
Measure: C12 - Rheumatoid Arthritis Management

Title	Description
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Label for Stars: Rheumatoid Arthritis Management

Label for Data: Rheumatoid Arthritis Management

Description: Percent of plan members with rheumatoid arthritis who got one or more prescriptions for an anti-rheumatic drug.

HEDIS Label: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 220

Metric: The percentage of MA members who were diagnosed with rheumatoid arthritis during the measurement year (denominator), and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) (numerator).

Primary Data Source: HEDIS

Data Source Category: Health and Drug Plans

Exclusions: Exclude from Medicare reporting members age 66 and older as of December 31 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Use the run date of the file to determine if a member had an LTI flag during the measurement year.

Exclude members from all product lines age 81 and older as of December 31 of the measurement year with frailty.

Exclude members from all product lines age 66 and older as of December 31 of the measurement year with advanced illness and frailty. Members must meet both the frailty and advanced illness criteria to be excluded.

(optional)

- A diagnosis of HIV (HIV Value Set) any time during the member's history through December 31 of the measurement year.
- A diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2020 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2020 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

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Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Management of Chronic Conditions

NQF #: 0054

Data Display: Percentage with no decimal place

Reporting Requirements:	1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
	Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
	< 68 %	>= 68 % to < 75 %	>= 75 % to < 79 %	>= 79 % to < 85 %	>= 85 %