

# PROVIDER MEASURE OVERVIEW 2020

## Prevention and Screening

### **ADULT BMI ASSESSMENT (ABA)** (Medicaid, Medicare, and Commercial) *Hybrid Measure*

**Measure:** The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior the measurement year.

- For members 20 years of age or older on the date of service, documentation must indicate weight and BMI value
- For members younger than 20 years on the date of service, documentation must indicate height, weight, and BMI percentile (growth chart may be used)

### **WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)** (Medicaid and Commercial) *Hybrid Measure*

**Measure:** The percentage of children turning 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation\*
- Counseling for nutrition
- Counseling for physical activity

\* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

### **CHILDHOOD IMMUNIZATION STATUS (CIS)** (Medicaid and Commercial) *Hybrid Measure*

**Measure:** Percentage of children who turn two years of age in the measurement year who had the following immunizations:

- |                    |         |               |           |
|--------------------|---------|---------------|-----------|
| - 4 DtaP           | - 3 IPV | - 1 MMR       | - 3 Hib   |
| - 3 Hep B          | - 1 VZV | - 4 PCV       | - 1 Hep A |
| - 2 or 3 Rotavirus |         | - 2 Influenza |           |

- For DTaP, IPV, PCV, Rotavirus, and Hib: do not count doses given prior to 42 days after birth.
- For Influenza: do not count doses given prior to 180 days after birth
- For MMR, VZV, and Hepatitis A: vaccine must be given on or between 1<sup>st</sup> and 2<sup>nd</sup> birthdays
- For MMR, Hepatitis B, VZV, and Hepatitis A, count any of the following:
  - Evidence of the antigen or combination vaccine
  - Documented history of the illness
  - A seropositive test result

*\*To be compliant, all vaccines must be administered on or before the child's 2<sup>nd</sup> birthday.*

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## IMMUNIZATIONS FOR ADOLESCENTS (IMA) *(Medicaid and Commercial) Hybrid Measure*

**Measure:** The percentage of adolescents who turn 13 years of age in the measurement year who had one dose of meningococcal vaccine on or between their 11<sup>th</sup> and 13<sup>th</sup> birthday, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between their 10<sup>th</sup> and 13<sup>th</sup> birthday, and two or three doses of the human papillomavirus (HPV) on or between their 9<sup>th</sup> and 13<sup>th</sup> birthday (for two dose series there must be at least 146 days between doses).

- For meningococcal, *do not count* meningococcal recombinant (serogroup B) (MenB) vaccines – only quadrivalent vaccines (serogroups A, C, W, and Y) are included in the measure

## LEAD SCREENING IN CHILDREN (LSC) *(Medicaid only) Hybrid Measure*

**Measure:** The percentage of children turning 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

## BREAST CANCER SCREENING (BCS) *(Medicaid, Medicare, and Commercial)*

**Measure:** Percentage of women 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to and December 31 of the measurement year.

\*The purpose of this measure is to evaluate primary screening. Do not count biopsies, breast ultrasounds or MRIs for this measure.

## CERVICAL CANCER SCREENING (CCS) *(Medicaid and Commercial) Hybrid Measure*

**Measure:** The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed within the last 3 years.
- Women age 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Women age 30–64 who had cervical cytology/high-risk human papillomavirus (HPV) co-testing performed within the last 5 years.

## COLORECTAL CANCER SCREENING (COL) *(Medicare and Commercial) Hybrid Measure*

**Measure:** The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. One or more screenings for colorectal cancer. Any of the following meet criteria:

- FOBT 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 test during the measurement year or the two years prior to the measurement year.

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### CHLAMYDIA SCREENING IN WOMEN (CHL) *(Medicaid and Commercial)*

**Measure:** Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

\*Chlamydia screening can be a urine test.

### CARE FOR OLDER ADULTS (COA) *(Medicare-SNP, MMP) Hybrid Measure*

**Measure:** The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning: presence or discussion of plan (ex: advanced directive, living will).
- Medication review.
- Functional status assessment (ex: ADL/IADL assessments).
- Pain assessment.

## Respiratory Conditions

### APPROPRIATE TESTING FOR PHARYNGITIS (CWP) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

### USE OF SPIROMETRY TESTING IN THE ASSESSMENT & DIAGNOSIS OF COPD (SPR) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

### PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE) *(Medicaid, Medicare and Commercial)*

**Measure:** The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or an ED visit on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medications.

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event

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### MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA) *(Medicaid and Commercial)*

**Measure:** The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

### ASTHMA MEDICATION RATIO (AMR) *(Medicaid and Commercial)*

**Measure:** The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

## Cardiovascular Conditions

### CONTROLLING HIGH BLOOD PRESSURE (CBP) *(Medicaid, Medicare, and Commercial) Hybrid Measure*

**Measure:** The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

### PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

### STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and meet the following criteria:

- *Received Statin Therapy.* Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- *Statin Adherence 80%.* Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

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### Diabetes

#### COMPREHENSIVE DIABETES CARE (CDC) *(Medicaid, Medicare, and Commercial) Hybrid Measure*

**Measure:** The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- \* Hemoglobin A1c (HbA1c) testing
- \* Eye exam (retinal) performed
- \*\* **HbA1c poor control (>9.0%)**
- \* Medical attention for nephropathy
- \* HbA1c control (<8.0%)
- \* BP control (<140/90 mmHg)
- \* HbA1c control (<7.0%) for a selected population *(Medicaid and Commercial only)*
- \*\* **Note:** A lower rate indicates better performance.

- HbA1c should be obtained at least once in the measurement year.
- Any of the following meet criteria for a nephropathy screening or monitoring test or evidence of nephropathy:
  - Claim with a code to indicate evidence of nephropathy
  - A urine test for albumin or protein
  - Documentation of a visit to a nephrologist
  - Documentation of a renal transplant
  - Documentation of medical attention for certain kidney diseases (ex. ESRD, DRF, CKD, ARF, dialysis)
  - Evidence of ACE inhibitor/ARB therapy during the measurement year.

**Note:** To be compliant, the HbA1c and BP must be the last one of the measurement year.

#### STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who meet the following criteria:

- *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
- *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

### Musculoskeletal Conditions

#### DISEASE-MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (ART) *(Medicare only)*

**Measure:** The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

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### OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW) *(Medicare only)*

**Measure:** The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:

- A BMD test (Bone Mineral Density Tests Value Set), in any setting, on the IESD or in the 180-day (6-month) period after the IESD.
- If the IESD was an inpatient stay, a BMD test during the inpatient stay.
- Osteoporosis therapy (Osteoporosis Medications Value Set) on the IESD or in the 180-day (6-month) period after the IESD.
- If the IESD was an inpatient stay, long-acting osteoporosis therapy during the inpatient stay.
- A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (6-month) period after the IESD.

### **Behavioral Health**

### ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

- *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

### FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD) *(Medicaid and Commercial)*

**Measure:** The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

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### FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a **mental health practitioner**.

- The percentage of discharges for which the member received follow-up within 30 days after discharge
- The percentage of discharges for which the member received follow-up within 7 days after discharge

### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of emergency department (ED) visits for members 6 years of age and older with a principle diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit
- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit

### FOLLOW-UP AFTER HIGH-INTENSITY CARE FOR SUBSTANCE USE DISORDER (FUI) *(Medicaid, Medicare, and Commercial) First-year measure*

**Measure:** The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

- The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
- The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of emergency department (ED) visits for members 13 years of age and older with a principle diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD.

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit
- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit

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### PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD) *(Medicaid, Medicare, and Commercial) First-year measure*

**Measure:** The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.

### DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD) *(Medicaid only)*

**Measure:** The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

### DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD) *(Medicaid only)*

**Measure:** The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

### CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA (SMC) *(Medicaid only)*

**Measure:** The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

### ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

### METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM) *(Medicaid and Commercial)*

**Measure:** The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

- Percentage of children and adolescents on antipsychotics who received blood glucose testing.
- Percentage of children and adolescents on antipsychotics who received cholesterol testing.
- Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.



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### **Medication Management and Care Coordination**

#### **MEDICATION RECONCILIATION POST-DISCHARGE (MRP) (Medicare only) Hybrid Measure**

**Measure:** The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge.

Documentation in the medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following evidence meets criteria:

- Documentation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member’s current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
- Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- Notation that no medications were prescribed or ordered upon discharge.

Only documentation in the outpatient chart meets the intent of the measure, but an outpatient visit is not required.

#### **TRANSITIONS OF CARE (TRC) (Medicare only) Hybrid Measure**

**Measure:** The percentage of discharges for members 18 years of age and older who had each of the following:

- *Notification of Inpatient Admission:* Documentation of receipt of notification of inpatient admission on the day of admission or the following day.
- *Receipt of Discharge Information:* Documentation of receipt of discharge information on the day of discharge or the following day.
- *Patient Engagement After Inpatient Discharge:* Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- *Medication Reconciliation Post-Discharge:* Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

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### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC) *(Medicare only)*

**Measure:** The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

### Overuse/Appropriateness

### NON-RECOMMENDED CERVICAL CANCER SCREENING IN ADOLESCENT FEMALES (NCS) *(Medicaid and Commercial)*

**Measure:** The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer.

**Note:** A lower rate indicates better performance.

### NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN (PSA) *(Medicare only)*

**Measure:** The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

**Note:** A lower rate indicates better performance.

### APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI) *(Medicaid, Medicare, and Commercial)*

**Measure:** The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

### AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB) *(Medicaid only)*

**Measure:** The percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

**Note:** Comorbidities are considered in the rate calculation.

**Note:** The measure is reported as an inverted rate  $[1 - (\text{numerator}/\text{eligible population})]$ . A higher rate indicates better performance (i.e., the proportion for whom antibiotics were not prescribed).

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### USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP) (Medicaid and Commercial)

**Measure:** The percentage of members with a primary diagnosis of low back pain **who did not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

**Note:** The measure is reported as an inverted rate [ $1 - (\text{numerator}/\text{eligible population})$ ]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

### POTENTIALLY HARMFUL DRUG-DISEASE INTERACTIONS IN OLDER ADULTS (DDE) (Medicare only)

**Measure:** The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

- A history of falls and a prescription for anticonvulsants, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).
- Dementia and a prescription for antipsychotics, benzodiazepine, non-benzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.
- Chronic kidney disease and prescription for Cox-2 Selective NSAIDs or non-aspirin NSAIDs.

**Note:** A lower rate represents better performance.

### USE OF HIGH-RISK MEDICATIONS IN OLDER ADULTS (DAE) (Medicare only)

**Measure:** The percentage of Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication.

**Note:** A lower rate represents better performance.

### USE OF OPIOIDS AT HIGH DOSAGE (HDO) (Medicare, Medicaid, and Commercial)

**Measure:** The proportion of members 18 years and older **who received** prescription opioids at a high dose (average morphine milligram equivalent [MME] > 90) for  $\geq 15$  days during the measurement year

**Note:** A lower rate indicates better performance.

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### USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP) *(Medicare, Medicaid, and Commercial)*

**Measure:** The proportion of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the measurement year who received opioids from multiple providers:

- **Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the measurement year.

**Note:** A lower rate represents better performance.

### RISK OF CONTINUED OPIOID USE (COU) *(Medicare, Medicaid, and Commercial)*

**Measure:** The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.

- The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period.
- The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period.

**Note:** A lower rate represents better performance.

### MEDICAL ASSISTANCE WITH SMOKING & TOBACCO USE CESSATION (MSC) *(GATHERED VIA CAHPS HEALTH PLAN SURVEY)*

**Measure:** The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.

- ***Advising Smokers and Tobacco Users to Quit.*** A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year.
- ***Discussing Cessation Medications.*** A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
- ***Discussing Cessation Strategies.*** A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

## PROVIDER MEASURE OVERVIEW 2020

### Access/Availability of Care

#### **ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)** *(Medicare, Medicaid, and Commercial)*

**Measure:** The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

#### **CHILDREN AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS (CAP)** *(Medicaid and Commercial)*

**Measure:** The percentage of members 12 months–19 years of age who had a visit with a PCP.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

#### **INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)** *(Medicare, Medicaid, and Commercial)*

**Measure:** The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.

- *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.
- *Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.

#### **PRENATAL AND POSTPARTUM CARE (PPC)** *(Medicaid and Commercial) Hybrid Measure*

**Measure:** The percentage of deliveries of live births on or between **October 8<sup>th</sup>** of the year prior to the measurement year and **October 7<sup>th</sup>** of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester, on **or before** the enrollment start date *or* within 42 days of enrollment in the organization.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between **7 and 84** days after delivery.

#### **USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP)** *(Medicaid and Commercial)*

**Measure:** The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

# PROVIDER MEASURE OVERVIEW 2020

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## Utilization

### **WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)** *(Medicaid and Commercial) Hybrid Measure*

**Measure:** Percentage of members who turned 15 months old during the measurement year and who had up to six (6) or more well child visits with a PCP during their first 15 months of life.

**Note:** All well visits must include the following five components:

- Physical exam
- Health History
- Physical Developmental History
- Mental Developmental History
- Health Education/Anticipatory Guidance

### **WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (W34)** *(Medicaid and Commercial) Hybrid Measure*

**Measure:** The percentage of members 3-6 years of age who had one or more well-child visit with a PCP during the measurement year.

**Note:** All well visits must include the following five components:

- Physical exam
- Health History
- Physical Developmental History
- Mental Developmental History
- Health Education/Anticipatory Guidance

### **ADOLESCENT WELL-CARE VISITS (AWC)** *(Medicaid and Commercial) Hybrid Measure*

**Measure:** The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

**Note:** All well visits must include the following five components:

- Physical exam
- Health History
- Physical Developmental History
- Mental Developmental History
- Health Education/Anticipatory Guidance