# P4P Measure Specifications 2016

## Document revision log

| Date of change | Version | Nature of change | Author(s) |
|---|---|---|---|
| 12/8/15 | 1.0 | Updated for P4P 2016 | Meredith Spacie, CHPW |
| 1/6/16 | 1.1 | Updated Measure Targets for 2016 | Lori Cohen, CHPW |
| 3/2/16 | 1.2 | Updated value sets for denominator for Diabetes measures. See blue highlighted sections. | Lori Cohen, CHPW |
| 5/23/15 | 1.3 | Added a note to the target section of the Diabetes - HbA1c Poorly Controlled Measure to indicate that this measure will display inverted in the platform. | Lindsay Lebel, Arcadia |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **1** of **29**
www.arcadiasolutions.com

## 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:<br><br>1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR<br>2. Qualifying prescription within 2 years of end of measurement period<br><br>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** 15.57%<br>*\*This measure will be displayed and calculated in the Arcadia Analytics platform as **DM A1c <=9** (the inverse of the measure logic described here). As such, in the platform, a higher score indicates better performance.* |
| **Measurement Period (MP)** | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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:<br><br>1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR<br>2. Qualifying prescription within 2 years of end of measurement period |
| **Denominator Codes** | **\*See associated code templates:**<br><br>**HEDIS 2016: Diabetes**<br>**HEDIS 2016: NDC List CDC-A_2016 (final)**<br><br>For Encounters:<br>HEDIS 2016: Outpatient<br>HEDIS 2016: Observation<br>HEDIS 2016: ED<br>HEDIS 2016: Nonacute Inpatient |
| **Denominator Exclusions** | Gestational diabetes or steroid-induced diabetes within 2 years of end of measurement period |
| **Exclusion codes** | **\*See associated code templates:**<br>**HEDIS 2016: Diabetes Exclusions** |

| Attribute | Description |
|---|---|
| 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 Tests** |
| 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 |

## 1.1.2   Criteria Details

| Component | Ref # | Criteria | Data Source – 2.6 | Data Source - Standard |
|---|---|---|---|---|
| Denominator | **D1 AND (D2 OR D3)** | | | |
| | 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 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 or steroid-induced diabetes within 24 months of the end date of the 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 |
| | N3 | Patient has claim or encounter with code for | Clinical | Both |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **3** of **29**
www.arcadiasolutions.com

| Component | Ref # | Criteria | Data Source – 2.6 | Data Source - Standard |
|-----------|-------|----------|-------------------|------------------------|
|           |       | poorly controlled HbA1c |           |                        |

## 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:<br><br>1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR<br>2. Qualifying prescription within 2 years of end of measurement period<br><br>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** 94.89% |
| **Measurement Period (MP)** | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br><br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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:<br><br>1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR<br>2. Qualifying prescription within 2 years of end of measurement period |
| **Denominator Codes** | **\*See associated code templates:**<br><br>**HEDIS 2016: Diabetes**<br>**HEDIS 2016: NDC List CDC-A_2016 (final)**<br><br>For Encounters:<br>HEDIS 2016: Outpatient<br>HEDIS 2016: Observation<br>HEDIS 2016: ED<br>HEDIS 2016: Nonacute Inpatient |
| **Denominator Exclusions** | • Gestational diabetes or steroid-induced diabetes within 2 years of end of measurement period<br>• |
| **Exclusion codes** | **\*See associated code templates:**<br>**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:** |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **5** of **29**
www.arcadiasolutions.com

| Attribute | Description |
|---|---|
|  | **HEDIS 2016: HbA1c Tests** |
| **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 |

## 1.2.2   Criteria Details

| Component | Ref # | Criteria | Data Source – 2.6 | Data Source - Standard |
|---|---|---|---|---|
| **Denominator** | **D1 AND (D2 OR D3)** | | | |
|  | 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 a qualifying prescription within 24 months of end of measurement period | Clinical | Both |
| **Denominator Exclusion** | **EX1** | | | |
|  | EX1 | Patient has diagnosis of gestational diabetes or steroid-induced diabetes on encounter or claim within 24 months of the end date of the 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 |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **6** of **29**
www.arcadiasolutions.com

## 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:<br><br>1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR<br>2. Qualifying prescription within 2 years of end of measurement period<br><br>Percentage of qualifying patients with one of the following in the measurement year:<br><br>1. A nephropathy screening or monitoring test<br>2. Evidence of treatment for nephropathy or ACE/ARB therapy<br>3. Evidence of stage 4 chronic kidney disease<br>4. Evidence of ESRD<br>5. Evidence of kidney transplant<br>6. A visit with a nephrologist<br>7. At least one ACE inhibitor or ARB dispensing event |
| Purpose | This measure is part of the CHNW P4P Program |
| Target | **Above** 93.92% |
| Measurement Period (MP) | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br><br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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:<br><br>1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR<br>2. Qualifying prescription within 2 years of end of measurement period |
| Denominator Codes | **\*See associated code templates:**<br><br>**HEDIS 2016: Diabetes**<br>**HEDIS 2016: NDC List CDC-A_2016 (final)**<br><br>For Encounters:<br>HEDIS 2016: Outpatient<br>HEDIS 2016: Observation<br>HEDIS 2016: ED<br>HEDIS 2016: Nonacute Inpatient |

| Attribute | Description |
|---|---|
| Denominator Exclusions | • Gestational diabetes or steroid-induced diabetes within 2 years of end of measurement period<br>• |
| Exclusion codes | **\*See associated code templates:**<br>**HEDIS 2016: Diabetes Exclusions** |
| Numerator | A nephropathy screening or monitoring test or evidence of nephropathy during the measurement period. |
| Numerator codes | **\*See associated code templates:**<br>**HEDIS 2016: Urine Protein Tests**<br>**HEDIS 2016: Nephropathy Treatment**<br>**HEDIS 2016: CKD Stage 4**<br>**HEDIS 2016: ESRD**<br>**HEDIS 2016: Kidney Transplant**<br>**HEDIS 2016: NDC List CDC-L_2016 (final)** |
| 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)** | | | |
| | 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 a qualifying prescription within 24 months of end of measurement period | Clinical | Both |
| Denominator Exclusion | **EX1** | | | |
| | EX1 | Patient has diagnosis of gestational diabetes or steroid-induced diabetes on encounter or claim within 24 months of the end date of the measurement period | Clinical | Both |

| Component | Ref # | Criteria | Data Source – 2.6 | Data Source – Standard |
|---|---|---|---|---|
| | | | | |
| | | | | |
| **Numerator** | Patients meet the denominator criteria and **N1 OR N2 OR N3 OR N4 OR N5 OR N6 OR N7** | | | |
| | N1 | Patient had nephropathy screening or monitoring test within one year of end date of measurement period | Claims | Both |
| | N2 | Patient had evidence of treatment for nephropathy or ACE/ARB therapy within one year of end date of measurement period | Claims | Both |
| | N3 | Patient had evidence of stage 4 chronic kidney disease within one year of end date of measurement period | Clinical | Both |
| | N4 | Patient had evidence of ESRD within one year of end date of measurement period | Claims | Both |
| | N5 | Patient had evidence of kidney transplant within one year of end date of measurement period. | Clinical | Both |
| | N6 | Patient had a visit with a nephrologist within one year of end date of measurement period | | Both |
| | N7 | Patient had at least one ACE inhibitor or ARB dispensing event | | Both |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **9** of **29**
www.arcadiasolutions.com

## 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: <br><br>1. Encounter resulting in a diabetes assessment within 2 years of end of measurement period OR <br>2. Qualifying prescription within 2 years of end of measurement period <br><br>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** 76.83% |
| **Measurement Period (MP)** | The measure is calculated for a period as defined by: <br><br>While "Encounter in Period" filter is selected: <br><br>• Selected MP End Date: The last day of the selected measurement period <br>• Selected MP Start Date: The first day of the selected measurement period <br>While "Encounter in Period" filter is not selected: <br>• Selected MP End Date: The last day of the selected measurement period <br>• 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: <br><br>1. Patient has had an encounter resulting in a diabetes assessment within 2 years of end of measurement period, OR <br>2. Qualifying prescription within 2 years of end of measurement period |
| **Denominator Codes** | **\*See associated code templates:** <br><br>**HEDIS 2016: Diabetes** <br>**HEDIS 2016: NDC List CDC-A_2016 (final)** <br><br>For Encounters: <br>HEDIS 2016: Outpatient <br>HEDIS 2016: Observation <br>HEDIS 2016: ED <br>HEDIS 2016: Nonacute Inpatient |
| **Denominator Exclusions** | • Gestational diabetes or steroid-induced diabetes within 2 years of end of measurement period <br>• |
| **Exclusion codes** | **\*See associated code templates:** <br>**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. |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **10** of **29**
www.arcadiasolutions.com

| Attribute | Description |
|---|---|
| Numerator codes | *See associated code template:<br>**HEDIS 2016: Diabetic Retinal Screening**<br>**HEDIS 2016: Diabetic Retinal Screening with Eye Care Professional**<br>**HEDIS 2016: Diabetic Retinal Screening Negative** |
| Grain | Person |
| Calculation | (Sum of Numerator)/ (Sum of Denominator) |
| Unit | Percent |
| Definitions/Concepts | In the case of claims data, the following numerator code description from associated code template apply:<br><br>• All codes labeled "Diabetic retinal screening" MUST be from a visit with an optometrist or ophthalmologist (specialty types in code template)<br>• Any code labeled "Diabetic retinal screening with eye care professional" can be counted within numerator without regard for provider specialty<br>• **ONLY** ~~CPTII3072F~~ **codes from the Diabetic Retinal Screening Negative** can be counted as negative retinopathy screening for the 24 month look back period, without regard for provide type<br>• In addition to applicable code sets, auxiliary structured data from the EHR to be used for eye exam visits provided it can be confirmed that the visits are with the appropriate provider type<br>• 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)** | | | |
| | 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 a qualifying prescription within 24 months of end of measurement period | Clinical | Both |
| Denominator | **EX1** | | | |

| Component | Ref # | Criteria | Data Source – 2.6 | Data Source - Standard |
|---|---|---|---|---|
| **Exclusion** | EX1 | Patient has diagnosis of gestational diabetes or steroid-induced diabetes on encounter or claim within 24 months of the end date of the measurement period | Clinical | Both |
| | | | | |
| | | | | |
| **Numerator** | Patients meet the denominator criteria and **N1 OR N2** | | | |
| | 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 | Both |
| | | | | |
| | N2 | Patient had an eye exam recorded as negative for retinopathy within two years of the end date of the measurement period | Claims | Both |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **12** of **29**
www.arcadiasolutions.com

## 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** 71.53% |
| Measurement Period (MP) | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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<br>• Total colectomy before end of measurement period |
| Exclusion codes | **\*See associated code templates:**<br>**HEDIS 2016: Colorectal Cancer**<br>**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:**<br>**HEDIS 2016: FOBT**<br>**HEDIS 2016: Flexible Sigmoidoscopy**<br>**HEDIS 2016: Colonoscopy** |
| Grain | Person |
| Calculation | (Sum of Numerator)/ (Sum of Denominator) |
| Unit | Percent |
| Definitions/Concepts | |
| Patient detail list changes | None |

## 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 |

## 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 27 months |
| **Purpose** | This measure is part of the CHNW P4P Program |
| **Target** | **Above** 78.27% |
| **Measurement Period (MP)** | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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 before end of measurement period<br>• Unilateral mastectomy with bilateral modifier before end of measurement period<br>• Two unilateral mastectomies on different dates 14 or more days apart before end of measurement period<br>• Unilateral mastectomy with right side modifier on same day of service AND unilateral mastectomy with left side modifier on same day of service before end of measurement period<br>• Absence of the left breast and absence of the right breast before end of measurement period<br>• History of bilateral mastectomy before end of measurement period<br>• Left unilateral and right unilateral mastectomy before end of measurement period |
| **Exclusion codes** | **\*See associated code templates:**<br>**HEDIS 2016: Bilateral Mastectomy**<br>**HEDIS 2016: Unilateral Mastectomy**<br>**HEDIS 2016: Bilateral Modifier**<br>**HEDIS 2016: Right Modifier**<br>**HEDIS 2016: Left Modifier**<br>**HEDIS 2016: Absence of Left Breast**<br>**HEDIS 2016: Absence of Right Breast**<br>**HEDIS 2016: History of Bilateral Mastectomy**<br>**HEDIS 2016: Unilateral Mastectomy Left**<br>**HEDIS 2016: Unilateral Mastectomy Right** |
| **Numerator** | Patients who have had a mammogram within the last 27 months |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **15** of **29**
www.arcadiasolutions.com

| Numerator codes | *See associated code templates: HEDIS 2016: Mammography |
|---|---|
| Grain | Person |
| Calculation | (Sum of Numerator)/ (Sum of Denominator) |
| Unit | Percent |
| 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 OR EX6 OR EX7** | | | |
| | EX1 | Patient has had a bilateral mastectomy before end of measurement period | Both | Both |
| | EX2 | Patient has had a unilateral mastectomy with bilateral modifier before end of measurement period | Both | Both |
| | EX3 | Patient has had two unilateral mastectomies on different dates 14 or more days apart before end of measurement period | Both | Both |
| | **EX4** | **Patient has had unilateral mastectomy with right side modifier and unilateral mastectomy with left side modifier before end of measurement period** | | |
| | **EX5** | **Patient has absence of the left breast and absence of the right breast before end of measurement period** | **Both** | **Both** |
| | **EX6** | **Patient has history of bilateral mastectomy before end of measurement period** | **Both** | **Both** |
| | **EX7** | **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 27 months of the end date of the measurement period | Claims | Both |
|---|---|---|---|---|

## 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** 96.92% |
| **Measurement Period (MP)** | The measure is calculated for a period as defined by:<br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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:**<br>**HEDIS 2016: Ambulatory Visits**<br>**HEDIS 2016: Other Ambulatory Visits** |
| **Grain** | Person |
| **Calculation** | (Sum of Numerator)/ (Sum of Denominator) |
| **Unit** | Percent |
| **Definitions/Concepts** | |
| **Patient detail list changes** | None |

## 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 |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **19** of **29**
www.arcadiasolutions.com

## 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 with a PCP within one year. |
| Purpose | This measure is part of the CHNW P4P Program |
| Target | **Above** 92.84% |
| Measurement Period (MP) | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br><br>• 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 with a primary care provider within 12 months of the end of the measurement period |
| Numerator codes | **\*See associated code templates:**<br>**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<br>   o Provider without any specialty noted – count as PCP<br>   o Provider with approved specialty type noted – count as PCP<br>   o Provider with unapproved specialty type noted – do <u>not</u> count as PCP |
| Patient detail list changes | None |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **20** of **29**
www.arcadiasolutions.com

## 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 |

## 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 with a PCP within one year. |
| Purpose | This measure is part of the CHNW P4P Program |
| Target | **Above** 91.73% |
| Measurement Period (MP) | The measure is calculated for a period as defined by:<br><br>While "Encounter in Period" filter is selected:<br><br>• Selected MP End Date: The last day of the selected measurement period<br>• Selected MP Start Date: The first day of the selected measurement period<br>While "Encounter in Period" filter is not selected:<br>• Selected MP End Date: The last day of the selected measurement period<br>• 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 with a PCP within one year of the end of the measurement period |
| Numerator codes | **\*See associated code templates:**<br>**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<br>   o Provider without any specialty noted – count as PCP<br>   o Provider with approved specialty type noted – count as PCP<br>   o Provider with unapproved specialty type noted – do <u>not</u> count as PCP |
| Patient detail list changes | None |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **22** of **29**
www.arcadiasolutions.com

## 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 |

## 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:<br><br>• Women age 24-64 who had cervical cytology performed within the three years prior to the last day of the measurement period<br>• 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<br>HEDIS® 2015 Technical Specification for Health Plans<br>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** 71.96% (Target set by CHPW) |
| Denominator | Women aged 24 – 64 as of the last day of the measurement period |
| Denominator codes | None |
| Denominator Exclusions | Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix anytime up through the end of the measurement year. |
| Exclusion codes | **\*See associated code template:**<br>**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:**<br>**HEDIS 2016 Cervical Cytology**<br>**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.** |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **24** of **29**
www.arcadiasolutions.com

## 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** | | | |
| | EX1 | | Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix anytime up through the end of the measurement year. | 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 |
| | | | | |

## 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** 95.13% (Target set by CHPW) |
| Denominator | Patients aged 18+ as of the first day of the year prior to the measurement year to<=74 at the last day of the measurement period, who also had an outpatient encounter in the 2 years prior to the last day of the measurement period |
| Denominator codes | **\*See associated code template:**<br>**HEDIS 2016: Outpatient** |
| Denominator Exclusions | Patients who were diagnosed with pregnancy within two years prior to the last day of the measurement period |
| Exclusion codes | **\*See associated code template:**<br>**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 21 years of age. If value taken from medical records, patient weight from same date must also be recorded. |
| Numerator codes | **\*See associated code template:**<br>HEDIS 2016: BMI<br>HEDIS 2016: BMI Percentile |
| Grain | Person |
| Unit | Percent |
| Notes | |

## 1.11.2 Criteria Details

| Component | Ref # | Logic | Criteria | Data Source (Clinical/Claims) |
|---|---|---|---|---|
| **Denominator** | **D1 AND D2 AND D3** | | | |
| | D1 | AND | Patient is >=18 years of age at 2 years before period start | Both |
| | D2 | AND | Patient is <=74 years of age at end of measurement period | |
| | D3 | | Patient had an outpatient encounter within 2 years prior to the end of the measurement period | Both |
| | | | | |
| **Denominator Exclusion** | **EX1** | | | |
| | EX1 | | Patient diagnosed with pregnancy within the 2 years 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 <21 years of age at N4 OR N6 | Both |
| | | | | |

**CONFIDENTIAL** | Not for redistribution
Prepared by Arcadia Solutions, 20 Blanchard Rd, Suite #10, Burlington, MA 01803

Page **27** of **29**
www.arcadiasolutions.com

## 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** 73.72% (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 Percentile |
| Grain | Person |
| Unit | Percent |
| Notes | Physical activity and nutrition counseling are purposefully not a part of the P4P measure set. |

## 1.12.2 Criteria Details

| Component | Ref # | Logic | Criteria | Data Source (Clinical/Claims) |
|---|---|---|---|---|
| **Denominator** | **D1 AND D2** | | | |
| | D1 | AND | Patient is aged 3-17 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)** | | | |
| | 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Page **29** of **29**
www.arcadiasolutions.com