ul style="list-style-type: none"> ○ Pregnancy (during the reporting quarter) <i>Appendix A (000- 09A)</i> ○ Patients previously diagnosed with dyslipidemia (<i>ICD-10 codes: E78 series</i>): <ul style="list-style-type: none"> ○ New patients in the reporting facility/network: Diagnosed prior to the first encounter in the reporting facility/network within the denominator time frame ○ Established patients in the reporting facility/network: <ul style="list-style-type: none"> ▪ Diagnosed prior to the denominator timeframe in any facility/network ▪ Diagnosed within the denominator timeframe by another facility/network
PC026	Added Example Table for Calculation of Timeframe
PC09 to PC013	Denominator Guidance: rephrased Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).
PC014, PC016, PC023	Denominator Guidance: rephrased Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).