# Value-Based Program Metrics

## Performance Year 2023

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# Alphabetical Listing of Metrics

- Adults Access to Preventive/Ambulatory Health Services
- Antidepressant Medication Management- Acute Phase
- Antidepressant Medication Management- Continuous Phase
- Asthma Medication Ratio
- Breast Cancer Screening
- Care for Older Adults- Pain Assessment
- Cervical Cancer Screening
- Child & Adolescent Well Care Visits
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Depression Remission at Twelve Months
- Depression Screening & Follow-Up
- Diabetes: A1c Control (<8%)
- Diabetes: A1c Poor Control (>9%)
- Diabetes: A1c Testing
- Diabetes: BP Control (<140/90)

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# Alphabetical Listing of Metrics

- Diabetes: Eye Exam
- Diabetes: Kidney Health Evaluation
- Fall Risk Screening
- Follow-Up after ED Visit
- Immunizations for Adolescents- Combo 2
- Influenza Immunization
- Medication Adherence for Cholesterol (Statins)
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS antagonists)
- Osteoporosis Management
- Plan All-Cause Readmissions
- Statin Therapy for Cardiovascular Disease- Adherence
- Statin Therapy for Diabetics
- Statin Therapy for the Treatment & Prevention of Cardiovascular Disease
- Tobacco Use: Screening & Cessation
- Weight Assessment & Counseling for Children/Adolescents:
  - BMI Percentile
  - Nutrition Counseling
  - Physical Activity
- Well Child Visits - 15 Months to 30 Months

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# Medicare ACO

- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Depression Remission at Twelve Months
- Depression Screening & Follow-Up
- Diabetes: A1c Poor Control (>9%)
- Fall Risk Screening
- Influenza Immunization
- Statin Therapy for the Treatment and Prevention of Cardiovascular Disease
- Tobacco Use: Screening & Cessation

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# Horizon Commercial

- Adults Access to Preventive/Ambulatory Health Services
- Antidepressant Medication Management- Acute Phase
- Antidepressant Medication Management- Continuous Phase
- Asthma Medication Ratio
- Breast Cancer Screening
- Cervical Cancer Screening
- Child & Adolescent Well Care Visits
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Diabetes:
  - A1c Poor Control (>9%)
  - Eye Exam
  - Kidney Health Evaluation
- Immunizations for Adolescents- Combo 2
- Statin Therapy for Cardiovascular Disease- Adherence
- Weight Assessment & Counseling for Children/Adolescents:
  - BMI Percentile
  - Nutrition Counseling
  - Physical Activity
- Well Child Visits - 15 Months to 30 Months

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# Aetna Commercial

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Diabetes: A1c Control (<8%)
- Diabetes: A1c Poor Control (>9%)
- Diabetes: A1c Testing
- Diabetes: BP Control (<140/90)

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# Cigna Commercial

- Breast Cancer Screening
- Diabetes: A1c Control (<8%)
- Diabetes: Eye Exam
- Child & Adolescent Well Care Visits

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# AmeriHealth Commercial

- Breast Cancer Screening
- Colorectal Cancer Screening
- Diabetes: A1c Control (<8%)
- Diabetes: Eye Exam
- Diabetes: Kidney Health Evaluation
- Statin Therapy for Cardiovascular Disease- Adherence
- Statin Therapy for Diabetics

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# Aetna Medicare

- Breast Cancer Screening
- Care for Older Adults- Pain Assessment
- Colorectal Cancer Screening
- Diabetes: A1c Control (<8%)
- Diabetes: Eye Exam
- Diabetes: Kidney Health Evaluation
- Follow-Up after ED Visit
- Medication Adherence for Cholesterol (Statins)
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS antagonists)
- Osteoporosis Management
- Plan All-Cause Readmissions
- Statin Therapy for Cardiovascular Disease- Adherence
- Statin Therapy for Diabetics

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# Horizon Medicare

- Adults Access to Preventive/Ambulatory Health Services
- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure (<140/90)
- Diabetes: A1c Poor Control (>9%)
- Diabetes: Eye Exam
- Diabetes: Kidney Health Evaluation
- Medication Adherence for Cholesterol (Statins)
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS antagonists)
- Plan All-Cause Readmissions

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# Adults Access to Preventive/Ambulatory Health Services

**Metric Specifications**

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# Adults Access to Preventive/Ambulatory Health Services

**Denominator:**

- Patients ages 20 years or older as of December 31 of the measurement year

**Numerator:**

- The number of patients 20 years & older as of December 31 of the measurement year who received one or more of the following ambulatory or preventive care visits:
  - Ambulatory Visits
  - Other Ambulatory Visits
  - Telephone Visits
  - Online Assessments
- **Medicare (Braven)** patients who had an ambulatory or preventive care visit during the measurement year

- **Commercial** patients who had an ambulatory or preventive care visit during the measurement year or the 2 years prior to the measurement year

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Included in: Horizon Commercial (Reporting Only Measure), Horizon Medicare

# Adults Access to Preventive/Ambulatory Health Services

**Exclusions:**

- Patients in hospice

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Included in: Horizon Commercial (Reporting Only Measure), Horizon Medicare

# Antidepressant Medication Management- Acute Phase

## Metric Specifications

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# Antidepressant Medication Management- Acute Phase

**Denominator:**

- Patients 18 years of age & older who are prescribed an antidepressant medication & have a diagnosis of major depression

**Numerator:**

- Patients 18 years of age & older who were treated with antidepressant medication, had a diagnosis of major depression & who remained on an antidepressant medication treatment at least 84 days (12 weeks) during measurement year

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Included in: Horizon Commercial (Reporting Only Measure)

# Antidepressant Medication Management- Acute Phase

## Options to Close Care Gap:

***Antidepressant Medications***

| Description | Prescription | | |
|---|---|---|---|
| Miscellaneous antidepressants | • Bupropion | • Vilazodone | • Vortioxetine |
| Monoamine oxidase inhibitors | • Isocarboxazid<br>• Phenelzine | • Selegiline<br>• Tranylcypromine | |
| Phenylpiperazine antidepressants | • Nefazodone | • Trazodone | |
| Psychotherapeutic combinations | • Amitriptyline-chlordiazepoxide | • Amitriptyline-perphenazine | • Fluoxetine-olanzapine |
| SNRI antidepressants | • Desvenlafaxine<br>• Duloxetine | • Levomilnacipran<br>• Venlafaxine | |
| SSRI antidepressants | • Citalopram<br>• Escitalopram | • Fluoxetine<br>• Fluvoxamine | • Paroxetine<br>• Sertraline |
| Tetracyclic antidepressants | • Maprotiline | • Mirtazapine | |
| Tricyclic antidepressants | • Amitriptyline<br>• Amoxapine<br>• Clomipramine | • Desipramine<br>• Doxepin (>6 mg)<br>• Imipramine | • Nortriptyline<br>• Protriptyline<br>• Trimipramine |

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# Antidepressant Medication Management- Continuous Phase

**Metric Specifications**

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# Antidepressant Medication Management- Continuous Phase

**Denominator:**

- Patients 18 years of age & older who are prescribed an antidepressant medication & have a diagnosis of major depression

**Numerator:**

- Patients 18 years of age & older who were treated with antidepressant medication, had a diagnosis of major depression & who remained on an antidepressant medication treatment at least 180 days (6 months) during measurement year

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Included in: Horizon Commercial (Reporting Only Measure)

# Antidepressant Medication Management- Continuous Phase

## Options to Close Care Gap:

***Antidepressant Medications***

| Description | Prescription | | |
|---|---|---|---|
| Miscellaneous antidepressants | • Bupropion<br>• Isocarboxazid<br>• Phenelzine | • Vilazodone<br>• Selegiline<br>• Tranylcypromine | • Vortioxetine |
| Monoamine oxidase inhibitors | | | |
| Phenylpiperazine antidepressants | • Nefazodone | • Trazodone | |
| Psychotherapeutic combinations | • Amitriptyline-chlordiazepoxide | • Amitriptyline-perphenazine | • Fluoxetine-olanzapine |
| SNRI antidepressants | • Desvenlafaxine<br>• Duloxetine | • Levomilnacipran<br>• Venlafaxine | |
| SSRI antidepressants | • Citalopram<br>• Escitalopram | • Fluoxetine<br>• Fluvoxamine | • Paroxetine<br>• Sertraline |
| Tetracyclic antidepressants | • Maprotiline | • Mirtazapine | |
| Tricyclic antidepressants | • Amitriptyline<br>• Amoxapine<br>• Clomipramine | • Desipramine<br>• Doxepin (>6 mg)<br>• Imipramine | • Nortriptyline<br>• Protriptyline<br>• Trimipramine |

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Included in: Horizon Commercial (Reporting Only Measure)

# Asthma Medication Ratio

## Metric Specifications

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# Asthma Medication Ratio

**Denominator:**

- The number of patients 5-64 years of age who were identified as having persistent asthma

**Numerator:**

- The number of patients who have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year

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# Asthma Medication Ratio

**Exclusions:**

- Patients who had the following diagnoses, any time during the patient's history through December 31 of the measurement year:
  - Emphysema
  - Other Emphysema
  - COPD
  - Obstructive Chronic Bronchitis
  - Chronic Respiratory Conditions Due to Fumes or Vapors
  - Cystic Fibrosis
  - Acute Respiratory Failure
- Patients who had no asthma controller or reliever medications dispensed during the measurement year
- Patients in hospice

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# Asthma Medication Ratio

## Asthma Controller Medications:

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Antibody inhibitors | Omalizumab | Omalizumab Medications List | Injection |
| Anti-interleukin-4 | Dupilumab | Dupilumab Medications List | Injection |
| Anti-interleukin-5 | Benralizumab | Benralizumab Medications List | Injection |
| Anti-interleukin-5 | Mepolizumab | Mepolizumab Medications List | Injection |
| Anti-interleukin-5 | Reslizumab | Reslizumab Medications List | Injection |
| Inhaled steroid combinations | Budesonide-formoterol | Budesonide Formoterol Medications List | Inhalation |
| Inhaled steroid combinations | Fluticasone-salmeterol | Fluticasone Salmeterol Medications List | Inhalation |
| Inhaled steroid combinations | Fluticasone-vilanterol | Fluticasone Vilanterol Medications List | Inhalation |
| Inhaled steroid combinations | Formoterol-mometasone | Formoterol Mometasone Medications List | Inhalation |
| Inhaled corticosteroids | Beclomethasone | Beclomethasone Medications List | Inhalation |
| Inhaled corticosteroids | Budesonide | Budesonide Medications List | Inhalation |
| Inhaled corticosteroids | Ciclesonide | Ciclesonide Medications List | Inhalation |
| Inhaled corticosteroids | Flunisolide | Flunisolide Medications List | Inhalation |
| Inhaled corticosteroids | Fluticasone | Fluticasone Medications List | Inhalation |
| Inhaled corticosteroids | Mometasone | Mometasone Medications List | Inhalation |
| Leukotriene modifiers | Montelukast | Montelukast Medications List | Oral |
| Leukotriene modifiers | Zafirlukast | Zafirlukast Medications List | Oral |
| Leukotriene modifiers | Zileuton | Zileuton Medications List | Oral |
| Methylxanthines | Theophylline | Theophylline Medications List | Oral |

## Asthma Reliever Medications:

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Short-acting, inhaled beta-2 agonists | Albuterol | Albuterol Medications List | Inhalation |
| Short-acting, inhaled beta-2 agonists | Levalbuterol | Levalbuterol Medications List | Inhalation |

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Included in: Horizon Commercial

# Breast Cancer Screening

## Metric Specifications

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# Breast Cancer Screening

**Denominator:**

- Female patients who were ages 52 through 74 as of the end of the plan year December 31 of the measurement year  (two-year look-back)

**Numerator:**

- Female patients with one or more mammograms any time in the 27 months prior to December 31 of the measurement year

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Breast Cancer Screening

**Exclusions:**

- Bilateral mastectomy or two unilateral mastectomies on opposite breasts
- Transgender patients who are female to male & had a bilateral mastectomy
- Patients in hospice & patients 66 years or older who have been diagnosed with an advanced illness & frailty
- Patients receiving palliative care
- Please note:
  - Transgender patients who are female to male & did not have a bilateral mastectomy must remain in the measure because they still may have biological risk
  - Transgender patients who are male to female, should remain in the measure regardless of whether they have implants &/or are taking hormones (taking hormones can increase the risk of breast cancer)

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Breast Cancer Screening

**Options to Close Care Gap:**

- Mammography during the performance year

**Additional Notes:**

- Biopsies, breast ultrasounds & MRIs do not meet compliance for this measure because they are not appropriate methods for primary cancer screening

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Care for Older Adults- Pain Assessment

**Metric Specifications**

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# Care for Older Adults
# Pain Assessment

**Denominator:**

- Adults 66 years & older (as of December 31 of the measurement year) & are part of the Dual-Eligible Special Needs Population

**Numerator:**

- At least one pain assessment during the measurement year, as documented through either administrative data or medical record review
- Notation alone of a pain management plan does not meet criteria

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# Care for Older Adults
# Pain Assessment

**Exclusions:**

- Patients in hospice
- Services provided in an acute inpatient setting

**Options to Close Care Gap:**

- Documentation in the medical record must include evidence of a pain assessment & the date when it was performed
- Pain Assessment indicators do not require a specific setting. Therefore, services rendered during a telephone visit, e-visit or virtual check-in meet criteria

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# Care for Older Adults
# Pain Assessment

**Options to Close Care Gap: (continued)**

- Notations for a pain assessment must include one of the following:
  - Documentation that the patient was assessed for pain (which may include positive or negative findings for pain)
  - Result of assessment using a standardized pain assessment tool, not limited to:
    - Numeric rating scales (verbal or written)
    - Face, Legs, Activity, Cry Consolability (FLACC) scale
    - Verbal descriptor scales (5–7 Word Scales, Present Pain Inventory)
    - Pain Thermometer
    - Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale)
    - Visual analogue scale
    - Brief Pain Inventory
    - Chronic Pain Grade
    - Pain Assessment in Advanced Dementia (PAINAD) Scale
    - PROMIS Pain Intensity Scale

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# Cervical Cancer Screening

## Metric Specifications

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# Cervical Cancer Screening

**Denominator:**

- Female patients who were ages 21 through 64 years of age as of the end of the plan year December 31 of the measurement year

**Numerator:**

- The number of females who were screened for cervical cancer using the criteria below:
    - Women 21–64 years of age who had cervical cytology performed every 3 years
    - Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
    - Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years

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Included in: Horizon Commercial, Aetna Commercial

# Cervical Cancer Screening

**Exclusions:**

- Patients who have had a total hysterectomy
- Patients in hospice
- Patients receiving palliative care
- If it is documented in the medical record that the patient was born male (e.g., transgender male to female), then this is evidence that the patient does not have a cervix & the patient meets optional exclusion criteria & may be removed from the measure
- Patients born female who transition to male can be excluded from the measure if they have documentation of a total hysterectomy

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Included in: Horizon Commercial, Aetna Commercial

# Cervical Cancer Screening

**Options to Close Care Gap:**

- Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology during the measurement year or the two years prior to the measurement year
- Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing during the measurement year or the four years prior to the measurement year **&** who were 30 years or older on the date of the test

***Note: Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing; therefore, additional methods to identify co-testing are not necessary***.

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Included in: Horizon Commercial, Aetna Commercial

# Child & Adolescent Well-Care Visit

## Metric Specifications

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# Child & Adolescent Well-Care Visit

**Denominator:**

- Patients who were ages 3 through 21 as of the end of the measurement year

**Numerator:**

- Patients who had one comprehensive well-care visit with a PCP or OB/GYN in the measurement year

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Included in: Cigna Commercial, Horizon Commercial

# Colorectal Cancer Screening

## Metric Specifications

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# Colorectal Cancer Screening

**Denominator:**

- All patients age 50 to 75 years or older as of December 31 of the measurement year

**Numerator:**

- The number of patients who receive an appropriate screening for colorectal cancer

**Exclusions:**

- Patients with a diagnosis of colorectal cancer or total colectomy
- Patients in hospice & patients 66 years or older who have been diagnosed with an advanced illness & frailty
- Patients receiving palliative care

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Colorectal Cancer Screening

**Options to Close Care Gap:**

- Fecal occult blood test during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Colonoscopy during the measurement year or the nine years prior to the measurement year
- CT colonography during the measurement year or the four years prior to the measurement year
- FIT-DNA (Cologuard) during the measurement year or the two years prior to the measurement year

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Controlling High Blood Pressure (<140/90)

## Metric Specifications

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# Controlling High Blood Pressure (<140/90)

**Denominator:**

- All patients age 18 to 85 years or older as of December 31 of the measurement year who had a diagnosis of hypertension (HTN)

**Numerator:**

- The number of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) with adequate control
  - Adequate Control: most recent systolic BP <140 mm HG & diastolic BP of <90 mm Hg
  - If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic & lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the patient is “not controlled.” Reported SBP & DBP readings must be from the same day.

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Controlling High Blood Pressure (<140/90)

**Exclusions:**

- Patients in hospice & patients 66 years or older who have been diagnosed with an advanced illness & frailty

**Options to Close Care Gap:**

| Code | Value Set | Definition | Code System |
|---|---|---|---|
| 3079F | Diastolic 80-89 | Most recent diastolic blood pressure | CPT-CAT-II |
| 3078F | Diastolic Less Than 80 | Most recent diastolic blood pressure | CPT-CAT-II |
| I10 | Essential Hypertension | (I10) Essential (primary) hypertension | ICD 10 CM |
| 3074F | Systolic Less Than 140 | Most recent systolic blood pressure | CPT-CAT-II |
| 3075F | Systolic Less Than 140 | Most recent systolic blood pressure | CPT-CAT-II |

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Controlling High Blood Pressure (<140/90)

**Additional Notes:**

- Does not include BP taken during an acute inpatient stay, ED visit, or on the same day as a diagnostic test or therapeutic procedure
- Does not include BP readings taken by the patient using a non-digital device
- Only BP readings performed by a clinician or remote monitoring device are acceptable

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Depression Remission at Twelve Months

## Metric Specifications

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# Depression Remission at Twelve Months

**Denominator:**

- All patients 12 years of age & older with major depression or dysthymia & an initial PHQ-9 score greater than 9 between November 1st of 2 years prior to the measurement year & October 31st of the year prior to the measurement year (Index Period)
    - Diagnosis & PHQ-9 must occur on same date
    - If more than one PHQ-9 score was obtained during the index period, use the first score that was greater than 9

**Numerator:**

- Patients 12 years of age & older who achieved remission twelve months as demonstrated by a twelve-month (+/- 60 days) PHQ-9 or PHQ-9M score less than five

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# Depression Remission at Twelve Months

**Exclusions:**

- Permanent nursing home resident (does not include patients residing in assisted living or group homes)
- Active diagnosis of:
  - Bipolar disorder
  - Personality disorder
  - Schizophrenia or psychotic disorder
  - Pervasive developmental disorder
  - Personality disorder emotionally labile

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Included in: Medicare ACO

# Depression Remission at Twelve Months

**Additional Notes:**

- Must use the PHQ-9
  - A negative PHQ-2 does not count for this measure since the patient has already been diagnosed with depression
- Diagnosis & PHQ-9 must occur on same date
- If more than one PHQ-9 score was obtained during the index period, use the first score that was greater than 9
- If more than one PHQ-9 score was obtained between the 10 & 14 month window, use the most recent score

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# Depression Screening & Follow-Up

## Metric Specifications

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# Depression Screening & Follow-Up

**Denominator:**

- All patients 12 years of age & older as of December 31 of the measurement year

**Numerator:**

- Patients 12 years of age & older who were screened for depression & if positive, a follow-up plan is documented

**Exclusions:**

- Active diagnosis of:
  - Bipolar disorder
  - Depression

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Included in: Medicare ACO

# Depression Screening & Follow-Up

**Exceptions:**

- Medical reason- patient is in an emergent situation
- Patient reason- patient refuses
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of the screening (i.e. certain court appointed cases or cases of delirium)

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# Depression Screening & Follow-Up

**Options to Close Care Gap:**

- A qualified healthcare professional must interpret the screening
- F/U plan must be documented on the same day as the positive screening
- Screening &/or f/u plan may be completed during a telehealth encounter
- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner who is qualified to diagnose & treat depression
- Pharmacological interventions
- Other interventions or f/u for the diagnosis or treatment of depression

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Included in: Medicare ACO

# Depression Screening & Follow-Up

**Additional Notes:**

- Approved Screenings Age 12-17
  - Patient Health Questionnaire for Adolescents (PHQ-A)
  - Beck Depression Inventory- Primary Care Version (BDI-PC)
  - Mood Feeling Questionnaire (MFQ)
  - Center for Epidemiologic Studies Depression Scale (CES-D)
  - Patient Health Questionnaire (PHQ-9)
  - Pediatric Symptom Checklist (PSC-17)
  - PRIME MD-PHQ-2

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# Depression Screening & Follow-Up

**Additional Notes:**

- Approved Screenings Age 18 & older
    - Patient Health Questionnaire (PHQ-9)
    - Beck Depression Inventory (BDI or BDI-II)
    - Center for Epidemiologic Studies Depression Scale (CES-D)
    - Computerized Adaptive Diagnostic Screener (CAD-MDD)
    - Duke Anxiety-Depression Scale (DADS)
    - Cornell Scale for Depression in Dementia (CSDD)
    - PRIME MD-PHQ-2
    - Hamilton Rating Scale for Depression (HAM-D)
    - Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
    - Computerized Adaptive Testing Depression Inventory (CAT-DI)
    - Depression Scale (DEPS)
    - Geriatric Depression Scale (GDS)

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# Depression Screening & Follow-Up

**Additional Notes:**

- Name of the approved depression screening tool must be documented in the EMR
- Date & result of an approved screening tool
    - Result must include the interpretation by the physician (positive vs negative)
- If a f/u plan is required, documentation of discussion of the plan must be included
    - Must be specified as an intervention that pertains to depression (eg, “patient referred for psychiatric evaluation due to positive depression screening”)

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# Diabetes: A1c Control (<8%)

**Metric Specifications**

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# Diabetes: A1c Control (<8%)

**Denominator:**

- Patients with  diabetes (Type 1 & Type 2) who are ages 18 through 75 as of December 31 of the measurement year

**Numerator:**

- Patients who are compliant with the most recent measurement year HbA1c level is less the 8%.  The patients is not compliant if the most recent lab result is greater than 8% or if there are no lab results.

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Included in: Aetna Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare

# Diabetes: A1c Control (<8%)

**Exclusions:**

- Patients 66 years of age & older as of December 31 of the measurement year (all product lines) with frailty ***&*** advanced illness

**Options to Close Care Gap:**

- 3044F- HbA1c test value less than or equal to 7.0
- 3051F- HbA1c test value greater than or equal to 7.0 & less than 8.0
- 3052F- HbA1c test value greater than or equal to 8.0 & less than 9.0

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Included in: Aetna Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare

# Diabetes: A1c Poor Control (>9%)

## Metric Specifications

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# Diabetes: A1c Poor Control (>9%)

**Denominator:**

- Patients with  diabetes (Type 1 & Type 2) who are ages 18 through 75 as of December 31 of the measurement year

**Numerator:**

- Patients who are compliant with the most recent measurement year HbA1c level is greater then 9% or if there are no lab results.  The patient is not compliant if the most recent lab result is less than or equal to 9%.

Inverse measure- lower score equals better quality

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Diabetes: A1c Poor Control (>9%)

**Exclusions:**

- ***Note:*** *Supplemental & medical record data may not be used for these exclusions*
- Medicare patients 66 years of age & older as of December 31 of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year
- Patients 66 years of age & older as of December 31 of the measurement year (all product lines) with frailty ***&*** advanced illness

Inverse measure- lower score equals better quality

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Diabetes: A1c Poor Control (>9%)

**Options to Close Care Gap:**

- 3044F- HbA1c test value less than or equal to 7.0
- 3051F- HbA1c test value greater than or equal to 7.0 & less than 8.0
- 3052F- HbA1c test value greater than or equal to 8.0 & less than 9.0

**Additional Notes:**

- Ranges & thresholds do not meet criteria for this indicator. A distinct numeric results is required
- HbA1c finger stick test administered by a healthcare provider at the point of care are allowed

Inverse measure- lower score equals better quality

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Diabetes: A1c Poor Control (>9%)

**Value-Based Program Differences:**

- Horizon Commercial & Aetna Commercial: Exclusion of patients with polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes

Inverse measure- lower score equals better quality

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Included in: Medicare ACO, Horizon Commercial, Aetna Commercial, Horizon Medicare

# Diabetes: A1c Testing

## Metric Specifications

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# Diabetes: A1c Testing

**Denominator:**
- Patients with diabetes who are ages 18 through 75 as of December 31 of the measurement year

**Numerator:**
- Patients who had an HbA1C test performed any time during the 12-month assessment period

**Exclusions:**
- Exclude patients for whom both of the following applies:
  - Have a diagnosis of polycystic ovaries, gestational or steroid induced diabetes
  - Did not have a face-to-face encounter with a diagnosis of diabetes

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# Diabetes: A1c Testing

**Options to Close Care Gap:**

- 3044F- HbA1c test value less than or equal to 7.0
- 3051F- HbA1c test value greater than or equal to 7.0 & less than 8.0
- 3052F- HbA1c test value greater than or equal to 8.0 & less than 9.0

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# Diabetes: BP Control (<140/90)

**Metric Specifications**

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# Diabetes: BP Control (<140/90)

**Denominator:**

- Patients with diabetes who are ages 18 through 75 as of December 31 of the measurement year

**Numerator:**

- Most recent BP reading was <140/90 mm Hg in the measurement year

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Included in: Aetna Commercial

# Diabetes: BP Control (<140/90)

**Exclusions:**

- Patients in hospice & patients 66 years or older who have been diagnosed with an advanced illness & frailty

**Options to Close Care Gap:**

| Code | Value Set | Definition | Code System |
|---|---|---|---|
| 3079F | Diastolic 80-89 | Most recent diastolic blood pressure | CPT-CAT-II |
| 3078F | Diastolic Less Than 80 | Most recent diastolic blood pressure | CPT-CAT-II |
| I10 | Essential Hypertension | (I10) Essential (primary) hypertension | ICD 10 CM |
| 3074F | Systolic Less Than 140 | Most recent systolic blood pressure | CPT-CAT-II |
| 3075F | Systolic Less Than 140 | Most recent systolic blood pressure | CPT-CAT-II |

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Included in: Aetna Commercial

# Diabetes: Eye Exam

## Metric Specifications

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# Diabetes: Eye Exam

**Denominator:**

- Patients with  diabetes (Type 1 & Type 2) who are ages 18 through 75 as of December 31 of the measurement year

**Numerator:**

- A retinal or dilated eye exam conducted by an optometrist or ophthalmologist in the calendar year
- A negative retinal or dilated eye exam by an eye care professional in year prior of measurement year

**Exclusions:**

- Patients with polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes
- Patients in hospice & patients 66 years or older who have been diagnosed with an advanced illness & frailty
- Patients receiving palliative care

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Included in: Horizon Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Diabetes: Eye Exam

**Options to Close Care Gap:**

| Diabetic retinopathy screening codes |
|---|
| **2022F –** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy |
| **2023F –** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy |
| **2024F –** 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM) |
| **2025F –** 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy |
| **2026F –** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed (DM) |
| **2033F –** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy |
| **3072F –** Low risk for retinopathy (no evidence of retinopathy in the prior year) |

| Unilateral eye enucleation codes | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **CPT** | 65091 | 65093 | 65101 | 65103 | 65105 | 65110 | 65112 | 65114 |

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Included in: Horizon Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Diabetes: Eye Exam

**Value-Based Program Differences:**

- AmeriHealth Commercial:
  - Numerator inclusion: bilateral eye enucleation anytime during the patient's history though December 31 of measurement year
  - No exclusions identified

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Included in: Horizon Commercial, Cigna Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Diabetes: Kidney Health Evaluation

## Metric Specifications

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# Diabetes: Kidney Health Evaluation

**Denominator:**

- Patients with  diabetes (Type 1 & Type 2) who are ages 18 through 85 as of December 31 of the measurement year

**Numerator:**

- Patients who receive both estimated glomerular filtration rate (eGFR) & a urine albumin creatinine ratio (uACR) during the measurement year on the same or different dates of service
  - uACR test can be identified by either of the following:
    - Both a quantitative urine albumin test & a urine creatinine test with service dates four days or less apart
    - A urine albumin creatinine ratio (uACR) test

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Included in: Horizon Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Diabetes: Kidney Health Evaluation

**Options to Close Care Gap:**

- Claim/encounter submission with appropriate coding

| Kidney evaluation testing codes | CPT code |
|---|---|
| **Estimated Glomerular Filtration Rate Lab Test** | 80047 80048 80050 80053 80059 82565 |
| **Quantitative Urine Albumin Lab Test** | 82043 |
| **Urine Creatinine Lab Test** | 82570 |

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Included in: Horizon Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Diabetes: Kidney Health Evaluation

**Exclusion**

- Claim/encounter submission with appropriate exclusion coding for underlying conditions or drug or chemical induced diabetes with complication

| Exclusion reason | ICD-10CM | | |
|---|---|---|---|
| **Diabetes mellitus due to underlying conditions** | E08.311 | E08.319 | E08.3219 |
| | E08.3299 | E08.3319 | E08.3399 |
| | E08.3419 | E08.3499 | E08.3519 |
| | E08.3529 | E08.3539 | E08.3549 |
| | E08.3559 | E08.3599 | E08.37X9 |
| | E08.40 | E08.40 | |
| **Drug or chemical induced Diabetes mellitus** | E09.311 | E09.319 | E09.3219 |
| | E09.3299 | E09.3319 | E09.3399 |
| | E09.3419 | E09.3499 | E09.3519 |
| | E09.3529 | E09.3539 | E09.3549 |
| | E09.3559 | E09.3599 | E09.37X9 |
| | E09.40 | E09.40 | |

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Included in: Horizon Commercial, AmeriHealth Commercial, Aetna Medicare, Horizon Medicare

# Fall Risk Screening

## Metric Specifications

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# Fall Risk Screening

**Denominator:**

- All patients age 65 years of age & older as of December 31 of the measurement year

**Numerator:**

- The number of patients who were screened for future fall risk at least once within the measurement year

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# Fall Risk Screening

**Definitions:**

- **Screening for Future Fall Risk:** Assessment of whether an individual has experienced a fall or problem with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale & the timed Get-Up-&-Go test

- **Fall**: A sudden, unintentional change in position causing an individual to l& at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

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Included in: Medicare ACO

# Fall Risk Screening

**Options to Close Care Gap:**

- Any of the following:
  - Completion of a standardized screening tool
  - Documentation of no falls
  - Documentation of any history of falls during the measurement year
  - Completion of a gait or balance assessment

**Additional Notes:**

- Screening may be completed during a telehealth encounter

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# Follow-Up after ED Visit

## Metric Specifications

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# Follow-Up after ED Visit

**Denominator:**

- An ED visit on or between January 1 & December 24 of the measurement year where the patient was 18 years or older on the date of the visit & had multiple high-risk chronic conditions
  - The denominator for this measure is based on ED visits, not on patients
  - If a patient has more than one ED visit, identify all ED visits between January 1 & December 24 of the measurement year
  - High-risk chronic conditions include: COPD/asthma/unspecified bronchitis, dementia/frontotemporal dementia, chronic kidney disease, major depression/dysthymic disorder, chronic heart failure/heart failure diagnosis, myocardial infarction, atrial fibrillation, stroke/transient ischemic attack

**Numerator:**

- A follow up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED Visit

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Included in: Aetna Medicare

# Follow-Up after ED Visit

**Exclusions:**

- Patient in hospice

**Options to Close Care Gap:**

- Follow up services include:
  - Outpatient visit/complex outpatient visit
  - Transitional/complex care management services
  - Behavioral health visit
  - Telephone/telehealth visit
  - E-visit or virtual check-in

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# Immunizations for Adolescents- Combo 2

## Metric Specifications

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# Immunizations for Adolescents- Combo 2

**Denominator:**

- Adolescents 13 years of age during the measurement year

**Numerator:**

- Adolescents who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids & acellular (Tdap) vaccine, & have completed the human papillomavirus (HPV) vaccine series by their 13$^{th}$ birthday.

**Exclusions:**

- Patients in hospice

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Included in: Horizon Commercial

# Immunizations for Adolescents- Combo 2

**Options to Close Care Gap:**

- For meningococcal, Tdap & HPV, count *either:*
  - Evidence of the antigen: A note indicating the name of the specific antigen & the date of the immunization. A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates & types of immunizations administered
  - Combination vaccine
  - Anaphylaxis due to the vaccine: For documented history of anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the patient's 13th birthday.
  - For the two-dose HPV vaccination series, there must be at least 146 days between the first & second dose of the HPV vaccine.
  - For meningococcal, *do not count* meningococcal recombinant (serogroup B) (MenB) vaccines. Immunizations documented under a generic header of "meningococcal" & generic documentation that "meningococcal vaccine," "meningococcal conjugate vaccine" or "meningococcal polysaccharide vaccine" were administered meet criteria.

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# Immunizations for Adolescents-Combo 2

**Additional Notes:**

- To align with Advisory Committee on Immunization Practices (ACIP) recommendations, only the quadrivalent meningococcal vaccine (serogroups A, C, W & Y) is included in the measure

- To align with ACIP recommendations, the minimum interval for the two-dose HPV vaccination schedule is 150 days (5 months), with a 4-day grace period (146 days)

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# Influenza Immunization

## Metric Specifications

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# Influenza Immunization

**Denominator:**

- All patients 6 months & older seen for a visit during the measurement year

**Numerator:**

- Patients who receive an influenza immunization between August 1 & March 31 or reported previous receipt of an influenza immunization
  - Definition of Previous Receipt: receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit which the measure is applied

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Included in: Medicare ACO

# Influenza Immunization

**Exclusions:**

- Must be documented during the flu season
  - Medical reasons- patient allergy
  - Patient reasons- patient declined
  - System reasons- vaccine not available

**Options to Close Care Gap:**

- Indication that the patient received an influenza immunization
- Patient reported is acceptable
- May be documented during a telehealth encounter

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# Medication Adherence for Cholesterol (Statins)

**Metric Specifications**

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# Medication Adherence for Cholesterol (Statins)

**Denominator:**

- Medicare Part D patients 18 years of age & older with at least two fills of a statin medication

**Numerator:**

- Patients who filled their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication

**Exclusions:**

- Patients in hospice
- ESRD diagnosis or dialysis coverage dates

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Cholesterol (Statins)

**Options to Close Care Gap:**

- By prescription claims only for statin medication

**High Intensity Statin Medications**

| Description | Prescription | Medication Lists |
|---|---|---|
| High-intensity statin therapy | • Atorvastatin 40-80 mg | Atorvastatin High Intensity Medications List |
| High-intensity statin therapy | • Amlodipine-atorvastatin 40-80 mg | Amlodipine Atorvastatin High Intensity Medications List |
| High-intensity statin therapy | • Rosuvastatin 20-40 mg | Rosuvastatin High Intensity Medications List |
| High-intensity statin therapy | • Simvastatin 80 mg | Simvastatin High Intensity Medications List |
| High-intensity statin therapy | • Ezetimibe-simvastatin 80 mg | Ezetimibe Simvastatin High Intensity Medications List |

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Cholesterol (Statins)

## Moderate Intensity Statin Medications

| Description | Prescription | Medication Lists |
|---|---|---|
| Moderate-intensity statin therapy | • Atorvastatin 10-20 mg | Atorvastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Amlodipine-atorvastatin 10-20 mg | Amlodipine Atorvastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Rosuvastatin 5-10 mg | Rosuvastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Simvastatin 20-40 mg | Simvastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Ezetimibe-simvastatin 20-40 mg | Ezetimibe Simvastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Pravastatin 40-80 mg | Pravastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Lovastatin 40 mg | Lovastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Fluvastatin 40-80 mg | Fluvastatin Moderate Intensity Medications List |
| Moderate-intensity statin therapy | • Pitavastatin 1–4 mg | Pitavastatin Moderate Intensity Medications List |

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Cholesterol (Statins)

**Low Intensity Statin Medications**

| Description | Prescription | Medication Lists |
|---|---|---|
| Low-intensity statin therapy | • Ezetimibe-simvastatin 10 mg | Ezetimibe Simvastatin Low Intensity Medications List |
| Low-intensity statin therapy | • Fluvastatin 20 mg | Fluvastatin Low Intensity Medications List |
| Low-intensity statin therapy | • Lovastatin 10-20 mg | Lovastatin Low Intensity Medications List |
| Low-intensity statin therapy | • Pravastatin 10–20 mg | Pravastatin Low Intensity Medications List |
| Low-intensity statin therapy | • Simvastatin 5-10 mg | Simvastatin Low Intensity Medications List |

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Diabetes Medications

## Metric Specifications

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# Medication Adherence for Diabetes Medication

**Denominator:**

- Medicare Part D patients 18 years of age & older with at least two fills of a non-insulin diabetes medication

**Numerator:**

- Patients who filled their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication

**Exclusions:**

- Patients in hospice
- ESRD diagnosis or dialysis coverage dates
- One or more prescriptions for insulin

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Diabetes Medication

**Options to Close Care Gap:**

- By prescription claims only for diabetes medication (excluding insulin)

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Diabetes Medication

## Diabetes Medications

| Description | Prescription | | |
|---|---|---|---|
| Alpha-glucosidase inhibitors | • Acarbose | • Miglitol | |
| Amylin analogs | • Pramlintide | | |
| Antidiabetic combinations | • Alogliptin-metformin<br>• Alogliptin-pioglitazone<br>• Canagliflozin-metformin<br>• Dapagliflozin-metformin<br>• Empagliflozin-linagliptin<br>• Empagliflozin-metformin | • Glimepiride-pioglitazone<br>• Glipizide-metformin<br>• Glyburide-metformin<br>• Linagliptin-metformin<br>• Metformin-pioglitazone<br>• Metformin-repaglinide | • Metformin-rosiglitazone<br>• Metformin-saxagliptin<br>• Metformin-sitagliptin |
| Insulin | • Insulin aspart<br>• Insulin aspart-insulin aspart protamine<br>• Insulin degludec<br>• Insulin detemir<br>• Insulin glargine<br>• Insulin glulisine | • Insulin isophane human<br>• Insulin isophane-insulin regular<br>• Insulin lispro<br>• Insulin lispro-insulin lispro protamine<br>• Insulin regular human<br>• Insulin human inhaled | |
| Meglitinides | • Nateglinide | • Repaglinide | |
| Glucagon-like peptide-1 (GLP1) agonists | • Albiglutide<br>• Dulaglutide | • Exenatide<br>• Liraglutide (excluding *Saxenda*®) | |
| Sodium glucose cotransporter 2 (SGLT2) inhibitor | • Canagliflozin | • Dapagliflozin | • Empagliflozin |
| Sulfonylureas | • Chlorpropamide<br>• Glimepiride | • Glipizide<br>• Glyburide | • Tolazamide<br>• Tolbutamide |
| Thiazolidinediones | • Pioglitazone | • Rosiglitazone | |
| Dipeptidyl peptidase-4 (DDP-4) inhibitors | • Alogliptin<br>• Linagliptin | • Saxagliptin<br>• Sitaglipin | |

Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Hypertension (RAS antagonists)

**Metric Specifications**

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# Medication Adherence for Hypertension (RAS antagonists)

**Denominator:**

- Medicare Part D patients 18 years of age & older with at least two fills of a RAS antagonist medication

**Numerator:**

- Patients who filled their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication

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Included in: Aetna Medicare, Horizon Medicare

# Medication Adherence for Hypertension (RAS antagonists)

**Exclusions:**

- Patients in hospice
- ESRD diagnosis or dialysis coverage dates
- One or more prescriptions for sacubitril/valsartan

**Options to Close Care Gap:**

- By prescription claims only for RAS antagonist medication including ACE inhibitors, ARBs, or Direct Renin Inhibitors

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# Osteoporosis Management

## Metric Specifications

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# Osteoporosis Management

**Denominator:**

- All women age 67 to 85 years or older as of December 31 of the measurement year who suffered a fracture (excludes fractures to the finger, toe, face & skull)

**Numerator:**

- The number of women who had either a bone mineral density test or prescription to treat osteoporosis within 6 months of the fracture

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# Osteoporosis Management

**Exclusions:**

- Claims & Medical Records:
  - Had a bone mineral density test 24 months prior to fracture
  - Received osteoporosis therapy 12 months prior to fracture
  - Received hospice or palliative care during the measurement year
  - Women ages 67-80 with advanced illness during the measurement year or year prior & frailty during the intake period through the end of the measurement year
- Claims Only:
  - Dispensed dementia medications
  - Women 81 years or older with frailty alone will exclude patient
  - Enrolled in a I-SNP or living in a long-term care institute anytime in the measurement year

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# Osteoporosis Management

- **Exclusions (continued):**

***Osteoporosis Medications***

| Description | Prescription | |
|---|---|---|
| Bisphosphonates | • Alendronate<br>• Alendronate-cholecalciferol<br>• Ibandronate | • Risedronate<br>• Zoledronic acid |
| Other agents | • Abaloparatide<br>• Denosumab<br>• Raloxifene | • Romosozumab<br>• Teriparatide |

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Included in: Aetna Medicare

# Osteoporosis Management

**Options to Close Care Gap:**

- A bone mineral density test within 6 months of the fracture
- A prescription to treat osteoporosis within 6 months of the fracture

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# Plan All-Cause Readmissions

## Metric Specifications

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# Plan All-Cause Readmissions

**Denominator:**

- All acute inpatient or observation stay discharges for patients 18 years of age & older who had one or more discharges on or between January 1 & December 1 of the measurement year

**Numerator:**

- Patients with an unplanned acute readmission for any diagnosis within 30 days previous inpatient or observation stay

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Included in: Aetna Medicare, Horizon Medicare

# Plan All-Cause Readmissions

**Exclusions:**

- Exclude hospital stays for the following reasons:
  - The patient died during the stay
  - Female patients with a principal diagnosis of pregnancy on the discharge claim
  - A principal diagnosis of a condition originating in the perinatal period on the discharge claim
  - Planned admission using any of the following;
    - A principal diagnosis of maintenance chemotherapy
    - A  principal diagnosis of rehabilitation
    - An organ transplant
    - A potentially planned procedure without a principal acute diagnosis

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# Plan All-Cause Readmissions

**Additional Notes:**

- For hospital stays where there was a transfer, use the original stay & any direct transfer stays to identify exclusions
- Inpatient & observation stays where the discharge date from the first setting & the admission date to the second setting are two or more calendar days apart must be considered distinct stays

**Options to Close Care Gap:**

- Only claims data used to met this metric

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Included in: Aetna Medicare, Horizon Medicare

# Plan All-Cause Readmissions

**Example:**

**Note:** Count each acute hospitalization only once toward the numerator for the last denominator event

- If a single numerator event meets criteria for multiple denominator events, only count the last denominator event. For example, consider the following events:
- Acute inpatient stay 1: May 1–10
- Acute inpatient stay 2: May 15–25 (principal diagnosis of maintenance chemotherapy)
- Acute inpatient stay 3: May 30–June 5
- All three acute inpatient stays are included as denominator events. Stay 2 is excluded from the numerator because it is a planned hospitalization. Stay 3 is within 30 days of Stay 1 & Stay 2. Count Stay 3 as a numerator event only toward the last denominator event (Stay 2, May 15–25).

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# Statin Therapy for Cardiovascular Disease-Adherence

## Metric Specifications

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# Statin Therapy for Cardiovascular Disease- Adherence

**Denominator:**

- Males 21-75 years of age & females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD)

**Numerator:**

- Patients who remained on a high-intensity or moderate-intensity medication for at least 80% of the treatment period
- The following rates are reported:

  Received Statin Therapy: patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year

  Statin Adherence 80%: patients who remained on a high-intensity or moderate-intensity medication for at least 80% of the treatment period

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Included in: Horizon Commercial, AmeriHealth Commercial , Aetna Medicare

# Statin Therapy for Cardiovascular Disease- Adherence

**Exclusions:**

- Must be during measurement period:
  - Pregnancy
  - IVF
  - End Stage Renal Disease
  - Hospice
  - Palliative Care
  - Muscular pain & disease (rhabdomyolysis, myositis, myopathy, myalgia)

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Included in: Horizon Commercial, AmeriHealth Commercial, Aetna Medicare

# Statin Therapy for Cardiovascular Disease- Adherence

**Options to Close Care Gap:**

- Claim/encounter submission with appropriate coding of medication from a pharmacy

| Description | Prescription | |
|---|---|---|
| **Moderate-intensity statin therapy** | Atorvastatin 10 – 20 mg<br>Amlodipine-atorvastatin 10 – 20 mg<br>Rosuvastatin 5 – 10 mg<br>Simvastatin 20 – 40 mg<br>Ezetimibe-simvastatin 20 – 40 mg | Pravastatin 40 – 80 mg<br>Lovastatin 40 mg<br>Fluvastatin 40 mg bid<br>Pitavastatin 2 – 4 mg |
| **High-intensity statin therapy** | Atorvastatin 40 – 80 mg<br>Amlodipine-atorvastatin 40 – 80 mg<br>Rosuvastatin 20 – 40 mg | Simvastatin 80 mg<br>Ezetimibe-simvastatin 80 mg |

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Included in: Horizon Commercial, AmeriHealth Commercial, Aetna Medicare

# Statin Therapy for Diabetics

## Metric Specifications

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# Statin Therapy for Diabetics

**Denominator:**

- Male patients ages 21 through 75 & female patients ages 40 through 75 as of December 31 of the measurement year, identified as having diabetes

**Numerator:**

- Patients who remained on any statin medication for at least 80% of the treatment period
- The following rates are reported:

  Received Statin Therapy: patients who were dispensed at least one statin medication during the measurement year

  Statin Adherence 80%: patients who remained on any statin medication for at least 80% of the treatment period

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Included in: AmeriHealth Commercial, Aetna Medicare

# Statin Therapy for Diabetics

**Exclusions:**

- Claim/encounter submission with appropriate exclusion coding for muscular pain & disease exclusion

| Muscular pain and disease exclusion codes | | |
|---|---|---|
| **ICD-10 codes** | **M62.82 –** Rhabdomyolysis<br>**M60.9 –** Myositis, unspecified | **G72.9 –** Myopathy, unspecified<br>**M79.1 –** Myalgia |

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Included in: AmeriHealth Commercial, Aetna Medicare

# Statin Therapy for Diabetics

**Options to Close Care Gap:**

- Claim/encounter submission with appropriate coding of pharmaceuticals from a pharmacy

| Description | Prescription | |
|---|---|---|
| **Low-Intensity statin therapy** | Simvastatin 5-10 mg<br>Ezetimibe-simvastatin 10 mg<br>Pravastatin 10 – 20 mg | Lovastatin 20 mg<br>Fluvastatin 20 – 40 mg |
| **Moderate-intensity statin therapy** | Atorvastatin 10 – 20 mg<br>Amlodipine-atorvastatin 10 – 20 mg<br>Rosuvastatin 5 – 10 mg<br>Simvastatin 20 – 40 mg<br>Ezetimibe-simvastatin 20 – 40 mg | Pravastatin 40 – 80 mg<br>Lovastatin 40 mg<br>Fluvastatin 40 mg bid<br>Pitavastatin 2 – 4 mg |
| **High-intensity statin therapy** | Atorvastatin 40 – 80 mg<br>Amlodipine-atorvastatin 40 – 80 mg<br>Rosuvastatin 20 – 40 mg | Simvastatin 80 mg<br>Ezetimibe-simvastatin 80 mg |

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Included in: AmeriHealth Commercial, Aetna Medicare

# Statin Therapy for the Treatment & Prevention of Cardiovascular Disease

## Metric Specifications

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# Statin Therapy for the Treatment & Prevention of Cardiovascular Disease

**Denominator:**

- All patients who meet one or more of the criteria considered “high risk” for cardiovascular events:
  - All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including ASCVD procedure OR
  - Patients aged >= 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia OR
  - Patients aged 40-75 years with a diagnosis of diabetes

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# Statin Therapy for the Treatment & Prevention of Cardiovascular Disease

**Numerator:**

- Patients who are actively using or who receive an order (prescription) for statin therapy at any the measurement period

**Exclusions:**

- Must be during measurement period:
  - Active Diagnosis of Pregnancy
  - Breastfeeding
  - Diagnosis of Rhabdomyolysis

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# Statin Therapy for the Treatment & Prevention of Cardiovascular Disease

**Options to Close Care Gap:**

- Active prescription for statin therapy during the measurement year

| Generic Name | Br& or Trade Name | Medication Type |
|---|---|---|
| Atorvastatin | Lipitor | Statin |
| Fluvastatin | Lescol XL or Lescol | Statin |
| Lovastatin (Mevinolin) | Mevacor or Altoprev | Statin |
| Pitavastain | Livalo or Zypitamag or Nikita | Statin |
| Pravastatin Sodium | Pravachol | Statin |
| Rosuvastatin Calcium | Crestor | Statin |
| Simvasratin | Zocor | Statin |
| Amlodipine Besylate/Atorvastatin Calcium | Caduet | Fixed Dose Combination |
| Ezetimibe/Simvastatin | Vytorin | Fixed Dose Combination |

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# Statin Therapy for the Treatment & Prevention of Cardiovascular Disease

**Additional Notes:**

- The statin therapy has to be documented as either initiated or continued during the measurement year
- Documentation CANNOT be completed during a telehealth encounter
- ASCVD includes
  - Acute coronary syndromes
  - History of myocardial infarction
  - Stable or unstable angina
  - Coronary or other arterial revascularization
  - Stroke or transient ischemic attack (TIA)
  - Peripheral arterial disease of atherosclerotic origin

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# Statin Therapy for the Treatment & Prevention of Cardiovascular Disease

**Additional Notes:**

- Exceptions
  - Statin-associated muscle symptom or an allergy to statin medication
  - Receiving palliative care
  - Active liver disease, hepatic disease or insufficiency
  - End-stage renal disease (ESRD)

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# Tobacco Use: Screening & Cessation

## Metric Specifications

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# Tobacco Use: Screening & Cessation

| Population | Denominator | Numerator |
|---|---|---|
| 1 | All patients aged 18 and older | Patients who were screened for tobacco use at least once in the calendar year |
| 2 | All patients aged 18 and older who were screened & identified as a tobacco user | Patients who received tobacco cessation intervention in the calendar year or 6 months prior |
| 3 | All patients aged 18 and older | Patients who were screened AND non-users AND patients who were identified as a tobacco user AND received tobacco cessation intervention in the calendar year or 6 months prior |

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Included in: Medicare ACO

# Tobacco Use: Screening & Cessation

**Exclusions:**

- Medical reason for not screening for tobacco use (e.g. limited life expectancy)
- Medical reason for not providing tobacco cessation intervention (e.g. limited life expectancy)
- Medical reason for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users

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# Tobacco Use: Screening & Cessation

**Options to Close Care Gap:**

- Must be completed during the current measurement year
- Date & result of the screening
  - Use the most recent screening if there are more than one
- If identified as a tobacco user, documentation of cessation intervention
  - Screening for tobacco use & cessation do not have to occur on the same encounter, but cessation intervention must be completed within the previous 12 months

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# Tobacco Use: Screening & Cessation

**Options to Close Care Gap:**

- Cessation Interventions
  - Counseling
  - Referral to Stop Smoking Program
  - Pharmacotherapy
  - Does **not** include:

    Electronic Nicotine Delivery System (ENDS)

    Written self-help materials (pamphlets)

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# Tobacco Use: Screening & Cessation

**Additional Notes:**

- Any healthcare professional may complete the screening
- Screening &/or tobacco cessation intervention may be completed during a telehealth encounter
- Tobacco use = any type of tobacco

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# Weight Assessment & Counseling for Children/Adolescents- BMI Percentile, Nutrition Counseling, & Physical Activity

**Metric Specifications**

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# Weight Assessment & Counseling for Children/Adolescents

**Denominator:**

- Patients 3-17 years of age during the measurement year

**Numerator:**

Patients who had an outpatient visit with a PCP or OB/GYN and the following documented:

- **BMI Percentile**: BMI Percentile documentation during the measurement year
- **Nutrition**: counseling for nutrition or referral for nutrition education during the measurement year
- **Physical Activity:** counseling for physical activity or referral for physical activity during the measurement year

Metric does not require a specific setting; therefore, services rendered during a telephone visit, e-visit or virtual check-in meet criteria

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Included in: Horizon Commercial

# Weight Assessment & Counseling for Children/Adolescents

**Exclusions:**

- patients who have a diagnosis of pregnancy any time during the measurement year
- patients in hospice

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# Weight Assessment & Counseling for Children/Adolescents- BMI Percentile

**Options to Close Care Gap:**

**BMI Percentile**

- Documentation must include height, weight & BMI percentile during the measurement year. The height, weight & BMI percentile must be from the same data source.
  - Either of the following meets criteria for BMI percentile:

    BMI percentile documented as a value (e.g., 85th percentile)

    BMI percentile plotted on an age-growth chart
- Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria

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Included in: Horizon Commercial

# Weight Assessment & Counseling for Children/Adolescents- BMI Percentile

**Additional Notes:**

**BMI Percentile**

- Definition:
  - BMI Percentile: The percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of the patient's BMI number among others of the same gender & age
- The following notations or examples of documentation **do not** count as numerator compliant:
  - No BMI percentile documented in medical record or plotted on age-growth chart
  - Notation of BMI value only
  - Notation of height & weight only

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# Weight Assessment & Counseling for Children/Adolescents- Nutrition Counseling

**Options to Close Care Gap:**

**Nutrition Counseling**

- Documentation must include a note indicating the date & at least one of the following:
  - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
  - Checklist indicating nutrition was addressed
  - Counseling or referral for nutrition education
  - patient received educational materials on nutrition during a face-to-face visit
  - Anticipatory guidance for nutrition
  - Weight or obesity counseling

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# Weight Assessment & Counseling for Children/Adolescents- Nutrition Counseling

**Additional Notes:**

**Nutrition Counseling**

- The following notations or examples of documentation **do not** count as numerator compliant:
  - No counseling/education on nutrition & diet
  - Counseling/education before or after the measurement year
  - Notation of “health education” or “anticipatory guidance” without specific mention of nutrition
  - A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition
  - Documentation related to a patient’s “appetite” does not meet criteria

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# Weight Assessment & Counseling for Children/Adolescents- Physical Activity

**Options to Close Care Gap:**

**Physical Activity**

- Documentation must include a note indicating the date & at least one of the following:
  - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
  - Checklist indicating physical activity was addressed
  - Counseling or referral for physical activity
  - Patient received educational materials on physical activity during a face-to-face visit
  - Anticipatory guidance specific to the child's physical activity
  - Weight or obesity counseling

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# Weight Assessment & Counseling for Children/Adolescents- Physical Activity

**Additional Notes:**

**Physical Activity**

- The following notations or examples of documentation **do not** count as numerator compliant:
  - No counseling/education on physical activity
  - Notation of “cleared for gym class” alone without documentation of a discussion
  - Counseling/education before or after the measurement year
  - Notation of “health education” or “anticipatory guidance” without specific mention of physical activity
  - Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations
  - Notation solely related to screen time (computer or television) without specific mention of physical activity

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# Well Child Visits -15 Months to 30 Months

**Metric Specifications**

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# Well Child Visits - 15 Months to 30 Months

**Denominator:**

- Patients who turn 30 months old during the measurement year

**Numerator:**

- Patients who had two or more well-child visits with a PCP, but the PCP does not have to be the practitioner assigned to the child between 15 months and 30 months

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Included in: Horizon Commercial

# Well Child Visits - 15 Months to 30 Months

**Exclusions:**

- Patients in hospice

**Additional Notes:**

- Age: Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days.