P4P Measure Specifications

Document revision log

Date of change	Version	Nature of change	Author(s)
Early 2015	1.0	Consolidated version of P4P 2015 specifications	Arcadia
9/29/15	2.0	Updated with HEDIS 2016 codesets	Meredith Spacie, CHPW
10/7/15	3.0	Exclusions for diabetes population fixed to be consistent with HEDIS and P4P program guidelines (24 month lookback).	Meredith Spacie, CHPW

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1.1 Diabetes - HbA1c Poorly Controlled Measure

1.1.1 Measure Definition

Attribute	Description
Name	Pay for Performance - Diabetes: HbA1c Poorly Controlled
Display Name	Diabetes: HbA1c Poorly Controlled
Display Short Name	DM HbA1c Poorly Ctrl
Description	Qualifying patients between 18 years and 75 years at the end date of the period with at least one of the following: 1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR 2. Active diabetic problem list item within 2 years of end of measurement period OR 3. Qualifying prescription within 2 years of end of measurement period Percentage of qualifying patients with the most recent HbA1c value greater than 9%, looking back 12 months, OR no HbA1c test results in the last 12 months.
Purpose	This measure is part of the CHNW P4P Program
Target	**Below** 22.6%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients between 18 and 75 years at the end of the period, AND one of the following: 1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR 2. Active diabetic problem list item within 2 years of end of measurement period, OR 3. Qualifying prescription within 2 years of end of measurement period
Denominator Codes	***See associated code templates:** **HEDIS 2016: Diabetes** **HEDIS 2015: NDC List CDC-A_2015 (final) [2016 NDC lists available 11/2/2015]**
Denominator Exclusions	• Gestational diabetes within 24 months of end of measurement period • Steroid-induced diabetes within 24 months of end of measurement period • Polycystic Ovaries before within 24 months of end of measurement period
Exclusion codes	***See associated code templates:** **HEDIS 2016: Diabetes Exclusions**
Numerator	Patients from denominator whose most recent HbA1c testing result is greater than 9%, looking back 12 months, OR who did not have an HbA1c test result in the last 12 months.
Numerator codes	HEDIS 2016: HbA1c Level Greater than 9.0
Grain	Person

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Attribute	Description
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent
Definitions/Concepts	• Qualifying prescription information to be gathered, or considered valid from any of (1) Clinical Prescription, (2) Active Medication from Medication List, or (3) Prescription Claim
Patient detail list changes	None

1.1.2 Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1 AND (D2 OR D3 OR D4)**			
	D1	Patient is age 18 through 75 at the end of the measurement period	Clinical	Both
	D2	Patient has an encounter (Encounter) or claim resulting in a diabetes assessment within 24 months of the end of the measurement period	Clinical	Both
	D3	Patient has an active diabetic problem list item within 24 months of end of measurement period	Clinical	Both
	D4	Patient has a qualifying prescription within 24 months of end of measurement period	Clinical	Both
Denominator Exclusion	**EX1 OR EX2 OR EX3**			
	EX1	Patient has diagnosis on encounter or claim of gestational diabetes within 12 months of the end date of the measurement period	Clinical	Both
	EX2	Patient has steroid-induced diabetes diagnosis on encounter or claim before end date of measurement period	Clinical	Both
	EX3	Patient has polycystic ovaries diagnosis on encounter or claim before end date of measurement period	Clinical	Both
Numerator	Patients meet the denominator criteria and **N1 OR N2 OR N3**			
	N1	Patient's most recent HbA1c test results greater than 9% - looking back one year from end date of measurement period	Clinical	Both
	N2	Patient does not have an HbA1c test result in the last 12 months on file	Clinical	Both

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Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
	N3	Patient has claim or encounter with code for poorly controlled HbA1c	Clinical	Both

1.2   Diabetes - HbA1c Testing Measure

1.2.1   Measure Definition

Attribute	Description
Name	Pay for Performance - Diabetes: HbA1c Testing
Display Name	Diabetes: HbA1c Testing
Display Short Name	DM HbA1c Testing
Description	Qualifying patients between 18 years and 75 years at the end date of the period with at least one of the following: 1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR 2. Active diabetic problem list item within 2 years of end of measurement period OR 3. Qualifying prescription within 2 years of end of measurement period Percentage of qualifying patients with an HbA1c screen within 12 months of the end date of the period
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 93.9%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients between 18 and 75 years at the end of the period, AND one of the following: 1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR 2. Active diabetic problem list item within 2 years of end of measurement period, OR 3. Qualifying prescription within 2 years of end of measurement period
Denominator Codes	***See associated code templates:** **HEDIS 2016: Diabetes** **HEDIS 2015: NDC List CDC-A_2015 (final) [2016 codesets not available until 11/2/2015]**
Denominator Exclusions	• Gestational diabetes within 24 months of end of measurement period • Steroid-induced diabetes within 24 months of end of measurement period • Polycystic Ovaries before within 24 months of end of measurement period
Exclusion codes	***See associated code templates:** **HEDIS 2016: Diabetes Exclusions**
Numerator	Patients with an HbA1c test performed within one year of the end date of the period
Numerator codes	**See associated code template:** **HEDIS 2016: HbA1c Tests**
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)

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Attribute	Description
Unit	Percent
Definitions/Concepts	• Qualifying prescription information to be gathered, or considered valid from any of (1) Clinical Prescription, (2) Active Medication from Medication List, or (3) Prescription Claim
Patient detail list changes	None

1.2.2 Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1 AND (D2 OR D3 OR D4)**			
	D1	Patient is age 18 through 75 at the end of the measurement period	Clinical	Both
	D2	Patient has an encounter (Encounter) or claim resulting in a diabetes assessment within 24 months of the end of the measurement period	Clinical	Both
	D3	Patient has an active diabetic problem list item within 24 months of end of measurement period	Clinical	Both
	D4	Patient has a qualifying prescription within 24 months of end of measurement period	Clinical	Both
Denominator Exclusion	**EX1 OR EX2 OR EX3**			
	EX1	Patient has diagnosis of gestational diabetes on encounter or claim within 12 months of the end date of the measurement period	Clinical	Both
	EX2	Patient has steroid-induced diabetes diagnosis on encounter or claim before end date of measurement period	Clinical	Both
	EX3	Patient has polycystic ovaries diagnosis on encounter or claim before end date of measurement period	Clinical	Both
Numerator	Patients meet the denominator criteria and **N1**			
	N1	Patient had an HbA1c test within one year of end date of period	Clinical	Both

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1.3 Diabetes - Kidney Disease Monitoring Measure

1.3.1 Measure Definition

Attribute	Description
Name	Pay for Performance - Diabetes: Kidney Disease Monitoring
Display Name	Diabetes: Kidney Disease Monitoring
Display Short Name	DM Kidney Disease Monitoring
Description	Qualifying patients between 18 years and 75 years at the end date of the period with at least one of the following: 1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR 2. Active diabetic problem list item within 2 years of end of measurement period OR 3. Qualifying prescription within 2 years of end of measurement period Percentage of qualifying patients with one of the following: 1. Urine microalbumin performed within 12 months of end of measurement period 2. Patient had positive urine macro albumin result within 12 months of end date of measurement period 3. Patient had a diagnosis of nephropathy within 12 months of end date of measurement period 4. Patient had any visit to nephrologist within 12 months of end date of measurement period 5. Patient has active ACE or ARB on med list within 12 months of end date of measurement period or was dispensed either an ACE or ARB within 12 months of end date of measurement period
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 89.5%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients between 18 and 75 years at the end of the period, AND one of the following: 1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR 2. Active diabetic problem list item within 2 years of end of measurement period, OR 3. Qualifying prescription within 2 years of end of measurement period
Denominator Codes	***See associated code templates:** **HEDIS 2016: Diabetes** **HEDIS 2015: NDC List CDC-A_2015 (final) [2016 NDC lists available 11/2/2015]**

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Attribute	Description
Denominator Exclusions	• Gestational diabetes within 24 months of end of measurement period • Steroid-induced diabetes within 24 months of end of measurement period • Polycystic Ovaries before within 24 months of end of measurement period
Exclusion codes	*See associated code templates: HEDIS 2016: Diabetes Exclusions
Numerator	Urine microalbumin performed, positive urine macro albumin result, any diagnosis of nephropathy, any visit to nephrologist, or active ACE or ARB on medication list or dispensed within 12 months.
Numerator codes	*See associated code templates: HEDIS 2016: Urine Protein Tests HEDIS 2016: Nephropathy Treatment HEDIS 2016: CKD Stage 4 HEDIS 2016: ESRD HEDIS 2016: Kidney Transplant HEDIS 2016: NDC List CDC-L_2015 (final) [2016 NDC lists available 11/2/2015]
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent
Definitions/Concepts	• Qualifying prescription information to be gathered, or considered valid from any of (1) Clinical Prescription, (2) Active Medication from Medication List, or (3) Prescription Claim
Patient detail list changes	None

1.3.2 Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source – Standard
Denominator	**D1 AND (D2 OR D3 OR D4)**			
	D1	Patient is age 18 through 75 at the end of the measurement period	Clinical	Both
	D2	Patient has an encounter (Encounter) or claim resulting in a diabetes assessment within 24 months of the end of the measurement period	Clinical	Both
	D3	Patient has an active diabetic problem list item within 24 months of end of measurement period	Clinical	Both
	D4	Patient has a qualifying prescription within 24 months of end of measurement period	Clinical	Both
Denominator Exclusion	**EX1 OR EX2 OR EX3**			
	EX1	Patient has diagnosis of gestational diabetes on	Clinical	Both

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Component	Ref #	Criteria	Data Source – 2.6	Data Source – Standard
		encounter or claim within 12 months of the end date of the measurement period		
	EX2	Patient has steroid-induced diabetes diagnosis on encounter or claim before end date of measurement period	Clinical	Both
	EX3	Patient has polycystic ovaries diagnosis on encounter or claim before end date of measurement period	Clinical	Both
Numerator		Patients meet the denominator criteria and **N1 OR N2 OR N3 OR N4 OR N5**		
	N1	Patient had urine microalbumin performed within one year of end date of measurement period	Claims	Both
	N2	Patient had positive urine macro albumin result within one year of end date of measurement period	Claims	Both
	N3	Patient had any diagnosis of nephropathy on claim or encounter within one year of end date of measurement period	Clinical	Both
	N4	Patient had any claim or encounter with visit to nephrologist within one year of end date of measurement period	Claims	Both
	N5	Patient has active ACE or ARB on medication list, or an ACE or ARB dispensed, within one year of end date of measurement period. For currently defined codes used for ACE and ARB, please see associated code template	Clinical	Both

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1.4 Diabetes - Retinal Eye Exam Measure

1.4.1   Measure Definition

Attribute	Description
Name	Pay for Performance - Diabetes: Retinal Eye Exam
Display Name	Diabetes: Retinal Eye Exam
Display Short Name	DM Retinal Eye Exam
Description	Qualifying patients between 18 years and 75 years at the end date of the period with at least one of the following: 1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR 2. Active diabetic problem list item within 2 years of end of measurement period OR 3. Qualifying prescription within 2 years of end of measurement period Percentage of qualifying patients with a retinal eye exam recorded within the last year OR negative retinopathy result from eye exam in the last 2 years
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 69.0%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients between 18 and 75 years at the end of the period, AND one of the following: 1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR 2. Active diabetic problem list item within 2 years of end of measurement period, OR 3. Qualifying prescription within 2 years of end of measurement period
Denominator Codes	***See associated code templates:** **HEDIS 2016: Diabetes** **HEDIS 2015: NDC List CDC-A_2015 (final) [2016 NDC list not available until 11/2/2015]**
Denominator Exclusions	• Gestational diabetes within 24 months of end of measurement period • Steroid-induced diabetes within 24 months of end of measurement period • Polycystic Ovaries before within 24 months of end of measurement period
Exclusion codes	***See associated code templates:** **HEDIS 2016: Diabetes Exclusions**
Numerator	Patients with a retinal eye exam with an eye care professional recorded within one year of the end date of the period OR within two years if patient is recorded as negative for retinopathy.
Numerator codes	***See associated code template:** **HEDIS 2016: Diabetic Retinal Screening** **HEDIS 2016: Diabetic Retinal Screening with Eye Care Professional** **HEDIS 2016: Diabetic Retinal Screening Negative**

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Attribute	Description
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent
Definitions/Concepts	Structured clinical data denoting a patient's eye exam is not required to be performed by a specialist (Ophthalmologist/Optometrist). In the case of claims data, the following numerator code description from associated code template apply: • All codes labeled "Diabetic retinal screening" MUST be from a visit with an optometrist or ophthalmologist (specialty types in code template) • Any code labeled "Diabetic retinal screening with eye care professional" can be counted within numerator without regard for provider specialty • **ONLY codes from the Diabetic Retinal Screening Negative** can be counted as negative retinopathy screening for the 24 month look back period • In addition to applicable code sets, auxiliary structured data from the EHR to be used for eye exam visits • Qualifying prescription information to be gathered, or considered valid from any of (1) Clinical Prescription, (2) Active Medication from Medication List, or (3) Prescription Claim
Patient detail list changes	None

1.4.2   Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1 AND (D2 OR D3 OR D4)**			
	D1	Patient is age 18 through 75 at the end of the measurement period	Clinical	Both
	D2	Patient has an encounter (Encounter) or claim resulting in a diabetes assessment within 24 months of the end of the measurement period	Clinical	Both
	D3	Patient has an active diabetic problem list item within 24 months of end of measurement period	Clinical	Both
	D4	Patient has a qualifying prescription within 24 months of end of measurement period	Clinical	Both
Denominator Exclusion	**EX1 OR EX2 OR EX3**			
	EX1	Patient has diagnosis of gestational diabetes on encounter or claim within 12 months of the	Clinical	Both

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Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
		end date of the measurement period		
	EX2	Patient has steroid-induced diabetes diagnosis on encounter or claim before end date of measurement period	Clinical	Both
	EX3	Patient has polycystic ovaries diagnosis on encounter or claim before end date of measurement period	Clinical	Both
Numerator		Patients meet the denominator criteria and **N1 OR N2 OR N3**		
	N1	Patient had a retinal eye exam with an eye care professional recorded within one year of the end date of the measurement period	Both	Claims
	N2	Patient had a retinal eye exam, as recorded in the EHR, within one year of the end date of the measurement period	NA	Clinical
	N3	Patient had an eye exam recorded with code CPTII3072F (for negative for retinopathy) within two years of the end date of the measurement period	Claims	Both

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1.5 Colorectal Cancer Screening Measure

1.5.1 Measure Definition

Attribute	Description
Name	Pay for Performance - Colorectal Cancer Screening
Display Name	Colorectal Cancer Screening
Display Short Name	Colo Cancer Screening
Description	Percentage of patients between 51 and 75 years at the end of the measurement period with a colonoscopy within 10 years, flexible sigmoidoscopy within 5 years, or FOBT within 1 year
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 62.3%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients between 51 and 75 years at the end of the measurement period
Denominator Codes	Not applicable
Denominator Exclusions	• Colorectal cancer before end of measurement period • Total colectomy before end of measurement period
Exclusion codes	***See associated code templates:** **HEDIS 2016: Colorectal Cancer** **HEDIS 2016: Total Colectomy**
Numerator	Patients who have had a colonoscopy within 10 years OR flexible sigmoidoscopy within 5 years OR FOBT within 1 year of the end of the measurement period
Numerator codes	***See associated code templates:** **HEDIS 2016: FOBT** **HEDIS 2016: Flexible Sigmoidoscopy** **HEDIS 2016: Colonoscopy**
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent
Definitions/Concepts	
Patient detail list changes	None

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1.5.2   Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source – Standard
Denominator	**D1**			
	D1	Patient is between ages of 51 and 75 at the end of the measurement period	Clinical	Both
Denominator Exclusion	**EX1 OR EX2**			
	EX1	Patient has diagnosis of colorectal cancer from claim or encounter before end of measurement period	Clinical	Both
	EX2	Patient has had a total colectomy before end of measurement period	Clinical	Both
Numerator	Patients meet the denominator criteria and **N1 OR N2 OR N3**			
	N1	Patient has had a colonoscopy within 10 years of end date of measurement period	Clinical	Both
	N2	Patient has had a flexible sigmoidoscopy within 5 years of end date of measurement period	Claims	Both
	N3	Patient has had a FOBT within 1 year of end date of measurement period	Claims	Both

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1.6   Breast Cancer Screening Measure

1.6.1   Measure Definition

Attribute	Description
Name	Pay for Performance - Breast Cancer Screening
Display Name	Breast Cancer Screening
Display Short Name	Breast Cancer Screening
Description	Percentage of female patients between 52 years and 74 years at the end date of the period who have had a mammogram within the last 2 years
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 71.2%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Female patients between 52 and 75 years at the end of the period
Denominator codes	Not applicable.
Denominator Exclusions	• Bilateral mastectomy in patient's lifetime • Unilateral mastectomy with bilateral modifier or both side modifiers in patient's lifetime • Two unilateral mastectomies on different dates in patient's lifetime
Exclusion codes	***See associated code templates:** **HEDIS 2016: Bilateral Mastectomy** **HEDIS 2016: Unilateral Mastectomy** **HEDIS 2016: Bilateral Modifier** **HEDIS 2016: Right Modifier** **HEDIS 2016: Left Modifier** **HEDIS 2016: Absence of Left Breast** **HEDIS 2016: Absence of Right Breast** **HEDIS 2016: History of Bilateral Mastectomy** **HEDIS 2016: Unilateral Mastectomy Left** **HEDIS 2016: Unilateral Mastectomy Right**
Numerator	Patients who have had a mammogram within the last 2 years
Numerator codes	***See associated code templates:** **HEDIS 2016: Mammography**
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent

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Definitions/Concepts	• In addition to applicable code sets, auxiliary structured data from the EHR to be used for Mastectomies
Patient detail list changes	None

1.6.2   Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1**			
	D1	Female patient is between ages of 52 and 74 at the end of the measurement period	Clinical	Both
Denominator Exclusion	**EX1 OR EX2 OR EX3 OR EX4 OR EX5 OR EX6**			
	EX1	Patient has had a bilateral mastectomy before end of measurement period	Both	Both
	EX2	Patient has had a unilateral mastectomy with bilateral modifier or both side modifiers before end of measurement period	Both	Both
	EX3	Patient has had two unilateral mastectomies on different dates before end of measurement period	Both	Both
	EX4	**Patient has absence of the left breast and absence of the right breast before end of measurement period**	**Both**	**Both**
	EX5	**Patient has history of bilateral mastectomy before end of measurement period**	**Both**	**Both**
	EX6	**Patient has left unilateral mastectomy and right unilateral mastectomy before end of measurement period**	**Both**	**Both**
Numerator	Patients meet the denominator criteria and **N1**			
	N1	Patient has had a mammogram within 2 years of the end date of the measurement period	Claims	Both

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1.7 Access to Provider (Adult) Measure

1.7.1 Measure Definition

Attribute	Description
Name	Pay for Performance - Adult Access to Provider
Display Name	Adult Access to Provider
Display Short Name	Adult Access to Provider
Description	Percentage of patients aged 20 or greater at the end of the period who have had an outpatient visit within one year of the end date of the period
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 91.6%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients aged 20 or greater at the end of the measurement period
Denominator codes	Not applicable.
Denominator Exclusions	None
Exclusion codes	Not applicable.
Numerator	Patients who have had an ambulatory care visit within one year of the measurement period
Numerator codes	***See associated code templates:** **HEDIS 2016: Ambulatory Visits** **HEDIS 2016: Other Ambulatory Visits**
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent
Definitions/Concepts	
Patient detail list changes	None

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1.7.2   Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1**			
	D1	Patient is aged 20 or greater at the end of the measurement period	Clinical	Both
Denominator Exclusion	**None**			
Numerator	Patients meet the denominator criteria and **N1**			
	N1	Patient has had an outpatient medical encounter within one year of the end of the measurement period	Clinical	Both

1.8 Access to Provider (Adolescent) Measure

1.8.1 Measure Definition

Attribute	Description
Name	Pay for Performance – Adolescent (7 – 19) Access to Provider
Display Name	Adolescent (7 – 19) Access to Provider
Display Short Name	Adolescent Access to Provider
Description	Percentage of patients age 7 through 19 at the end of the period who have had an outpatient visit within one year.
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 91.0%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients aged 7 through 19 at the end of the measurement period
Denominator codes	Not applicable
Denominator Exclusions	None
Exclusion codes	Not applicable
Numerator	Patients who have had an ambulatory care visit within 12 months of the end of the measurement period
Numerator codes	***See associated code templates:** **HEDIS 2016: Ambulatory Visits**
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent

Definitions/Concepts	• PCP designation is acceptable under the following circumstances
	   o Provider without any specialty noted – count as PCP
	   o Provider with approved specialty type noted – count as PCP
	   o Provider with unapproved specialty type noted – do <u>not</u> count as PCP

Patient detail list changes	None

1.8.2   Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1**			
	D1	Patient is aged 7 through 19 at the end of the measurement period	Clinical	Both
Denominator Exclusion	**None**			
Numerator	Patients meet the denominator criteria and **N1 AND N2**			
	N1	Patient has had a medical encounter within one year of the end of the measurement period	Clinical	Both
	N2	Patient's encounter is with a designated PCP provider specialty type.	Clinical	Both

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1.9 Access to Provider (Child) Measure

1.9.1   Measure Definition

Attribute	Description
Name	Pay for Performance - Child (1 – 6) Access to Provider
Display Name	Child (1 – 6) Access to Provider
Display Short Name	Child Access to Provider
Description	Percentage of patients age 1 to 6 at the end of the period who have had an outpatient visit within one year.
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 89.8%
Measurement Period (MP)	The measure is calculated for a period as defined by: While "Encounter in Period" filter is selected: • Selected MP End Date: The last day of the selected measurement period • Selected MP Start Date: The first day of the selected measurement period While "Encounter in Period" filter is not selected: • Selected MP End Date: The last day of the selected measurement period • MP Start Date: Equivalent to the measure look back period
Denominator	Patients aged 1 through 6 at the end of the measurement period
Denominator codes	Not applicable
Denominator Exclusions	None
Exclusion codes	None applicable.
Numerator	Patients who have had an ambulatory care visit within one year of the end of the measurement period
Numerator codes	***See associated code templates:** **HEDIS 2016: Ambulatory Visits**
Grain	Person
Calculation	(Sum of Numerator)/ (Sum of Denominator)
Unit	Percent
Definitions/Concepts	• PCP designation is acceptable under the following circumstances o Provider without any specialty noted – count as PCP o Provider with approved specialty type noted – count as PCP o Provider with unapproved specialty type noted – do <u>not</u> count as PCP
Patient detail list changes	None

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1.9.2 Criteria Details

Component	Ref #	Criteria	Data Source – 2.6	Data Source - Standard
Denominator	**D1**			
	D1	Patient is aged 1 through 6 at the end of the measurement period	Clinical	Both
Denominator Exclusion	**None**			
Numerator	Patients meet the denominator criteria and **N1 AND N2**			
	N1	Patient has had a medical encounter within one year of the end of the measurement period	Clinical	Both
	N2	Patient's encounter is with a designated PCP provider specialty type.	Clinical	Both

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1.10 Cervical Cancer Screening

1.10.1 Measure Definition

Attribute	Description
Name	Pay for Performance – Cervical Cancer Screening (CCS)
Display Name	Cervical Cancer Screening
Display Short Name	Cervical Cancer Screening
Description	Percentage of women age 21 – 64 who were screened for cervical cancer using either of the following criteria: • Women age 24-64 who had cervical cytology performed within the three years prior to the last day of the measurement period • Women age 30 – 64 as of the last day of the measurement period, who had cervical cytology/human papilloma virus co-testing performed when they were 30-64 years of age and within 5 years prior to the last day of the measurement period.
Source	HEDIS® 2015 Technical Specification for Physician Measurement HEDIS® 2015 Technical Specification for Health Plans CHNW P4P for Quality 2015 (Excel provided by CHPW last updated 1/6/15)
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 63% (Target set by CHPW)
Denominator	Women aged 24 – 64 as of the last day of the measurement period
Denominator codes	None
Denominator Exclusions	Diagnosis of hysterectomy with no residual cervix ('complete', 'total', or 'radical' abdominal or vaginal hysterectomy meets the criteria), or acquired absence of cervix any time in the patient history through the end of the measurement year. Diagnosis of cervical agenesis anytime in patient history.
Exclusion codes	***See associated code template:** **HEDIS 2016 Absence of Cervix**
Numerator	Patients in denominator who had cervical cytology performed during the last 3 years OR patients in denominator 30 – 64 years of age as of the last day of the measurement period, and who were aged 30-64 as of the date of service(s) for cervical cytology and human papilloma virus (HPV) testing performed 4 or less days apart, and this testing occurred within 5 years of the end of the measurement period.
Numerator codes	***See associated code template:** **HEDIS 2016 Cervical Cytology** **HEDIS 2016 HPV Tests**
Grain	Person
Unit	Percent
Notes	**For any portion of the numerator criteria except for age, structured data from the EHR may be used. Exclusion notations for hysterectomy must be <u>total</u> or <u>radical</u>, or absence of cervix must be noted explicitly.**

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1.10.2 Criteria Details

Component	Ref #	Logic	Criteria	Data Source (Clinical/Claims)
Denominator	**D1 AND D2**			
	D1	AND	Age 24 through 64 as of the last day of the measurement period	Both
	D2	AND	Gender is female	Both
Denominator Exclusion	**EX1 OR EX2 OR EX3**			
	EX1		Patient had a hysterectomy with no residual cervix before the last day of the measurement period	Both
	EX2		Patient has a history of cervical agenesis	Both
	EX3		Patient has acquired an absence of a cervix before the last day of the measurement period	Both
Numerator	Patients meet the denominator criteria and **(N1 AND N2) OR (N3 AND N4 AND N5 AND N6 AND N7 AND N8)**			
	N1	AND	Patients age >=24 to <=64 as of the last day of measurement period	Both
	N2	OR	Patient had cervical cytology performed within the 3 years prior to the last day of the measurement period	Both
	N3	AND	Patients aged >=30 to <=64 years of age as of the last day of the measurement period	Both
	N4	AND	Patient had a cervical cytology test within the 5 years prior to the last day of measurement period	Both
	N5	AND	Age >=30 at cervical cytology date (N4)	Both
	N6	AND	Patient had a human papilloma virus (HPV) test within the 5 years prior to the last day of measurement period	Both
	N7	AND	Age >=30 at HPV test date (N6)	Both
	N8		HPV test (N7) performed within +/- 4 days of cervical cytology (N4)	Both

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1.11 Adult BMI Assessment

1.11.1 Measure Definition

Attribute	Description
Name	Pay for Performance – Adult BMI Assessment (ABA)
Display Name	BMI Assessment - Adult
Display Short Name	BMI Assessment - Adult
Description	Percentage of patients ages 18 to 74 with an outpatient encounter in the 24 months prior to the last day of the measurement period, who had a BMI value documented within the 24 months prior to the last day of the measurement period.
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 90% (Target set by CHPW)
Denominator	Patients aged 18-74 at the last day of the measurement period, who also had an outpatient encounter in the 24 months prior to the last day of the measurement period
Denominator codes	*See associated code template: **HEDIS 2016: Outpatient**
Denominator Exclusions	Patients who were diagnosed with pregnancy within the 24 months prior to the last day of the measurement period
Exclusion codes	*See associated code template: **HEDIS 2016: Pregnancy**
Numerator	Patients in denominator who in the last 24 months had a BMI value documented, or a BMI percentile documented (as value or plotted on growth chart) if under 19 years of age. If value taken from medical records, patient weight from same date must also be recorded.
Numerator codes	*See associated code template: HEDIS 2016: BMI HEDIS 2016: BMI Percentile
Grain	Person
Unit	Percent
Notes	The logic for BMI vs. BMI percentile by age is not going to align with new specifications for HEDIS 2016.

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1.11.2 Criteria Details

Component	Ref #	Logic	Criteria	Data Source (Clinical/Claims)
Denominator	**D1 AND D2**			
	D1	AND	Patient is >=18 years of age at 12 months before period start	Both
	D2	AND	Patient is <=74 years of age at end of measurement period	
	D3		Patient had an outpatient encounter within 24 months prior to the end of the measurement period	Both
Denominator Exclusion	**EX1**			
	EX1		Patient diagnosed with pregnancy within the 24 months prior to the last day of the measurement period	Both
Numerator	Meets the denominator and **N1 OR (N2 AND N3) OR (((N4 AND N5) OR N6) AND N7)**			
	N1	OR	Patient has evidence of a BMI value documented in the 24 months prior to the last day of the measurement period based on use of code from HEDIS 2016 BMI value set.	Both
	N2	AND	Patient has a BMI value documented within the 24 months prior to the last day of the measurement period.	Clinical
	N3	OR	Patient has a weight documented within the 24 months prior to the last day of the measurement period.	Clinical
	N4	AND	Patient has BMI percentile documented within the 24 months prior to the last day of the measurement period.	Clinical
	N5	OR	Patient has a weight documented within the 24 months prior to the last day of the measurement period.	Clinical
	N6	AND	Patient has evidence of BMI percentile documented in the 24 months prior to the last day of the measurement period based on use of code fr0m HEDIS 2016 BMI Percentile value set	Both
	N7		Patient is <19 years of age at N4 OR N6	Both

1.12 Weight Assessment for Children/Adolescents: BMI Percentile

1.12.1 Measure Definition

Attribute	Description
Name	Pay for Performance – Weight Assessment for Children/Adolescents (WCC): BMI Percentile
Display Name	Child/Adolescent BMI Percentile
Display Short Name	Child/Adol BMI Percentile
Description	Percentage of children and adolescents aged 3-17 years who had outpatient encounter with a PCP or Ob/GYN within the 12 months prior to the last day of the measurement period, and who within the 12 months prior to the last day of the measurement period had evidence of BMI percentile documented, or a BMI value if 16-17 years old on the date the BMI was measured.
Purpose	This measure is part of the CHNW P4P Program
Target	**Above** 63% (Target set by CHPW)
Denominator	Patients aged >=3 and <=17 at the end of the measurement period, who had an outpatient encounter with PCP or OB/GYN during the 12 months prior to the last day of the measurement period.
Denominator codes	***See associated code template:** HEDIS 2016: Outpatient
Denominator Exclusions	Patients who were diagnosed with pregnancy in the 12 months prior to the last day of the measurement period
Exclusion codes	***See associated code template:** HEDIS 2016: Pregnancy
Numerator	Patients who had a BMI percentile documented, or a BMI value taken if 16-17 years of age at time of visit, in the 12 months prior to the last day of the measurement period.
Numerator codes	***See associated code template:** HEDIS 2016: BMI HEDIS 2016: BMI Percentile
Grain	Person
Unit	Percent
Notes	Physical activity and nutrition counseling are purposefully not a part of the P4P measure set. Additionally, the logic for BMI vs. BMI percentile by age is not going to align with new specifications for HEDIS 2016.

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1.12.2 Criteria Details

Component	Ref #	Logic	Criteria	Data Source (Clinical/Claims)
Denominator	**D1 AND D2**			
	D1	AND	Patient is aged >=3 through <=17 as of the last day of the measurement period	Both
	D2		Patient had an outpatient encounter with a PCP or Ob/Gyn provider within 12 months prior to the last day of the measurement period	Both
Denominator Exclusion	**EX1**			
	EX1		Patient diagnosed with pregnancy in the 12 months prior to the last day of the measurement period	Both
Numerator	Patients meet the denominator criteria and **N1 OR (N2 AND N3) OR (((N4 AND N5) OR N6) AND N7)**			
	N1	OR	Patient has evidence of a BMI percentile documented within the 12 months prior to the last day of the measurement period based on use of code from HEDIS 2016 BMI Percentile value set.	Both
	N2	AND	Patient has a BMI percentile documented within the 12 months prior to the last day of the measurement period	Clinical
	N3	OR	Patient has a height and weight documented within the 12 months prior to the last day of the measurement period.	Clinical
	N4	AND	Patient has BMI value documented within the 12 months prior to the last day of the measurement period.	Clinical
	N5	OR	Patient has a height and weight documented within the 12 months prior to the last day of the measurement period.	Clinical
	N6	AND	Patient has evidence of BMI value documented within the 12 months prior to the last day of the measurement period based on use of code from HEDIS 2016 BMI value set.	Both
	N7		Patient is aged 16 0r 17 at N4 or N6	Both

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