Care Network Value Based Contract
Metric Specifications Guide-2023

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AETNA ASTHMA MEDICATION RATIO (AMR)	
DEFINITION	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
NUMERATOR	The number of beneficiaries who have a medication ratio of 0.50 or greater during the measurement year
DENOMINATOR	Members ages 5-64 as of December 31 identified as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measure year. • At least one ED visit with a principal diagnosis of asthma • At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth • At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. • At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits. • At least four asthma medication dispensing events for any controller or reliever medication. ○ A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year)
EXCLUSIONS	• Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (i.e., December 31): ○ COPD ○ Emphysema ○ Obstructive Chronic Bronchitis ○ Chronic Respiratory Conditions Due To Fumes/Vapors ○ Cystic Fibrosis ○ Acute Respiratory Failure
TIPS	• Develop an Asthma Action Plan • Provide a copy of the patient's Asthma Action Plan for school and follow up with the school to confirm access to a rescue inhaler and compliance. The school may or may not have a required form for medication administration • Explain the differences between controller and rescue inhalers and their therapeutic importance. Educate patients on the importance of adherence to controller medications to avoid asthma attacks. Review proper inhaler usage during every encounter. • Evaluate asthma control by implementing an Asthma Control Test™

	• Review medication list to ensure member has prescriptions for both controller and reliever medications. • Monitor and follow up with your patients regarding their prescription refills and address any barriers to medication adherence, such as access to prescription refills. • Prioritize patients with a low asthma medication ratio (e.g., less than 0.5). • Consider prescribing the control medication in 90-day prescriptions with refills • Consider writing a single albuterol prescription with instructions to dispense multiple inhalers—one for home, one for school, one for other parent, etc. All inhalers of the same medication dispensed on the same day count as one event • Consider writing albuterol prescription with no more than three refills to encourage the patient or family to contact clinic prior to receiving more albuterol. Four or more albuterol fills on separate dispensing dates in one year is the most common qualifying inclusion criteria for this measure. • Report codes for diagnosed conditions that may exclude member from this measure. • Avoid coding asthma if the diagnosis is for an asthma-like symptom (e.g., wheezing during viral upper respiratory infection and acute bronchitis is not "asthma"). • Patients may qualify based on care provided outside our network or hospital (urgent care, ED, etc.). Provide patients and families a list of preferred high-quality, after-hours facilities. • Engage community partners such as schools. For example, develop a school-based administration program for controllers instead of just rescue inhalers.	
COMMON CODES:	**ICD-10**	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990, J45.991, J45.998
	ICD-10 Codes for Exclusion	Emphysema: J43.0-J43.2, J43.8-J43.9 Other Emphysema: J98.2, J98.3 COPD: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/ Vapors: J68.4 Cystic Fibrosis: E84.0, E84.11, E84.19, E84.8, E84.9 Acute Respiratory Failure: J96.00-J96.02, J96.20-J96.22

AETNA **CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)**	
DEFINITION	The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
NUMERATOR	Members who had one or more well-care visits during the measurement year.
DENOMINATOR	Members 3-21 years as of December 31 of the measurement year.
EXCLUSIONS	Members in hospice care

TIPS	• Well-care visit consists of all of the following. Include the dates of each component was performed or given in the medical record.
	  ○ A health history
	  ○ A physical developmental history

	○ A mental developmental history ○ A physical exam ○ Health education/anticipatory guidance • Ability exists to improve this measure in the short term since it is dependent on a patient receiving an annual preventive visit any time during the measurement year. • Whenever possible (and indicated) convert sports pre-participation physical exams or dental clearance exams into well visits. Train staff to identify families who call for sports physicals and dental clearance exams who need well visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. Institute a reminder system to make sure well visits are scheduled. • Have a reminder or call-back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits	
COMMON CODES:	**CPT**	99382-99385, 99392-99395
	ICD-10	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

AETNA **CHILDHOOD IMMUNIZATION STATUS-COMBO 10 (CIS)**	
DEFINITION	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
NUMERATOR	Children who received the recommended vaccines by their second birthday
DENOMINATOR	Children turning 2 years of age during the measurement year
EXCLUSIONS	• Members with immunodeficiency may be excluded from MMR, VZV, and influenza • Members with anaphylactic reaction to a vaccine or its components can be excluded from that vaccine • Members in hospice care
TIPS	• Document the date of the first hepatitis B vaccine given at the hospital. • Include child's immunization history from all sources (e.g., hospitals, health department, previous providers). • Document contraindications or allergies. • Schedule subsequent vaccine visits before parents leave the office • Check at each visit (well or sick) for any missing immunizations. • Missing the fourth doses of DTaP and PCV vaccines are primary barriers for CIS compliance. Ensure timeliness in administering first doses and follow up for additional doses before the patient's second birthday. • Check each child's immunization status at 12 months of age to allow time to catch up by second birthday.

	• Missing second influenza vaccination is a primary barrier to CIS compliance. Develop standard process to recall patients for second influenza vaccination. • Use your electronic medical record system for pre-visit planning and to set alerts to indicate when the immunizations are due.	
COMMON CPT CODES	**DTaP**	90697, 90698, 90700, 90723
	IPV	90697, 90698, 90713, 90723
	MMR	90707
	MMRV	90710
	Hib	90644, 90647, 90648, 90697, 90698, 90748
	Hepatitis B	90697, 90723, 90740, 90744, 90747, 90748
	Varicella – VZV	90710, 90716
	Pneumococcal Conjugate	90670, 90671, 90732
	Hepatitis A	90633
	Rotavirus (2 doses)	90681
	Rotavirus (3 doses)	90680
	Influenza	90655, 90657, 90662, 90673, 90685, 90687

AETNA **IMMUNIZATIONS FOR ADOLESCENTS-COMBO 2 (IMA)**	
DEFINITION	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
NUMERATOR	Adolescents who had at least one dose of meningococcal vaccine; at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap); and the HPV vaccination series completed by their 13th birthday.
DENOMINATOR	Adolescent members who turn 13 years of age during the measurement year
EXCLUSIONS	• Members with anaphylactic reaction to vaccine or its components can be excluded from that vaccine • Members with encephalopathy due to Tdap vaccine • Members in hospice or using hospice services anytime during the measurement year
TIPS	• Check at each visit (well or sick) for any missing immunizations. • Include child's immunization history from all sources (e.g., hospitals, health department, previous providers). • Document contraindications or allergies. • Schedule appointments for your patient's next vaccination before they leave your office. • Reschedule appointments for those who were no-shows for a vaccine visit. • There must be at least 146 days between the first and second dose of the HPV vaccine.

	• Recommend immunizations to parents and address common misconceptions. They are more likely to agree with vaccinations when supported by the provider.
	• Use normalizing or opt out language with patients
	  ○ "Now that Miguel is 11, he is due for vaccinations to help protect against meningitis, cancer caused by HPV, and whooping cough. We'll give those shots during today's visit. Do you have any questions about these vaccines?"
	• Advice from your Care Network colleagues
	  ○ Use the word "vaccine" instead of "shot"
	  ○ Choose careful scripting, avoid phrase "and optional HPV vaccine" at 11yr old check-up
	  ○ List HPV in the middle of the vaccine sequence when talking with parents and kids
	  ○ For parents that opt out at the 11yr old check-up, schedule a nurse-only visit for HPV vaccine at another date/time.	

COMMON CODES:	**CPT**	• **Meningococcal conjugate:** 90619, 90734 • **Tdap:** 90715 • **HPV:** 90649-90651

AETNA **WELL CHILD VISITS AGES 0-30 MONTHS (W30)**	
DEFINITION	Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. (W15) Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. (W30) Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.
NUMERATOR	Rate 1. (W15) Children in the denominator with 6 or more well visits on different dates of service on or before the 15-month birthday Rate 2. (W30) Children in the denominator with 2 or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
DENOMINATOR	Rate 1. (W15) Children who turn 15 months old during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days. Rate 2. (W30) Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days Exclude children in hospice.

TIPS	• Often the first, second or third visit is on the mother's claim. Confirm with the payer(s) the process for the first 30 days of newborn claims processing. Is the data accessible? • Improvement on this measure takes significant amount of time since performance is evaluated based on six visits over 15 months and two additional visits over the subsequent 15 months. • Whenever possible (and indicated) convert simple acute visits into preventive visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. • Institute a reminder system to make sure well visits are scheduled. • Have a reminder/call back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits.	
COMMON CODES:	**CPT:**	99381, 99382, 99391, 99392, 99461
	ICD-10:	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.82, Z02.89, Z02.9, Z76.1, Z76.2

ANTHEM **ALL CAUSE 30 DAY READMISSION - ADULT**	
DEFINITION	This measure identifies, for 18-64 years of age, the number of acute inpatient or observation discharges during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days adjusted for the predicted probability of an acute readmission.
NUMERATOR	The number of unplanned readmissions within 30 days of an index hospital stay
DENOMINATOR	All acute inpatient and observation discharges for members 18-64 who had one or more discharges at least 30 days before the last day of the Measurement Period
EXCLUSIONS	Numerator • Nonacute inpatient stays • Inpatient stays for a principal diagnosis of pregnancy or • Inpatient stays for a principal diagnosis of pregnancy perinatal conditions or • Inpatient stays followed within 30 days by planned readmissions. • Principal diagnosis of chemotherapy or rehabilitation; kidney transplant, bone marrow transplant, or other organ transplant; or readmission for potentially planned procedures without a principal acute diagnosis Members with nonacute inpatient stays or inpatient stays for a principal diagnosis of pregnancy or perinatal conditions or inpatient stays followed within 30 days by planned readmissions. The rule also excludes readmissions for a principal diagnosis of chemotherapy or rehabilitation; readmissions for kidney transplant, bone marrow transplant, or other organ transplant; or readmission for planned procedures without a principal acute diagnosis (acute condition). Denominator • Index Hospital Stay (IHS) with the same start and end date • IHS where member died during the stay • IHS with a principal diagnosis of pregnancy or perinatal conditions

	• Exclude commercial members with 3 or more index hospital or observation stays during the measurement period
TIPS	• Obtain and review patients' discharge summary • Obtain any test results that were not available when patients were discharged and track tests that are still pending • If patients have not scheduled their discharge follow-up appointment, reach out and schedule an appointment within seven days of discharge or sooner as needed • When scheduling the post-discharge visit, ask patients to bring in all their prescription medications, over-the-counter medications and supplements so that medication reconciliation can be performed • Discuss the discharge summary with patients/caregivers and ask if they understand the instructions and filled the new prescriptions • Complete a thorough medication reconciliation and ask patients and caregivers to recite their new medication regimen back to you • Provide the patient/caregiver with a current list of medications • Develop an action plan for chronic conditions (e.g., asthma). • Have patients and caregivers repeat the care plan back to you to demonstrate understanding. • Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future. • Ask patients/caregivers if they completed or scheduled prescribed outpatient follow-up or other services. This could include specialists, physical therapy, home health care visits and obtaining durable medical equipment

ANTHEM **AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB)**	
DEFINITION	The percentage of episodes for members age 3 months and older with a diagnosis of acute bronchitis or bronchiolitis who were not dispensed an antibiotic prescription.
NUMERATOR	Episodes in the denominator with no prescription claim for antibiotic medications in the 3 days after the bronchitis/bronchiolitis diagnosis.
DENOMINATOR	• Age 3 months and older as of the last day of the Measurement Period • At least 1 claim from an outpatient visit (with or without a telehealth modifier), a telephone visit, an online assessment, an observation visit, or an ED visit during the Intake Period (3-368 days before the last day of the Measurement Period), with a diagnosis of acute bronchitis/bronchiolitis ○ Exclude visits that resulted in an inpatient admission • AND have member and prescription eligibility from 30 days prior to the Episode Date through three days after the Episode Date (34 total days). No gaps

EXCLUSIONS	• Prescription claims for antibiotic medications in the 30 days before diagnosis • OR claims with a diagnosis for HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, HIV- type 2, disorders of the immune system, or comorbid conditions in any position in the year before diagnosis • OR claims with a diagnosis for competing diagnosis or pharyngitis from 30 days before to 7 days after diagnosis • Not exclusions for this HEDIS measure: asthma or diabetes diagnosis; symptoms such as fever, cough and wheezing; tobacco use.
TIPS	• Avoid prescribing an antibiotic unless there is a bacterial etiology. When antibiotics are needed for a patient with acute bronchitis / bronchiolitis with comorbid conditions: submit codes on the same claim to remove member from measure. • An episode will not count toward the measure denominator if the member was diagnosed with pharyngitis or a competing diagnosis on or 3 days after the episode date.
COMMON CODES:	**Exclusion codes day of to three days after (not all inclusive)** • Acute suppurative otitis media H66.xxx; Otitis media H67.xxx; Chronic sinusitis J32.xxx; Tonsillitis (chronic and hypertrophy) J35.xxx; Mastoiditis (acute and chronic) H70.xxx; Impetigo L01.xxx; Acute sinusitis J01.xxx; Cellulitis and lymphangitis L03.xxx; Pharyngitis J02.xxx; Urinary tract infection N39; Acute tonsillitis J03.xxx; Acute vaginitis N76.xxx; Pneumonia J13.xx - J18.xx

ANTHEM **ASTHMA MEDICATION RATIO (AMR)**	
DEFINITION	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
NUMERATOR	The number of beneficiaries who have a medication ratio of 0.50 or greater during the measurement year
DENOMINATOR	Members ages 5-64 as of December 31 identified as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measure year. • At least one ED visit with a principal diagnosis of asthma • At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth • At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. • At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits. • At least four asthma medication dispensing events for any controller or reliever medication.

	○ A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year)
EXCLUSIONS	• Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (i.e., December 31): ○ COPD ○ Emphysema ○ Obstructive Chronic Bronchitis ○ Chronic Respiratory Conditions Due To Fumes/Vapors ○ Cystic Fibrosis ○ Acute Respiratory Failure
TIPS	• Develop an Asthma Action Plan • Provide a copy of the patient's Asthma Action Plan for school and follow up with the school to confirm access to a rescue inhaler and compliance. The school may or may not have a required form for medication administration • Explain the differences between controller and rescue inhalers and their therapeutic importance. Educate patients on the importance of adherence to controller medications to avoid asthma attacks. Review proper inhaler usage during every encounter. • Evaluate asthma control by implementing an Asthma Control Test™ • Review medication list to ensure member has prescriptions for both controller and reliever medications. • Monitor and follow up with your patients regarding their prescription refills and address any barriers to medication adherence, such as access to prescription refills. • Prioritize patients with a low asthma medication ratio (e.g., less than 0.5). • Consider prescribing the control medication in 90-day prescriptions with refills • Consider writing a single albuterol prescription with instructions to dispense multiple inhalers—one for home, one for school, one for other parent, etc. All inhalers of the same medication dispensed on the same day count as one event • Consider writing albuterol prescription with no more than three refills to encourage the patient or family to contact clinic prior to receiving more albuterol. Four or more albuterol fills on separate dispensing dates in one year is the most common qualifying inclusion criteria for this measure. • Report codes for diagnosed conditions that may exclude member from this measure. • Avoid coding asthma if the diagnosis is for an asthma-like symptom (e.g., wheezing during viral upper respiratory infection and acute bronchitis is not "asthma"). • Patients may qualify based on care provided outside our network or hospital (urgent care, ED, etc.). Provide patients and families a list of preferred high-quality, after-hours facilities. • Engage community partners such as schools. For example, develop a school-based administration program for controllers instead of just rescue inhalers.
COMMON CODES:	**ICD-10** J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990, J45.991, J45.998

	ICD-10 Codes for Exclusion	Emphysema: J43.0-J43.2, J43.8-J43.9 Other Emphysema: J98.2, J98.3 COPD: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/ Vapors: J68.4 Cystic Fibrosis: E84.0, E84.11, E84.19, E84.8, E84.9 Acute Respiratory Failure: J96.00-J96.02, J96.20-J96.22

ANTHEM **BRAND FORMULARY COMPLIANCE RATE**	
DEFINITION	This measure identifies the overall percentage of brand prescriptions filled as formulary based on the prescriptions filled for Attributed members with an Anthem prescription drug benefit during the applicable Data Collection period.
NUMERATOR	The total number of denominator prescribing events that are dispensed for a formulary drug (defined by claim formulary indicator).
DENOMINATOR	Total number of brand prescriptions with fill dates in the Measurement Period. • Note: HEDIS definition of a dispensing event used- each 30-day supply of drug counts as one denominator event.
EXCLUSIONS	• **Specialty Drugs:** requires frequent dosing adjustments and intensive clinical monitoring; special handling requirements, limited distribution, High-cost- $500 for a 30-day supply, e.g. Antiretroviral, growth hormones, multiple sclerosis agents • **Drug and Alcohol Treatment:** e.g. buprenorphine, naloxone

ANTHEM **CHILDHOOD IMMUNIZATIONS STATUS - MMR**		
DEFINITION	The percentage of children 2 years of age who had one measles, mumps and rubella (MMR) between their first and second birthday	
NUMERATOR	Members in the denominator who have had at least one MMR vaccination on or between their first and second birthday	
DENOMINATOR	Enrolled children who turn 2 years of age during the Measurement Period	
EXCLUSIONS	• Members with immunodeficiency may be excluded from MMR • Members with anaphylactic reaction to vaccine or its components • Members in hospice care	
COMMON CODES	**ICD-10**	90707, 90710

ANTHEM CHLAMYDIA SCREENING (CHL)	
DEFINITION	The 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.
NUMERATOR	Female members aged 16–24 years of age who were identified as sexually active (by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims) and who had at least one test for chlamydia during the measurement year
DENOMINATOR	Female members aged 16-24 years of age who were identified as sexually active (by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims)
EXCLUSIONS	• Women who received a pregnancy test to determine contraindications for medication (isotretinoin) or x-ray. • Women who were in hospice or using hospice services during the measurement year

TIPS	• Document every patient's sexual history. This normalizes discussing sexual behavior and allows providers to identify issues that jeopardize a patient's sexual health.
	• Systematize the collection of a specimen from patients. Consider collecting urine sample from adolescent and young adult patients before they enter the exam room. Test only the specimens of those patients identified during the sexual history as being sexually active or due for screening. Post instructions on how patients should properly collect a urine sample to avoid contamination
	• Establish a reminder system in your EHR to notify patients when they are due to be screened or retested
	• Use normalizing or opt out language with patients
	  ○ I recommend testing for Chlamydia to all my patients under 25. Let's test you today while you're here.
	  ○ Chlamydia often has no symptoms. It is a good idea for us to screen today
	  ○ We recommend routine screening
	  ○ Untreated chlamydia can lead to infertility or the inability to have children. The test is quick and easy.
	  ○ We test everyone your age for chlamydia.
	  ○ To keep you healthy, I recommend testing for chlamydia. It's a common infection that usually has no symptoms. We test all of our patients your age.

COMMON CODES	**CPT:** 87110, 87270, 87320, 87490-87492, 87810

ANTHEM KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)	
DEFINITION	This measure identifies diabetic members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement period.

NUMERATOR	Members in the denominator who received both of the following during the measurement period on the same or different dates of service: • At least 1 claim for an estimated glomerular filtration rate and • At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates within four or less days apart	
DENOMINATOR	• Age 18-85 as of the last day of the Measurement Period. • Member eligibility in the 365 days before the end of the measurement period, with no more than 1 gap of no more than 45 days • Member eligibility on the last day of the measurement period. • Meets the following criteria ○ Any of the following in the 730 days before the end of the measurement period: • At least 1 claim for diabetes from an acute inpatient setting • At least 2 claims for diabetes from an outpatient, observation, telephone visit, online assessment, ED visit, or nonacute inpatient setting or inpatient stay • OR at least 1 prescription claim for diabetes medication dispensed	
EXCLUSIONS	• Members with gestational diabetes, medication-induced diabetes, or condition-induced diabetes • Members with a palliative care assessment, encounter, or intervention	
COMMON CODES:	**CPT:**	• Estimated glomerular filtration rate lab test: 80047; 80048; 80050; 80053; 80069; 82565 • Quantitative urine albumin lab test: 82043 • Urine creatinine lab test: 82570
	ICD-10:	• Diabetes: E10.9, E11.9, E13.9
TIPS	• Identify, early in the year, patients 18 years of age or older with diabetes who need A1c testing and coordinate with endocrinology to set them up for testing • If patient has transitioned to an adult endocrinologist not affiliated with Connecticut Children's you may need to order testing and communicate with patient and their endocrinologist.	

ANTHEM **PEDIATRIC READMISSION**	
DEFINITION	This measure identifies, for members under 18 years of age, the number of acute inpatient or observation discharges during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days adjusted for the predicted probability of an acute readmission.
NUMERATOR	The number of unplanned readmissions within 30 days of an index hospital stay
DENOMINATOR	All acute inpatient and observation discharges for members under 18 who had one or more discharges at least 30 days before the last day of the Measurement Period
EXCLUSIONS	• Non-acute-care hospitals • Episodes of care with a discharge disposition of death • Episodes of care with a primary procedure code for a planned procedure • Episodes of care with a primary diagnosis code or procedure code for chemotherapy

TIPS	• Obtain and review patients' discharge summary • Obtain any test results that were not available when patients were discharged and track tests that are still pending • If patients have not scheduled their discharge follow-up appointment, reach out and schedule an appointment within seven days of discharge or sooner as needed • When scheduling the post-discharge visit, ask patients to bring in all their prescription medications, over-the-counter medications and supplements so that medication reconciliation can be performed • Discuss the discharge summary with patients/caregivers and ask if they understand the instructions and filled the new prescriptions • Complete a thorough medication reconciliation and ask patients and caregivers to recite their new medication regimen back to you • Provide the patient/caregiver with a current list of medications • Develop an action plan for chronic conditions (e.g., asthma). • Have patients and caregivers repeat the care plan back to you to demonstrate understanding. • Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future. • Ask patients/caregivers if they completed or scheduled prescribed outpatient follow-up or other services. This could include specialists, physical therapy, home health care visits and obtaining durable medical equipment

ANTHEM **POTENTIALLY AVOIDABLE EMERGENCY ROOM VISITS**	
DEFINITION	This measure identifies members who visited the ER for a diagnosis that likely could have been treated in an ambulatory care setting excluding those ER visits followed by an inpatient admission and those with a patient reason for visit (PRFV) considered potentially avoidable.
NUMERATOR	The number of potentially avoidable emergency room visits for the eligible population for the designated time period. Potentially avoidable emergency room visits are identified by primary ICD-10 diagnosis codes
DENOMINATOR	The count of eligible members for each month of eligibility for the designated time period.
EXCLUSIONS	Emergency room visits that resulted in: 1) an inpatient admission OR 2) visits with a patient reason for visit (PRFV) considered potentially unavoidable
TIPS	• Educate families to call the office before heading to the emergency department or urgent care • Contact patients seen for preventable ED or urgent care visits and bring them in for follow-up • Orient all new patients/families to your office hours, how to reach you after hours, and what kinds of conditions you will see urgently • Work with our Care Network and care coordination team to identify high utilizers of the ED and schedule appointments to review their problem list

ANTHEM WELL CHILD VISITS: AGES 15-30 MONTHS		
DEFINITION	This measure identifies members who turned 30 months old and who had at least 2 well-child visits between their first 15-30 months of life	
NUMERATOR	Two or more well-child visits (Well-Care Value Set) on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. Visits within 6 days' interval will be counted as one visit.	
DENOMINATOR	• Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days. • AND Continuously enrolled with no more than one gap in enrollment of up to 45 days from 31 days through 15 months of age (calculate 31 days of age by adding 31 days to the date of birth). • Exclude children in hospice.	
TIPS	• Often the first, second or third visit is on the mother's claim. Confirm with the payer(s) the process for the first 30 days of newborn claims processing. Is the data accessible? • Improvement on this measure takes significant amount of time since performance is evaluated based on six visits over 15 months. • Whenever possible (and indicated) convert simple acute visits into preventive visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. • Institute a reminder system to make sure well visits are scheduled. • Have a reminder/call back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits.	
COMMON CODES:	**CPT**	• 99382, 99391, 99392
	ICD-10	• Z00.121, Z00.129, Z00.2, Z00.8, Z02.6, Z76.1, Z76.2

ANTHEM-CT ALL CAUSE 30 DAY READMISSION - ADULT	
DEFINITION	This measure identifies, for 18-64 years of age, the number of acute inpatient or observation discharges during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days adjusted for the predicted probability of an acute readmission.
NUMERATOR	The number of unplanned readmissions within 30 days of an index hospital stay
DENOMINATOR	All acute inpatient and observation discharges for members 18-64 who had one or more discharges at least 30 days before the last day of the Measurement Period

EXCLUSIONS	Numerator • Nonacute inpatient stays • Inpatient stays for a principal diagnosis of pregnancy or • Inpatient stays for a principal diagnosis of pregnancy perinatal conditions or • Inpatient stays followed within 30 days by planned readmissions. • Principal diagnosis of chemotherapy or rehabilitation; kidney transplant, bone marrow transplant, or other organ transplant; or readmission for potentially planned procedures without a principal acute diagnosis Members with nonacute inpatient stays or inpatient stays for a principal diagnosis of pregnancy or perinatal conditions or inpatient stays followed within 30 days by planned readmissions. The rule also excludes readmissions for a principal diagnosis of chemotherapy or rehabilitation; readmissions for kidney transplant, bone marrow transplant, or other organ transplant; or readmission for planned procedures without a principal acute diagnosis (acute condition). Denominator • Index Hospital Stay (IHS) with the same start and end date • IHS where member died during the stay • IHS with a principal diagnosis of pregnancy or perinatal conditions • Exclude commercial members with 3 or more index hospital or observation stays during the measurement period
TIPS	• Obtain and review patients' discharge summary • Obtain any test results that were not available when patients were discharged and track tests that are still pending • If patients have not scheduled their discharge follow-up appointment, reach out and schedule an appointment within seven days of discharge or sooner as needed • When scheduling the post-discharge visit, ask patients to bring in all their prescription medications, over-the-counter medications and supplements so that medication reconciliation can be performed • Discuss the discharge summary with patients/caregivers and ask if they understand the instructions and filled the new prescriptions • Complete a thorough medication reconciliation and ask patients and caregivers to recite their new medication regimen back to you • Provide the patient/caregiver with a current list of medications • Develop an action plan for chronic conditions (e.g., asthma). • Have patients and caregivers repeat the care plan back to you to demonstrate understanding. • Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future. • Ask patients/caregivers if they completed or scheduled prescribed outpatient follow-up or other services. This could include specialists, physical therapy, home health care visits and obtaining durable medical equipment

ANTHEM-CT ASTHMA MEDICATION RATIO (AMR)	
DEFINITION	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
NUMERATOR	The number of beneficiaries who have a medication ratio of 0.50 or greater during the measurement year
DENOMINATOR	Members ages 5-64 as of December 31 identified as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measure year. • At least one ED visit with a principal diagnosis of asthma • At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth • At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. • At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits. • At least four asthma medication dispensing events for any controller or reliever medication. ○ A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year)
EXCLUSIONS	• Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (i.e., December 31): ○ COPD ○ Emphysema ○ Obstructive Chronic Bronchitis ○ Chronic Respiratory Conditions Due To Fumes/Vapors ○ Cystic Fibrosis ○ Acute Respiratory Failure
TIPS	• Develop an Asthma Action Plan • Provide a copy of the patient's Asthma Action Plan for school and follow up with the school to confirm access to a rescue inhaler and compliance. The school may or may not have a required form for medication administration • Explain the differences between controller and rescue inhalers and their therapeutic importance. Educate patients on the importance of adherence to controller medications to avoid asthma attacks. Review proper inhaler usage during every encounter. • Evaluate asthma control by implementing an Asthma Control Test™

	• Review medication list to ensure member has prescriptions for both controller and reliever medications. • Monitor and follow up with your patients regarding their prescription refills and address any barriers to medication adherence, such as access to prescription refills. • Prioritize patients with a low asthma medication ratio (e.g., less than 0.5). • Consider prescribing the control medication in 90-day prescriptions with refills • Consider writing a single albuterol prescription with instructions to dispense multiple inhalers—one for home, one for school, one for other parent, etc. All inhalers of the same medication dispensed on the same day count as one event • Consider writing albuterol prescription with no more than three refills to encourage the patient or family to contact clinic prior to receiving more albuterol. Four or more albuterol fills on separate dispensing dates in one year is the most common qualifying inclusion criteria for this measure. • Report codes for diagnosed conditions that may exclude member from this measure. • Avoid coding asthma if the diagnosis is for an asthma-like symptom (e.g., wheezing during viral upper respiratory infection and acute bronchitis is not "asthma"). • Patients may qualify based on care provided outside our network or hospital (urgent care, ED, etc.). Provide patients and families a list of preferred high-quality, after-hours facilities. • Engage community partners such as schools. For example, develop a school-based administration program for controllers instead of just rescue inhalers.	
COMMON CODES:	**ICD-10**	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990, J45.991, J45.998
	ICD-10 Codes for Exclusion	Emphysema: J43.0-J43.2, J43.8-J43.9 Other Emphysema: J98.2, J98.3 COPD: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/ Vapors: J68.4 Cystic Fibrosis: E84.0, E84.11, E84.19, E84.8, E84.9 Acute Respiratory Failure: J96.00-J96.02, J96.20-J96.22

ANTHEM-CT CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)	
DEFINITION	The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
NUMERATOR	Members who had one or more well-care visits during the measurement year.
DENOMINATOR	Members 3-21 years as of December 31 of the measurement year.
EXCLUSIONS	Members in hospice care

TIPS	• Well-care visit consists of all of the following. Include the dates of each component was performed or given in the medical record.
	  ○ A health history
	  ○ A physical developmental history

	○ A mental developmental history ○ A physical exam ○ Health education/anticipatory guidance • Ability exists to improve this measure in the short term since it is dependent on a patient receiving an annual preventive visit any time during the measurement year. • Whenever possible (and indicated) convert sports pre-participation physical exams or dental clearance exams into well visits. Train staff to identify families who call for sports physicals and dental clearance exams who need well visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. Institute a reminder system to make sure well visits are scheduled. • Have a reminder or call-back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits	
COMMON CODES:	**CPT**	99382-99385, 99392-99395
	ICD-10	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

ANTHEM-CT **CHLAMYDIA SCREENING (CHL)**	
DEFINITION	The 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.
NUMERATOR	Female members aged 16–24 years of age who were identified as sexually active (by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims) and who had at least one test for chlamydia during the measurement year
DENOMINATOR	Female members aged 16-24 years of age who were identified as sexually active (by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims)
EXCLUSIONS	• Women who received a pregnancy test to determine contraindications for medication (isotretinoin) or x-ray. • Women who were in hospice or using hospice services during the measurement year
TIPS	• Document every patient's sexual history. This normalizes discussing sexual behavior and allows providers to identify issues that jeopardize a patient's sexual health. • Systematize the collection of a specimen from patients. Consider collecting urine sample from adolescent and young adult patients before they enter the exam room. Test only the specimens of those patients identified during the sexual history as being sexually active or due for screening. Post instructions on how patients should properly collect a urine sample to avoid contamination • Establish a reminder system in your EHR to notify patients when they are due to be screened or retested • Use normalizing or opt out language with patients ○ I recommend testing for Chlamydia to all my patients under 25. Let's test you today while you're here.

	○ Chlamydia often has no symptoms. It is a good idea for us to screen today ○ We recommend routine screening ○ Untreated chlamydia can lead to infertility or the inability to have children. The test is quick and easy. ○ We test everyone your age for chlamydia. ○ To keep you healthy, I recommend testing for chlamydia. It's a common infection that usually has no symptoms. We test all of our patients your age.
COMMON CODES	**CPT:** 87110, 87270, 87320, 87490-87492, 87810

ANTHEM-CT **HBA1C CONTROL FOR PATIENTS WITH DIABETES: HBA1C POOR CONTROL (>9%)**	
DEFINITION	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1 (HbA1c) was at the following level during the measurement year: • HbA1c poor control (>9.0%). This is an inverse measure. A lower rate indicates better performance.
NUMERATOR	Use codes to identify the most recent HbA1c test during the measurement year. The member is included if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.
DENOMINATOR	There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. A member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year. *Claim/encounter data.* Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years): • At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. • At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. • At least two outpatient visits, observation visits, telephone visits, evisits or virtual check-ins, ED visits, nonacute inpatient encounters, or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two encounters. *Pharmacy data.* Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year.
EXCLUSIONS	• Members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

	• Members in hospice or using hospice services anytime during the measurement year. • Members receiving palliative care during the measurement year.
TIPS	• Identify, early in the year, patients 18 years of age or older with diabetes who need A1c testing and coordinate with endocrinology to set them up for testing ○ If no HbA1c test is done, it is counted as >9% • Since the last value in the year is used, have member repeat elevated test prior to the end of the year • If patient has transitioned to an adult endocrinologist not affiliated with Connecticut Children's and has not been tested, you may need to order testing yourself and communicate with patient and their endocrinologist
COMMON CODES	**CPT:** 83036, 83037 **HbA1c results:** 3044F, 3046F, 3041F, 3052F

ANTHEM-CT **WELL CHILD VISITS AGES 0-30 MONTHS (W30)**	
DEFINITION	Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. (W15) Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. (W30) Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.
NUMERATOR	Rate 1. (W15) Children in the denominator with 6 or more well visits on different dates of service on or before the 15-month birthday Rate 2. (W30) Children in the denominator with 2 or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
DENOMINATOR	Rate 1. (W15) Children who turn 15 months old during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days. Rate 2. (W30) Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days Exclude children in hospice.
TIPS	• Often the first, second or third visit is on the mother's claim. Confirm with the payer(s) the process for the first 30 days of newborn claims processing. Is the data accessible?

	• Improvement on this measure takes significant amount of time since performance is evaluated based on six visits over 15 months and two additional visits over the subsequent 15 months. • Whenever possible (and indicated) convert simple acute visits into preventive visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. • Institute a reminder system to make sure well visits are scheduled. • Have a reminder/call back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits.	
COMMON CODES:	**CPT:**	99381, 99382, 99391, 99392, 99461
	ICD-10:	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.82, Z02.89, Z02.9, Z76.1, Z76.2

CONNECTICARE **ASTHMA MEDICATION RATIO (AMR)**	
DEFINITION	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
NUMERATOR	The number of beneficiaries who have a medication ratio of 0.50 or greater during the measurement year
DENOMINATOR	Members ages 5-64 as of December 31 identified as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measure year. • At least one ED visit with a principal diagnosis of asthma • At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth • At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. • At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits. • At least four asthma medication dispensing events for any controller or reliever medication. ○ A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year)

EXCLUSIONS	• Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (i.e., December 31):
	  ○ COPD
	  ○ Emphysema
	  ○ Obstructive Chronic Bronchitis
	  ○ Chronic Respiratory Conditions Due To Fumes/Vapors
	  ○ Cystic Fibrosis
	• Acute Respiratory Failure	

TIPS	• Develop an Asthma Action Plan • Provide a copy of the patient's Asthma Action Plan for school and follow up with the school to confirm access to a rescue inhaler and compliance. The school may or may not have a required form for medication administration • Explain the differences between controller and rescue inhalers and their therapeutic importance. Educate patients on the importance of adherence to controller medications to avoid asthma attacks. Review proper inhaler usage during every encounter. • Evaluate asthma control by implementing an Asthma Control Test™ • Review medication list to ensure member has prescriptions for both controller and reliever medications. • Monitor and follow up with your patients regarding their prescription refills and address any barriers to medication adherence, such as access to prescription refills. • Prioritize patients with a low asthma medication ratio (e.g., less than 0.5). • Consider prescribing the control medication in 90-day prescriptions with refills • Consider writing a single albuterol prescription with instructions to dispense multiple inhalers—one for home, one for school, one for other parent, etc. All inhalers of the same medication dispensed on the same day count as one event • Consider writing albuterol prescription with no more than three refills to encourage the patient or family to contact clinic prior to receiving more albuterol. Four or more albuterol fills on separate dispensing dates in one year is the most common qualifying inclusion criteria for this measure. • Report codes for diagnosed conditions that may exclude member from this measure. • Avoid coding asthma if the diagnosis is for an asthma-like symptom (e.g., wheezing during viral upper respiratory infection and acute bronchitis is not "asthma"). • Patients may qualify based on care provided outside our network or hospital (urgent care, ED, etc.). Provide patients and families a list of preferred high-quality, after-hours facilities. • Engage community partners such as schools. For example, develop a school-based administration program for controllers instead of just rescue inhalers.	
COMMON CODES:	**ICD-10**	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990, J45.991, J45.998
	ICD-10 Codes for Exclusion	Emphysema: J43.0-J43.2, J43.8-J43.9 Other Emphysema: J98.2, J98.3 COPD: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/ Vapors: J68.4 Cystic Fibrosis: E84.0, E84.11, E84.19, E84.8, E84.9 Acute Respiratory Failure: J96.00-J96.02, J96.20-J96.22

CONNECTICARE CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)		
DEFINITION	The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	
NUMERATOR	Members who had one or more well-care visits during the measurement year. Well-child visits must occur with a PCP, but does not have to be the assigned PCP.	
DENOMINATOR	Members 3-21 years as of December 31 of the measurement year.	
EXCLUSIONS	Members in hospice care	
TIPS	• Ability exists to improve this measure in the short term since it is dependent on a patient receiving an annual preventive visit any time during the measurement year. • Whenever possible (and indicated) convert sports pre-participation physical exams or dental clearance exams into well visits. Train staff to identify families who call for sports physicals and dental clearance exams who need well visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. Institute a reminder system to make sure well visits are scheduled. • Have a reminder or call-back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits	
COMMON CODES:	**CPT**	99382-99385, 99392-99395
	ICD-10	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

CONNECTICARE CHILDHOOD IMMUNIZATION STATUS-COMBO 10 (CIS)	
DEFINITION	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
NUMERATOR	Children who received the recommended vaccines by their second birthday.
DENOMINATOR	Children turning 2 years of age during the measurement year
EXCLUSIONS	• Members with immunodeficiency may be excluded from MMR, VZV, and influenza • Members with anaphylactic reaction to a vaccine or its components can be excluded from that vaccine • Members in hospice care
TIPS	• Document the date of the first hepatitis B vaccine given at the hospital. • Include child's immunization history from all sources (e.g., hospitals, health department, previous providers). • Document contraindications or allergies.

	• Schedule subsequent vaccine visits before parents leave the office • Check at each visit (well or sick) for any missing immunizations. • Missing the fourth doses of DTaP and PCV vaccines are primary barriers for CIS compliance. Ensure timeliness in administering first doses and follow up for additional doses before the patient's second birthday. • Check each child's immunization status at 12 months of age to allow time to catch up by second birthday. • Missing second influenza vaccination is a primary barrier to CIS compliance. Develop standard process to recall patients for second influenza vaccination. • Use your electronic medical record system for pre-visit planning and to set alerts to indicate when the immunizations are due.	
COMMON CPT CODES	**DTaP**	90697, 90698, 90700, 90723
	IPV	90697, 90698, 90713, 90723
	MMR	90707
	MMRV	90710
	Hib	90644, 90647, 90648, 90697, 90698, 90748
	Hepatitis B	90697, 90723, 90740, 90744, 90747, 90748
	Varicella – VZV	90710, 90716
	Pneumococcal Conjugate	90670, 90671, 90732
	Hepatitis A	90633
	Rotavirus (2 doses)	90681
	Rotavirus (3 doses)	90680
	Influenza	90655, 90657, 90662, 90673, 90685, 90687

CONNECTICARE **CHLAMYDIA SCREENING (CHL)**	
DEFINITION	The 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.
NUMERATOR	Female members aged 16–24 years of age who were identified as sexually active (by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims) and who had at least one test for chlamydia during the measurement year
DENOMINATOR	Female members aged 16-24 years of age who were identified as sexually active (by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims)
EXCLUSIONS	• Women who qualified for the denominator based on a pregnancy test alone and who meet either of the following: pregnancy test and a prescription for Isotretinoin, or pregnancy test and an x-ray on the date of pregnancy test or six days after • Women who were in hospice or using hospice services during the measurement year
TIPS	• Document every patient's sexual history. This normalizes discussing sexual behavior and allows providers to identify issues that jeopardize a patient's sexual health.

	• Systematize the collection of a specimen from patients. Consider collecting urine sample from adolescent and young adult patients before they enter the exam room. Test only the specimens of those patients identified during the sexual history as being sexually active or due for screening. Post instructions on how patients should properly collect a urine sample to avoid contamination
	• Establish a reminder system in your EHR to notify patients when they are due to be screened or retested
	• Use normalizing or opt out language with patients
	  ○ I recommend testing for Chlamydia to all my patients under 25. Let's test you today while you're here.
	  ○ Chlamydia often has no symptoms. It is a good idea for us to screen today
	  ○ We recommend routine screening
	  ○ Untreated chlamydia can lead to infertility or the inability to have children. The test is quick and easy.
	  ○ We test everyone your age for chlamydia.
	  ○ To keep you healthy, I recommend testing for chlamydia. It's a common infection that usually has no symptoms. We test all of our patients your age.

COMMON CODES	**CPT:** 87110, 87270, 87320, 87490-87492, 87810

CONNECTICARE **IMMUNIZATIONS FOR ADOLESCENTS-COMBO 2 (IMA)**	
DEFINITION	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
NUMERATOR	Adolescents who had at least one dose of meningococcal vaccine; at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap); and the HPV vaccination series completed by their 13th birthday.
DENOMINATOR	Adolescent members who turn 13 years of age during the measurement year
EXCLUSIONS	• Members with anaphylactic reaction to vaccine or its components can be excluded from that vaccine • Members with encephalopathy due to Tdap vaccine • Members in hospice or using hospice services anytime during the measurement year
TIPS	• Check at each visit (well or sick) for any missing immunizations. • Include child's immunization history from all sources (e.g., hospitals, health department, previous providers). • Document contraindications or allergies. • Schedule appointments for your patient's next vaccination before they leave your office. • Reschedule appointments for those who were no-shows for a vaccine visit. • There must be at least 146 days between the first and second dose of the HPV vaccine.

	• Recommend immunizations to parents and address common misconceptions. They are more likely to agree with vaccinations when supported by the provider.
	• Use normalizing or opt out language with patients
	  ○ "Now that Miguel is 11, he is due for vaccinations to help protect against meningitis, cancer caused by HPV, and whooping cough. We'll give those shots during today's visit. Do you have any questions about these vaccines?"
	• Advice from your Care Network colleagues
	  ○ Use the word "vaccine" instead of "shot"
	  ○ Choose careful scripting, avoid phrase "and optional HPV vaccine" at 11yr old check-up
	  ○ List HPV in the middle of the vaccine sequence when talking with parents and kids
	  ○ For parents that opt out at the 11yr old check-up, schedule a nurse-only visit for HPV vaccine at another date/time.	

COMMON CODES:	**CPT**	• **Meningococcal conjugate:** 90619, 90734 • **Tdap:** 90715 • **HPV:** 90649-90651

CONNECTICARE
WEIGHT ASSESSMENT AND COUNSELING-BMI PERCENTILE

DEFINITION	The percentage of Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had the following during the measurement year: 1. BMI Percentile
NUMERATOR	Members in the denominator who had an outpatient visit with the following: 1. BMI Percentile: Documented as a value or plotted on an age growth chart.
DENOMINATOR	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN in the measurement year
TIPS	• Submit the Z codes listed in the Common Codes section to Connecticare to get credit for the measure, so that supplemental data are not needed. Other Care Network practices have adapted their EHRs to make this happen. They are happy to share how they did it • BMI percentile may be performed during a visit other than a well-child visit (e.g. sick visits, sport physicals). • Services performed during a telephone visit, e-visit or virtual check-in are compliant. • Medical record must include height, weight and BMI percentile (must be from same data source) during the measurement year.

Requirements	Compliant	Not compliant

BMI percentile documentation	• 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.
		• An absolute BMI value only.
		• Height and weight only.
		• Ranges and thresholds. This is true even for narrow or single ranges. For example, 15%-16%.

		• Documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%). • Member-collected biometric values (height, weight, BMI percentile) are eligible for use in reporting		
COMMON CODES	**BMI percentiles-ICD-10**		• Z68.51 – BMI <5% • Z68.52 – BMI 5% to <85% • Z68.53 – BMI 85% to < 95% • Z68.54 – BMI ≥ 95%	
	ICD-10:	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.82, Z02.89, Z02.9, Z76.1, Z76.2		

CONNECTICARE **WELL CHILD VISITS AGES 0-30 MONTHS (W30)**	
DEFINITION	Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.
NUMERATOR	Rate 1. Children in the denominator with 6 or more well visits on different dates of service on or before the 15-month birthday Rate 2. Children in the denominator with 2 or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
DENOMINATOR	Rate 1. Children who turn 15 months old during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days. Rate 2. Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days Exclude children in hospice.

TIPS	• Often the first, second or third visit is on the mother's claim. Confirm with the payer(s) the process for the first 30 days of newborn claims processing. Is the data accessible? • Improvement on this measure takes significant amount of time since performance is evaluated based on six visits over 15 months and two additional visits over the subsequent 15 months. • Whenever possible (and indicated) convert simple acute visits into preventive visits. • Use gaps in care process and reports. • Schedule next visit at the end of each appointment. • Institute a reminder system to make sure well visits are scheduled. • Have a reminder/call back system to increase the number of appointments that are kept. • Recruit office staff to help with reminders for well visits.	
COMMON CODES:	**CPT:**	99381, 99382, 99391, 99392, 99461

PCMH+ (SCORING METRIC) **AMBULATORY CARE - ED VISITS (AMB)**	
DEFINITION	Rate of emergency department (ED) visits per 1,000 beneficiary months
NUMERATOR	Number of ED visits • Count each visit to an ED once, regardless of the intensity or duration of the visit. • Count multiple ED visits on the same date of service as one visit. • Do not include ED visits that result in an inpatient stay
DENOMINATOR	Number of beneficiary months
EXCLUSIONS	• Claims and encounters that indicate the encounter for mental health or chemical dependency.
TIPS	• Educate families to call the office before heading to the emergency department or urgent care • Contact patients seen for preventable ED or urgent care visits and bring them in for follow-up • Orient all new patients/families to your office hours, how to reach you after hours, and what kinds of conditions you will see urgently • Work with our Care Network and Care Coordination team to identify high utilizers of the ED and bring them into the office to review their problem list

PCMH+ (SCORING METRIC) **POTENTIALLY PREVENTABLE EMERGENCY DEPARTMENT VISITS (PPVs)**	
DEFINITION	PPVs are emergency department visits for conditions that could otherwise be treated by a care provider in a non-emergency setting.
NUMERATOR	Measure is proprietary to 3M
DENOMINATOR	Measure is proprietary to 3M

TIPS	• Educate families to call the office before heading to the emergency department or urgent care • Contact patients seen for preventable ED or urgent care visits and bring them in for follow-up • Orient all new patients/families to your office hours, how to reach you after hours, and what kinds of conditions you will see urgently • Work with our Care Network and care coordination team to identify high utilizers of the ED and schedule appointments to review their problem list

PCMH+ (SCORING METRIC) **POTENTIALLY PREVENTABLE ADMISSIONS (PPAs)**	
DEFINITION	PPAs are hospital admissions that could potentially have been dealt with in the outpatient setting.
NUMERATOR	Measure is proprietary to 3M
DENOMINATOR	Measure is proprietary to 3M
TIPS	• Reach out to patients who have been discharged from the hospital to schedule a follow-up appointment to review discharge instructions, appropriate medication use, chronic disease management, barriers to accessing medications or following discharge instructions, and other ways to prevent hospital admissions

PCMH+ (SCORING METRIC) **AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB)**	
DEFINITION	The percentage of episodes for members age 3 months and older with a diagnosis of acute bronchitis or bronchiolitis who were not dispensed an antibiotic prescription.
NUMERATOR	Episodes in the denominator with no prescription claim for antibiotic medications in the 3 days after the bronchitis/bronchiolitis diagnosis.
DENOMINATOR	• Age 3 months and older as of the last day of the Measurement Period • At least 1 claim from an outpatient visit (with or without a telehealth modifier), a telephone visit, an online assessment, an observation visit, or an ED visit during the Intake Period (3-368 days before the last day of the Measurement Period), with a diagnosis of acute bronchitis/bronchiolitis ○ Exclude visits that resulted in an inpatient admission • AND have member and prescription eligibility from 30 days prior to the Episode Date through three days after the Episode Date (34 total days). No gaps

EXCLUSIONS	• Prescription claims for antibiotic medications in the 30 days before diagnosis • OR claims with a diagnosis for HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, HIV- type 2, disorders of the immune system, or comorbid conditions in any position in the year before diagnosis • OR claims with a diagnosis for competing diagnosis or pharyngitis from 30 days before to 7 days after diagnosis • Not exclusions for this HEDIS measure: asthma or diabetes diagnosis; symptoms such as fever, cough and wheezing; tobacco use.
TIPS	• Avoid prescribing an antibiotic unless there is a bacterial etiology. When antibiotics are needed for a patient with acute bronchitis / bronchiolitis with comorbid conditions: submit codes on the same claim to remove member from measure. • An episode will not count toward the measure denominator if the member was diagnosed with pharyngitis or a competing diagnosis on or 3 days after the episode date.
COMMON CODES:	**Exclusion codes day of to three days after (not all inclusive)** • Acute suppurative otitis media H66.xxx; Otitis media H67.xxx; Chronic sinusitis J32.xxx; Tonsillitis (chronic and hypertrophy) J35.xxx; Mastoiditis (acute and chronic) H70.xxx; Impetigo L01.xxx; Acute sinusitis J01.xxx; Cellulitis and lymphangitis L03.xxx; Pharyngitis J02.xxx; Urinary tract infection N39; Acute tonsillitis J03.xxx; Acute vaginitis N76.xxx; Pneumonia J13.xx - J18.xx

PCMH+ (SCORING METRIC)
COMPREHENSIVE DIABETES CARE – HEMOGLOBIN A1C (HBA1C) TESTING

DEFINITION	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year	
NUMERATOR	Patients who had an HbA1c test performed during the measurement year.	
DENOMINATOR	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	
COMMON CODES	**CPT**	• HbA1c: 83036, 83037 • HbA1c results: 3044F, 3046F, 3041F, 3052F
TIPS	• Identify, early in the year, patients 18 years of age or older with diabetes who need A1c testing and coordinate with endocrinology to set them up for testing • If patient has transitioned to an adult endocrinologist not affiliated with Connecticut Children's and has not been tested, you may need to order testing yourself and communicate with patient and their endocrinologist	

PCMH+ (SCORING METRIC) CHILD & ADOLESCENT WELL-CARE VISITS (WCV)		
DEFINITION	Percentage of members ages 3 to 21 who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN during the measurement year.	
NUMERATOR	Those who had one or more well visits with a PCP or OB/GYN during the measurement year. (Practitioner does not have to be assigned to the member.)	
DENOMINATOR	• Ages 3 to 21 as of Dec. 31 of the measurement year. Report three age stratifications and total rate: 3-11; 12-17; 18-21. • Continuously enrolled with no more than one gap of up to 45 days. • Exclude those in hospice	

TIPS	• Ability exists to improve this measure in the short term since it is dependent on a patient receiving an annual preventive visit any time during the measurement year.
	• Well visits can be done in conjunction with sick visits, as long as they are billed with the appropriate modifier, and can be performed anytime in the measurement/calendar year.
	• Whenever possible (and indicated) convert sports pre-participation physical exams or dental clearance exams into well visits. Train staff to identify families who call for sports physicals and dental clearance exams who need well visits.
	• Use gaps in care process and reports.
	• Schedule next visit at the end of each appointment. Institute a reminder system to make sure well visits are scheduled.
	• Have a reminder or call-back system to increase the number of appointments that are kept.
	• Recruit office staff to help with reminders for well visits.
	• Confirm the PCP and ensure the assignment is accurate. Examples of common issues are:
	  ○ If the parent doesn't elect a PCP, Medicaid assigns a PCP by default.
	  ○ Never seen the child before.
	  ○ Child moved, but not yet terminated by Medicaid.
	• For patients with Medicaid as secondary insurance, check that the well visit is billed to Medicaid instead of the primary insurance, so the child is not overlooked as counting toward the measure. This is not very common, but possible, especially with children with medical complexity.	

COMMON CODES	**CPT**	99382-99385, 99392-99395
	ICD-10	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

PCMH+ (SCORING METRIC) DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE		
DEFINITION	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This is a composite measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened in the 12 months preceding or on their first, second or third birthday.	
NUMERATOR	Children who were screened for risk of developmental, behavioral and social delays using a standardized tool.	
DENOMINATOR	All patients who turn 1, 2 or 3 years of age between January 1 and December 31 of the performance period	
REQUIRED MEDICAL RECORD DOCUMENTATION	For children who had a developmental screening using a standardized, validated tool in the 12 months preceding their birthday, the following documentation must be in the medical record: • Date of service • Documentation of the validated screening tool used (Refer to Provider Bulletin 2019-14 for validated tools for this measure) • Evidence of a screening result (positive or negative) or screening score (a numeric value associated with the validated screening tool)	
COMMON CODES	**CPT**	96110 Use modifier U3 for a positive screen and U4 for a negative screen

PCMH+ (SCORING METRIC) PERSON-CENTERED PRIMARY CARE MEASURE (PCPCM)	
DEFINITION	The Person-Centered Primary Care Measure (PCPCM) is an 11-item patient-reported measure that assesses primary care aspects thought responsible for primary care effects on population health, equity, quality, and sustainable expenditures. These include: accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease, illness, and prevention management.

PCMH+ (CHALLENGE METRIC) BEHAVIORAL HEALTH SCREENING 1-18	
DEFINITION	The percentage of members 1-18 years of age who received an annual behavioral health screen within the 12 months prior to their birthday.
NUMERATOR	Children in denominator who had a claim with CPT code 96110 or 96127
DENOMINATOR	All beneficiaries age 1 year to 18 years
REQUIRED MEDICAL RECORD DOCUMENTATION	• Date of service for the behavioral health screening • Documentation of the validated screening tool used (Refer to Provider Bulletin 2015-70 for validated tools for this measure) • Evidence of a screening result or a screening score

COMMON CODES	**CPT**	• 96110 Use modifier U3 for a positive screen and U4 for a negative screen • 96127 Use modifier U3 for a positive screen and U4 for a negative screen

PCMH+ (CHALLENGE METRIC) RE-ADMISSIONS WITHIN 30 DAYS	
DEFINITION	The percentage of physical health and behavioral health hospital readmissions within 30 days of discharge for members 0-64 years of age.
NUMERATOR	Awaiting details from PCMH+
DENOMINATOR	Awaiting details from PCMH+
TIPS	• Obtain and review patients' discharge summary • Obtain any test results that were not available when patients were discharged and track tests that are still pending • If patients have not scheduled their discharge follow-up appointment, reach out and schedule an appointment within seven days of discharge or sooner as needed • When scheduling the post-discharge visit, ask patients to bring in all their prescription medications, over-the-counter medications and supplements so that medication reconciliation can be performed • Discuss the discharge summary with patients/caregivers and ask if they understand the instructions and filled the new prescriptions • Complete a thorough medication reconciliation and ask patients and caregivers to recite their new medication regimen back to you • Provide the patient/caregiver with a current list of medications • Develop an action plan for chronic conditions (e.g., asthma). • Have patients and caregivers repeat the care plan back to you to demonstrate understanding. • Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future. • Ask patients/caregivers if they completed or scheduled prescribed outpatient follow-up or other services. This could include specialists, physical therapy, home health care visits and obtaining durable medical equipment

PCMH+ (CHALLENGE METRIC) FOLLOW-UP AFTER ED VISIT FOR MENTAL ILLNESS (FUM)	
DEFINITION	The percentage of ED visits for members 6 years of age and older in the measurement year with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness
NUMERATOR	Members who had a follow-up visit after an ED visit for mental illness or intentional self-harm within either: • 7 days of the ED visit. Visits that occur on the date of the ED visit are included. • 30 days of the ED visit. Visits that occur on the date of the ED visit are included.

DENOMINATOR	Children who have an ED visit with a principal diagnosis of mental illness or intentional self-harm on or between Jan. 1 and Dec. 1 of the measurement year who are 6 years or older on the date of the visit • Continuously enrolled (no gaps) from date of the ED visit through 30 days after the ED visit (31 total days). • The denominator is based on ED visits, not on members. If a member has more than one ED visit in a 31-day period include only the first eligible ED visit for that period.	
TIPS	• This measure uses medical and behavioral health claims. • Schedule the seven-day follow-up visit within five days after the ED visit to allow flexibility in rescheduling, if necessary. • Schedule the seven-day follow-up visit with a mental health practitioner before the patient leaves the ED. • Call the patient and/or parent/guardian 24 to 72 hours after discharge to verify appointments are scheduled and address additional needs. • Review medications with patient and/or caregiver and educate on the importance of taking them with appropriate frequency. • Provide information on the importance of monitoring emotional well-being and following up with their mental health practitioner.	
COMMON CODES	**Mental Illness (ICD-10) Diagnosis Codes**	• F03.xx, F20-F53, F59-F69, F80-F99, Diagnosis of intentional self-harm (multiple possible codes) With any of the following CPT:
	Follow-up Visits (CPT)	• 98960-98962, 99078, 99201-99205, 99211-99215, 99217- 99220, 99241-99245, 99341-99345, 99347-99350, 99381- 99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510

PCMH+ (CHALLENGE METRIC) METABOLIC MONITORING FOR CHILDREN & ADOLESCENTS ON ANTIPSYCHOTICS (APM)	
DEFINITION	Members 1-17 years of age in the measurement year who had two or more antipsychotic prescriptions and had metabolic testing.
NUMERATOR	Children and adolescents 1-17 years of age on antipsychotics who received blood glucose and cholesterol testing during the measurement year.
DENOMINATOR	Children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions
TIPS	• Order a blood glucose and cholesterol test every year for patients on antipsychotics • Build care gap alerts in the electronic medical record • Test blood glucose and cholesterol at member's annual checkup or school physical to reduce additional visits • Encourage shared decision-making by educating members and caregivers about the:

		○ Increased risk of metabolic health complications from antipsychotic medications ○ Importance of screening blood glucose and cholesterol levels
COMMON CODES	**CPT**	• Non-LDL: 82465, 83718, 83722, 84478 • LDL-C: 80061, 83700-1, 83704, 83721; 3048-50F • Glucose: 80047-8, 80050, 80053, 80069, 82947, 82950-1 • HbA1c: 83036-7; 3044F, 3046F, 3051-2F