2019 Incentive Measure Guide

1. **Adolescent Well Care Visits:** Patients ages 12-21 with at least one comprehensive well care visit in 2019.
2. **Assessments for Children in DHS Custody:** Patients ages 0-17 in DHS custody for 60 days who received physical health, mental health, and dental health assessments within 60 days of notification/30 days prior.
3. **Childhood Immunization Status:** Children who turn two years old in 2019 and complete the following Combo 2 vaccinations prior to their birthdate: Dtap, IPV, MMR, HiB, Hepatitis B, VZV.
4. **Dental Sealants on Permanent Molars for Children:** Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth in 2019.
5. **Developmental Screening:** Children who turn 1, 2, or 3 years of age in 2019 who had a developmental screening within the 12 months prior to their birthdate.
6. **Effective Contraceptive Use:** Women ages 15-50 with evidence of effective contraception in 2019 (IUD, implant, injection, pills, patch, ring, diaphragm, or tubal ligation) or evidence of permanent contraception.
7. **Emergency Department Utilization:** Patients who have a physical health visit at an ED that does not result in an inpatient encounter and is not for mental health or chemical dependency reasons.
8. **Emergency Department Utilization for Individuals Experiencing Mental Illness:** Patients with a previous diagnosis of mental illness who have a physical health visit at an ED that does not result in an inpatient encounter and is not for mental health or chemical dependency reasons.
9. **Oral Evaluation for Adults with Diabetes:** Patients ages 18 and older with a diagnosis of diabetes who received a comprehensive, periodic, or periodontal oral evaluation in 2019.
10. **Colorectal Cancer Screening:** Patients ages 51-75 who received a colorectal cancer screening (FIT, FOBT, Colonoscopy, or Flexible sigmoidoscopy) in 2019 or in years prior.
11. **Timeliness of Prenatal and Postpartum Care:** Pregnant mothers who received prenatal care in their first trimester or 42 days of enrollment and received postpartum care between 21 and 56 days after delivery.
12. **Alcohol and Drug Misuse Screening:** (1) Patients who received an age appropriate brief screen with a negative result or a full screen. (2) Patients with a positive full screen who received a brief intervention and/or referral to treatment that is documented within 48 hours of the screen.
13. **Cigarette Smoking Prevalence:** Patients ages 13 and older who are screened for tobacco use that identify as cigarette smokers.
14. **Controlling Hypertension:** Patients ages 18-85 with a diagnosis of essential hypertension within the first six months of the year whose blood pressure at the most recent visit is controlled (<140-90).
15. **Diabetes HbA1c Poor Control:** Patients ages 18-75 with a diagnosis of diabetes whose most recent HbA1c level is ≥ 9.0%.
16. **Depression Screening and Follow-up Plan:** Patients ages 12 and older who are screened for depression and if positive, a follow-up plan is documented on the date of the positive screen.
17. **Weight Assessment and Counseling for Nutrition and Physical Activity:** Patients ages 3-17 who had an outpatient visit and had evidence of BMI, nutrition counseling, and physical activity counseling.
18. **PCPCH Enrollment:** Count of patients enrolled in PCPCHs by tier.
19. **CAHPS Access to Care:** Patients surveyed after the calendar year and their response rate to receiving care right away for an illness/injury and receiving an appointment for routine care as soon as needed.

Adolescent Well Care Visits

Measure Description: The percentage of adolescents ages 12-21 who complete at least one comprehensive well care visit in the measurement year.

Measure Specifications:

Data Source: Claims

2019 Target: TBD

Numerator: At least one comprehensive well care visit during the measurement year that includes a physical exam, health and developmental history, an assessment and plan.

Denominator: Patients ages 12-21 as of December 31st of the measurement year.

Exclusions: Patients are excluded from the denominator if they are in hospice during the measurement year.

Coding: The following codes do not need to be used in combination, one CPT or diagnosis code will be sufficient and codes do not need to be primary to count toward the metric. Denied claims also count. Well care visits are specified by the following codes:

CPT	HCPCS	ICD-10
99383-99385, 99393-99395	G0438, G0439	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

Strategies for Improvement:

- Use the outreach rosters on the EOCCO provider progress reports.
- Convert sports physicals and sick visits into comprehensive wellness exams whenever possible.
- Don't be concerned about providing more than one wellness exam within a one year time period. EOCCO will pay for multiple.
- Hold adolescent well care events or designated clinic days.

Assessments for Children in DHS Custody

Measure Description: The percentage of patients 0-17 years of age in DHS custody for 60 days who received a physical health assessment, a mental health assessment, and a dental health assessment within 60 days of the notification date (when CCOs are notified that the member is in DHS custody), or within 30 days prior to the notification date.

Measure Specifications:

Data Source: Claims

2019 Target: TBD

Numerator: Depending on the age at CCO notification date, patients in the denominator are required to receive a physical health assessment (all ages 0-17), a dental health assessment (ages 1-17), and a mental health assessment (ages 4-17), within 60 days of the notification date, or within 30 days prior to the notification date.

- Ages < 1 need a physical health assessment
- Ages 1-3 need a physical and dental health assessment
- Ages 4-17 need a physical, dental and mental health assessment

Denominator: Identified children/adolescents 0-17 years of age as of the first date of DHS/OHA notification and remained in custody for at least 60 days. Only children/adolescents that DHS/OHA notified CCOs about will be included in the denominator.

Exclusions: Children will be excluded from the final measure denominator if there are issues with the notification process from OHA and if continuous enrollment is not met. See OHA technical specifications for a complete list of exclusions.

Coding:

Physical Health Assessment Codes	Mental Health Assessment Codes	Dental Health Assessment Codes
99201-99205, 99212- 99215, 99381-99384, 99391-99394, G0438, G0439	90791-90792, 96101-96102, H0031, H1011, H2000-TG (need modifier), H0019*, H2013, H0037, F50.82, F53.0, F53.1, F68.A	D0100-D0199

*H0019: use of this code counts as both mental and physical health assessment for children in PRTS

Notes: If physical health assessments as indicated in E&M codes 99201-99205 include qualifying mental health or child abuse/neglect diagnosis on the same claim (see code table below), they will count as both mental and physical health assessments. This is to reflect assessments provided by a psychiatric (nurse or physician) provider. F03, F20, F53, F59-F69, F80-F99.

Strategies for Improvement:

- Prioritize scheduling mental, dental, and physical health visits for children in foster care.
- Medical providers can become First Tooth trained and provide dental assessments and code the assessment (D0191) when performed during a well-child check.

Childhood Immunization Status Combo 2

Measure Description: The percentage of children who turn two years of age in the measurement year and complete the Combo 2 vaccinations prior to their second birthdate.

Measure Specifications:

Data Source: ALERT IIS/Claims

2019 Target: TBD

Numerator: Children who turned two years of age in the measurement year and had all of the following specified vaccinations prior to their second birthdate: Dtap, IPV, MMR, HiB, Hepatitis B, VZV.

Denominator: Children who turn two years of age during the measurement year.

Exclusions: Patients are excluded from the denominator if they are in hospice during the calendar year.

Coding:

Type	CVX	CPT/HCPCS/ICD-10
DTaP – at least 4	01, 09, 11, 12, 20, 22, 28, 50, 102, 106, 107, 110, 113, 115, 120, 130, 132	90698, 90700, 90721, 90723
IPV – at least 3	2, 10, 89, 110, 120, 130, 132	90698, 90713, 90723
MMR – at least 1	**MMR**: 03, 94	90707, 90710
	Measles/Rubella: 04	90708
	Measles: 05	90705; B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, 05.89, B05.9
	Mumps: 07, 38	90704; B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
	Rubella: 06, 38	90706; B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
HiB – at least 3	17, 22, 45, 46-51, 102, 120, 132, 148	90644, 90645-90648, 90698, 90721, 90748
Hepatitis B – at least 3	08, 42-45, 51, 102, 104, 110, 132	90723, 90740, 90744, 90747, 90748, G0010 B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
VZV – at least 1	21, 36, 94, 117	90710, 90716; B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.49, B02.7, B02.8,B02.9

Strategies for Improvement:

- Use the outreach rosters on the EOCCO provider progress reports.
- Use ALERT IIS reports to monitor immunizations status.
- Immunize patients during wellness visits.
- Schedule immunization visits well before their second birthdate.
- Implement an immunization recall workflow.

Dental Sealants on Permanent Molars for Children

Measure Description: The percentage of children between the ages of 6-9 and 10-14 who received a sealant on a permanent molar tooth.

Measure Specifications:

Data Source: Claims

2019 Target: TBD

Numerator: The number of children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth during the measurement year. Sealants can be placed by any dental professional for whom placing a sealant is within his or her scope of practice.

Denominator: Total unduplicated number of children ages 6-9 and 10-14 as of December 31 of the measurement year.

Exclusions: None.

Coding:

	CDT	Tooth Number
Dental Claims	D1351	1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32
Medical Claims	D1351	Not required

Strategies for Improvement:

- Ask when the child's last dental visit was and encourage them to schedule a visit if it has been longer than one year.
- Encourage families to participate in local health fairs where dental sealants are provided.

Developmental Screening

Measure Description: The percentage of children who turn 12 months, 24 months, or 36 months in the measurement year who were screened for risks of developmental, behavioral and social delays using a standardized screening tool within the 12 months prior to their birthdate.

Measure Specifications:

Data Source: Claims

2019 Target: TBD

Numerator: Children in the denominator who had a claim with CPT code 96110 before their birthdate in the measurement year.

Denominator: Children who turn 12 months, 24 months, or 36 months in the measurement year and had continuous enrollment in EOCCO for the 12 months prior to their birthdate.

Exclusions: None.

Coding: 96110

Accepted Screening Tools
1. Ages and Stages Questionnaires, Third Edition (ASQ-3)
2. Parents Evaluation of Developmental Status (PEDS)
3. Battelle Developmental Inventory Scoring Tool (BDI-ST)
4. Bayley Infant Neuro Developmental Screening (BINS)
5. Brigance Screens – II
6. Child Developmental Inventory (CDI)
7. Infant Development Inventory

Strategies for Improvement:

- Use the outreach rosters on the EOCCO provider progress reports.
- At minimum provide a developmental screen at the 9 month, 12 month, and 18 month well child checks.

Effective Contraceptive Use

Measure Description: The percentage of women ages 15-50 years old who have evidence of the most effective or moderately effective contraception methods.

Measure Specifications:

Data Source: Claims

2019 Target: TBD

Numerator: Women in the denominator with evidence of female sterilization anytime throughout the claims history in OHA's system, or one of the following methods of contraception during the measurement year: IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm using the following Contraceptive Code Table.

Denominator: All women ages 15-50 as of December 31st of the measurement year who were continuously enrolled in EOCCO.

Exclusions: Women with evidence of the following are excluded:

Exclusion	ICD-10
Hysterectomy	Z90.710, Z90.711, N99.3
Bilateral oophorectomy	0UT00ZZ, 0UT04ZZ, 0UT08ZZ, 0UT0FZZ, 0UT10ZZ, 0UT14ZZ, 0UT17ZZ, 0UT18ZZ, 0UT1FZZ, 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ
Other female reproductive system removal, destruction, resection related to hysterectomy	Z90.722, 0U520ZZ, 0U523ZZ, 0U524ZZ, 0UB20ZZ, 0UB23ZZ, 0UB24ZZ, 0UB27ZZ, 0UB28ZZ, 0UT07ZZ, 0UT40ZZ, 0UT44ZZ, 0UT47ZZ, 0UT48ZZ, 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ
Natural menopause	N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0
Premature menopause due to survey, radiator, or other factors	E89.40, E89.41, E28.310, E28.319, E28.39, E28.8, E28.9, N98.1
Congenital anomalies of female genital organs	Q50.02, Q51.0
Female infertility	N97.0, N97.1, N97.2, N97.8, N97.9

Exceptions:

- Women will be excluded from the denominator if they were not numerator compliant and had a pregnancy diagnosis in the measurement year.

Coding:

Contraceptive Codes	ICD-10	CPT/HCPCS
Female Sterilization	Z30.2, Z98.51	58565, 58600, 58605, 58615, 58611, 58670, 58671, A4264, 0U570ZZ, 0U573ZZ, 0U577ZZ, 0UB70ZZ, 0UB73ZZ, 0UB74ZZ, 0UB77ZZ, 0UB78ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL77DZ, 0UL77ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ
IUD	T83.31xA, T83.32xA, T83.39xA, T83.59xA, T83.69xA, Z30.014, Z30.430, Z30.431, Z30.433, Z97.5	58300, J7300, J7301, J7297, J7298, S4989, Q0090, S4981
Implant	Z30.016, Z30.017	11981, 11983, J7306, J7307
Injectable	Z30.013	J1050, J1051, J1055, J1056
Pills	Z30.011	S4993
Patch	Z79.3	J7304
Vaginal Ring	Z30.015	J7303
Diaphragm		57170, A4266
Surveillance of a contraceptive method		Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49
Unspecified Contraception		Z30.019, Z30.018, Z30.40, Z30.8, Z30.9

Strategies for Improvement:

- Use the outreach rosters on the EOCCO provider progress reports.
- Submit proof of permanent contraception to EOCCO for historical procedures.
- Screen patients for their pregnancy intentions on a routine basis.
    - PATH Questions:
        1. “Do you think you might like to have (more) children at some point?”
        2. “When do you think that might be?”
        3. “How important is it to you to prevent pregnancy (until then)?”
    - One Key Question® initiative:
        1. “Would you like to become pregnant in the next year?”
- Implement an EHR workflow to document surveillance codes.
- Improve availability and uptake of long-acting reversible contraception (LARCs).
- Remove barriers to contraception (including, but not limited to, provider LARC training and pathways for referrals to reproductive health experts as necessary).
- Create quality improvement processes for contraceptive care.
- Build provider awareness and capacity around effective contraceptive use.
- Enhance partnerships with local family planning clinics.

Emergency Department Utilization

Measure Description: The total number of all physical health visits to the emergency department that do not result in an inpatient stay, per how many months each patient has been enrolled with EOCCO during the measurement year.

Measure Specifications:

Data Source: Claims

2019 Target: TBD; lower is better

Numerator: Number of emergency department visits. Count each visit to an ED that does not result in an inpatient encounter once; count multiple ED visits on the same date of service as one visit.

Denominator: Total member months as a rate per 1,000 member months.

Exclusions: ED visits for mental health and chemical dependency services are excluded from the numerator. Patients are excluded from the denominator if they are in hospice during the measurement year.

Exclusions	Codes
Inpatient Stay Visits	0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199- 0204, 0206-0214, 0219, 1000-1002
Mental and Behavioral Disorders	Total of 724 diagnosis codes are included. See HEDIS 2019 Value Set Dictionary for details.
Psychiatry	90785, 90791, 90792, 90832-90834, 90836 - 90840, 90845-90847, 90849, 90853, 90863, 90865, 90867-90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899
Electroconvulsive Therapy	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Coding: Emergency Department visits are specified by the following codes:

ED Value Set			ED Procedure Code Value Set		ED POS Value Set
CPT	UB Revenue		CPT		POS
99281-99285	0450, 0451, 0452, 0456, 0459, 0981	**OR**	Total of 5,790 CPT codes are included. See HEDIS 2019 Value Set Dictionary for details.	**+**	23

Strategies for Improvement:

- Use PreManage to identify patients who are utilizing the emergency department and follow up with patients afterwards.
- Educate patients on clinic hours of operation.
- Create same day visit slots or fast track appointments.

Emergency Department Utilization for Individuals Experiencing Mental Illness

Measure Description: Patients 18 years or older with a previous diagnosis of mental illness who have a physical health visit to the emergency department that does not result in an inpatient stay, per how many months each patient has been enrolled with EOCCO during the measurement year.

Measure Specifications:

Data Source: Claims

2019 Target: TBD; lower is better

Numerator: Number of emergency department visits among patients experiencing mental illness. Count each visit to an ED that does not result in an inpatient encounter once; count multiple ED visits on the same date of service as one visit.

Denominator: Total member months as a rate per 1,000 for patients 18 years and older, who are identified as having experienced mental illness through two or more claims in the past 36 months. See OHA technical specifications for Members Experiencing Mental Illness Value Set.

Exclusions: ED visits for mental health and chemical dependency services are excluded from the numerator. Patients are excluded from the denominator if they are in hospice during the measurement year.

Exclusions	Codes
Inpatient Stay Visits	0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Mental and Behavioral Disorders	Total of 724 diagnosis codes are included. See HEDIS 2019 Value Set Dictionary for details.
Psychiatry	90785, 90791, 90792, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899
Electroconvulsive Therapy	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Coding: ED visits are specified by the following codes:

ED Value Set			ED Procedure Code Value Set		ED POS Value Set
CPT	UB Revenue		CPT		POS
99281-99285	0450, 0451, 0452, 0456, 0459, 0981	**OR**	Total of 5,790 CPT codes are included. See HEDIS 2019 Value Set Dictionary for details.	+	23

Strategies for Improvement:

- Use the ED Disparity Measure cohort in PreManage to follow up with patients.
- Ensure patients are connected to a behavioral health provider and that there is an effective communication loop between mental health and primary care.

Oral Evaluation for Adults with Diabetes

Measure Description: The percentage of patients ages 18 and older with a diagnosis of diabetes who received a comprehensive, periodic, or periodontal oral evaluation in the measurement year.

Measure Specifications:

Data Source: Claims

2019 Target: TBD

Numerator: Number of unduplicated patients in the denominator who received a comprehensive, periodic or periodontal oral evaluation in the measurement year, identified by any of the following CDT codes: D0120, D0150, or D0180.

Denominator: Unduplicated patients ages 18 years and older as of December 31st of the measurement year with diabetes identified from claim/encounter data or pharmacy data, during the measurement year or the year prior to the measurement year.

Exclusions: Patients with gestational diabetes or steroid-induced diabetes are excluded from the denominator.

Coding:

Qualifying Visits	CDT
Comprehensive, periodic or periodontal oral evaluation	D0120, D0150, D0180

Strategies for Improvement:

- Discuss the importance of routine oral health care with diabetic patients.
- Ask when the patient's last dental visit was and encourage them to regularly engage with a dental provider.

Colorectal Cancer Screening

Measure Description: The percentage of patients ages 51-75 who received colorectal cancer screening in the measurement year or years prior to the measurement year.

Measure Specifications:

Data Source: Claims and chart review

2019 Target: TBD

Numerator: Patients ages 51-75 who received at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year.

CRC Screening Type	Dates of Service	CPT	HCPCS
FOBT or FIT	2019	82270, 82274	G0328
Colonoscopy	2010-2019	44388-44394, 44397, 44401-44408, 45355, 45378-45387, 45388-45390, 45391, 45392, 45393, 45398	G0105 G0121
Flexible Sigmoidoscopy	2015-2019	45330-45335, 45337-45342, 45345, 45346, 45347 45349, 45350	G0104
CT Colonography	2015-2019	74261, 74262, 74263	
FIT-DNA	2017-2019	81528	G0464

Denominator: A sample size provided by OHA of 411 patients ages 51-75 as of December 31, 2019. Patients must be continuously enrolled in EOCCO for all of 2018 and 2019.

Exclusions:

- Patients with history of colorectal cancer or a total colectomy.
- Medicare patients ages 66 years and older who are enrolled in an institutional SNP or living long-term in an institution any time during the measurement year.
- Patients identified with frailty and/or advanced illness.

Strategies for Improvement:

- Provide patient with all of their CRC screening options to increase likelihood of a completed screen.
- Continually review outreach roster and submit proof of historical CRC screens to EOCCO.
- Participate in a FIT direct mail program.
- Participate in health fairs to educate community about CRC screening.

Timeliness of Prenatal and Postpartum Care

Measure Description: The percentage of pregnant mothers who received prenatal care within the first trimester or within 42 days of enrollment and/or received postpartum care between 21 and 56 days after delivery.

Measure Specifications:

Data Source: Claims and chart review

2019 Target: TBD

Prenatal Care

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height).
- Prenatal care procedure (obstetric panel, TORCH antibody panel, rubella antibody test, or ultrasound of pregnant uterus).
- Documentation of LMP, EDD, or gestational age in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history).

Postpartum Care

Evidence of one of the following between 21 and 56 days after delivery:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts and abdomen
- Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-week check”
- Preprinted “Postpartum care” form
- Pap test

Denominator: A sample size provided by OHA of 411 patients with live birth deliveries, an estimated delivery date (EDD) in the period between November 6, 2018 and November 5, 2019 and continuous enrollment from 43 days prior to EDD and 56 days after EDD with no gaps.

Exclusions: Patients are excluded from the denominator if they are in hospice during the calendar year.

Strategies for Improvement:

- Provide prenatal care as soon as possible after patient is enrolled in the Oregon Health Plan for those not already enrolled.
- Remind patients to return for 6 week postpartum check. If patient no shows, try and reschedule the visit as soon as possible.
- Document prenatal and postpartum care services provided and bill when appropriate.
- Bill 0500F-0502F, 99500, or H1000-H1004 at initial prenatal visit to satisfy numerator compliance to reduce chart review burden.
- Bill 57170, 58300, 59430, 99501, 0503F, G0101 at 6 week postpartum visit or append the appropriate ICD-10 code such as V24.2 to reduce chart review burden.

Alcohol and Drug Misuse Screening

Screening Brief Intervention and Referral to Treatment (SBIRT)

Measure Description: The percentage of patients 12 years and older who are age-appropriately screened for alcohol and drug use and had either a brief screen with a negative result or a full screen (1) or a positive full screen with a brief intervention, and/or referral to treatment within 48 hours of screen (2).

Measure Specifications:

Data Source: EHR based

2019 Target: Reporting year only

Numerator Rate 1: Patients who received an age-appropriate screening, using an OHA approved SBIRT tool during the measurement year, and complete a brief screen with a negative result or a full screen.

Denominator Rate 1: Patients ages 12 years and older with at least one eligible encounter during the measurement year determined by Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916).

Numerator Rate 2: Patients who received a brief intervention and/or referral to treatment that is documented within 48 hours of the date of the positive screen.

Denominator Rate 2: All patients in Rate 1 who had a positive full screen in the measurement year.

Exclusions:

- SBIRT services received in an ED or hospital setting
- Active diagnosis of alcohol or drug dependency
- Engagement in treatment
- Dementia or mental degeneration
- Limited life expectancy
- Palliative care

Exceptions:

- Patient refuses to participate
- Patient is in an urgent or emergent situation where delay to treatment would jeopardize the patient's health status
- Patient's functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools

Strategies for Improvement:

- Screen all patients 12 and older for alcohol and drug misuse annually.
- Document screening tool and results in EHR in a reportable format.
- Provide brief intervention and/or referral to treatment as soon as need is indicated.

Cigarette Smoking Prevalence

Measure Description: The percentage of patients 13 years and older who had a qualifying visit in the measurement year and have their smoking and/or tobacco use status recorded as structured data.

Measure Specifications:

Data Source: EHR based

2019 Target: TBD; lower is better

Three Rates must be queried to determine the prevalence rate (2).

> Rate 1: Of all your patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?
>
> Rate 2: Of all your patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?
>
> Rate 3: Of all your patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?

Denominator: Use denominator criteria for MU Smoking Status Objective or Code sets included in NQF0028/CMS138 plus adolescent visit codes.

Exclusions: This measure does not assess use of e-cigarettes or marijuana. Use of these products should be excluded from the numerator.

Strategies for Improvement:

- Screen all patients 13 years and older for smoking/tobacco use at each visit.
- Follow the 5A's model for treating tobacco use and dependence.
- Refer patients to local tobacco cessation coach or telephonic health coach (877) 277-7281.
- If patient quits smoking or tobacco use, update this in the EHR.

Controlling Hypertension
(NQF 0018 / CMS 165v7)

Measure Description: The percentage of patients ages 18-85 with a diagnosis of essential hypertension within the first six months of the measurement year whose blood pressure at the most recent visit is controlled.

Measure Specifications:

Data Source: EHR based

2019 Target: TBD

Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement year.

Denominator: Patients ages 18-85 who had a diagnosis of essential hypertension in the first six months of the measurement year or any time prior to the measurement year.

Exclusions:

- Patients with evidence of end stage renal disease, dialysis or renal transplant before or during the measurement year.
- Patients with a diagnosis of pregnancy in the measurement year.
- Patients who are in hospice in the measurement year.

Notes:

- Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance.
- If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure.
- If no blood pressure is recorded during the measurement year, the patient's blood pressure is assumed "not controlled".

Strategies for Improvement:

- Take blood pressure at multiple touch points throughout the visit if the initial reading is elevated, document each reading in the EHR.
- Ensure staff is trained to maintain skills to take accurate blood pressure readings.
- Ensure patients with an elevated blood pressure have scheduled follow-up visits to work towards a controlled blood pressure.
- Use a patient registry to manage this population.

Diabetes HbA1c Poor Control
(NQF 0059 / CMS 122v7)

Measure Description: The percentage of patients ages 18-85 with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level is ≥ 9.0%.

Measure Specifications:

Data Source: EHR based

2019 Target: TBD; lower is better

Numerator: Patients whose HbA1c level during the measurement year is ≥ 9.0%.

Denominator: Patients ages 18-75 with Type 1 or Type 2 diabetes with a visit during the measurement year.

Exclusions:

- Patients who are in hospice in the measurement year.
- Patients with a diagnosis of secondary diabetes.

Notes:

- Patient is numerator compliant if the most recent HbA1c level is ≥ 9.0%.
- Patient is numerator compliant if the most recent HbA1c level is missing.
- Patient is numerator compliant if there are no HbA1c tests performed and results documented during the measurement year.
- If there is an HbA1c test result in the medical record this test can be used to determine numerator compliance.

Strategies for Improvement:

- Order HbA1c tests every three months for patients with HbA1c levels ≥ 9.0% and every six months for patients in the controlled range.
- Refer patients to diabetes education classes.
- Ensure HbA1c data is entered into the EHR from the PCP clinic and specialty clinics.
- Use a patient registry to manage this population.

Depression Screening and Follow-up Plan
(NQF 0418 / CMS 2v8)

Measure Description: The percentage of patients 12 years and older who are screened for depression using an age appropriate standardized tool and if positive, a follow-up plan is documented on the date of the positive screen.

Measure Specifications:

Data Source: EHR based

2019 Target: TBD

Numerator: Patients 12 years and older who are screened for depression using an age appropriate standardized tool and if positive, a follow-up plan is documented on the date of the positive screen.

Follow-up Plan:

- Additional evaluation or assessment for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Denominator: All patients 12 years and older at the beginning of the measurement year with at least one eligible encounter during the measurement year. Eligible encounters are identified through the Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916).

Exclusions:

- Patients with an active diagnosis of depression.
- Patients with an active diagnosis of bipolar.

Exceptions:

- Patient refuses to participate.
- Patient is in an urgent or emergent situation where delay to treatment would jeopardize the patient's health status.
- Patient's functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools.

Notes: The use of a PHQ-9 as follow-up to a positive PHQ-2 no longer counts as additional evaluation and cannot be counted for numerator compliance.

Strategies for Improvement:

- Screen all patients 12 years and older for depression screening at least annually.
- Document screening tool and results in EHR in a reportable format.
- Provide follow-up plan as soon as need is indicated.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
(NQF 0024 / CMS 155v7)

Measure Description: The percentage of patients ages 3-17 who had an outpatient visit with a PCP or OBGYN and had their body mass index (BMI) recorded and were counseled on both nutrition and physical activity.

Measure Specifications:

Data Source: EHR based

2019 Target: TBD

Numerator 1: Patients who had a height, weight, and BMI recorded during the measurement year.
Numerator 2: Patients who had counseling for nutrition during the measurement year.
Numerator 3: Patients who had counseling for physical activity during the measurement year.

Denominator: Patients ages 3-17 with at least one outpatient visit with a PCP or an OBGYN during the measurement year.

Exclusions:

- Patients who have a diagnosis of pregnancy during the measurement year.
- Patient who are in hospice care in the measurement year.

Strategies for Improvement:

- Ensure nutrition and physical activity counseling are provided to all children and adolescents regardless of BMI value.
- Include this counseling as a part of an annual well child exam.
- Ensure this information is documented in the EHR in a reportable format.