

May 2016 CTC/OHIC Measure Specifications

<u>Overarching Principles and Definitions</u>	
<b>Active Patients:</b>	<p>Out patients seen by a primary care clinician of the PCMH anytime within the last 24 months.</p> <p>Definition of primary care clinician includes the following: MD/DO, Physician’s Assistant (PA), and Certified Nurse Practitioner (CNP).</p> <p>The following are the eligible CPT/HCPCS office visit codes for determining Active Patient status: 99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381 – 99387; 99391-99397; 99490, 99495-99496, G0402; G0438-G0439</p> <p>Acceptable Exclusions: Patients who have left the practice, as determined by one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Patient has asked for records to be transferred or otherwise indicated that they are leaving the practice</li> <li>2. Patient has passed away</li> <li>3. Patient cannot be reached on 3 consecutive occasions via phone or emergency contact person</li> <li>4. Patient has been discharged according to practice’s discharge policy</li> </ol>
<b>Outpatient Visit Criteria:</b>	<p>The following are the eligible CPT/HCPCS office visit codes for determining if a patient was seen during the measurement year. These codes are identical to those identifying active patients, with the exception of 99490 (CCM code) used in the active patient list, but not outpatient visit codes.</p> <p>99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381 – 99387; 99391-99397; 99495-99496, G0402; G0438-G0439</p>
<b>Encounter Types:</b>	<p>In addition to following CPT/HCPCS code level of service guidelines to establish an eligible population, report writers should ensure encounter types are limited to include only face to face encounter types for those measures requiring a face to face encounter.</p> <p>Example: Depression screening: Patient turns 18 in July 2016. In the record they have two “encounters” in 2016 – a well visit in April and a nurse care manager phone call in August. Failure to limit encounter types correctly could result in the nurse care manager visit erroneously triggering this patient in the eligible population.</p>
<b>Practices using shared EHR systems:</b>	<p>Denominator calculation are based upon encounters in the PCMH unless otherwise specified. Numerator events may be from any source (e.g. a recorded BMI or lab value).</p>
<b>Value Set Information:</b>	<p>HEDIS® measures reference Value Sets are available for download at <a href="http://store.ncqa.org">store.ncqa.org</a> under the search term: “2016 Quality Rating System (QRS) HEDIS® Value Set Directory.” See attached “Instructions for Obtaining “2016 Quality Rating System (QRS) HEDIS® Value Set Directory.”</p>

May 2016 CTC/OHIC Measure Specifications

<b>Measure:</b>	<b>Adult BMI Assessment (ABA)</b>
<b>Description:</b>	The percentage of patients 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented using the age acceptable format (percentile versus numeric) during the measurement year or the year prior by any provider.
<b>Age criteria:</b>	<p>Eligible population is determined as 18 as of the beginning of the year prior to the measurement year and 74 as of the last day of the measurement year.</p> <p><b>Example:</b>            Measurement year 2016            18 as of 1/1/2015            74 as of 12/31/2016</p> <p>Note: An added age criteria must be applied to determine if the correct format was used for the patient's age at the time of the visit. Since only one recording is required and multiple will likely occur during the reporting period, reporting on the most recent value is easiest.</p>
<b>Numerator Statement:</b>	<p>For patients 21 years of age or older on the date of service, BMI (BMI Value Set) documented during the measurement year or the year prior to the measurement year.</p> <p>For patients younger than 21 years of age on the date of service, BMI percentile (BMI Percentile Value Set) documented during the measurement year or the year prior to the measurement year.</p> <p>Documentation must include not only the BMI Value or Percentile, but also height and weight.</p>
<b>Denominator Statement:</b>	Patients meeting the above age criteria who had an outpatient visit defined by Outpatient Visit Criteria during the measurement year or the year prior.
<b>Acceptable Exclusions:</b>	<p>Patients with a diagnosis of pregnancy (refer to HEDIS® Pregnancy Value Set) during the measurement year of the year prior to the measurement year.</p> <p>Outpatient visit codes 99324-99337; 99341-99350; 99495-99496 due to lack of ability to measure height and weight in home setting.</p>

May 2016 CTC/OHIC Measure Specifications

Measure:	Screening for Clinical Depression and Follow Up Plan
<b>Description:</b>	The percentage of active patients 18 years of age and older screened for clinical depression using an age appropriate standardized tool AND, if positive follow up plan is documented on the date of the screen
<b>Age criteria:</b>	<p>Eligible population is determined as 18 at the date of encounter</p> <p><b>Example 1:</b>            Patient turns 18 on 4/15/2016            Date of encounter 4/12/2016            Patient is NOT IN denominator</p> <p><b>Example 2:</b>            Patient turns 18 on 4/15/2016            Date of encounter 6/12/2016            Patient is IN denominator</p>
<b>Numerator Statement:</b>	Active patients 18 years of age and older at the date of encounter screened for clinical depression at least once during the measurement period using an age appropriate standardized tool AND, if positive follow up plan is documented on the date of the screen.
<b>Denominator Statement:</b>	Active patients 18 years of age and older on the date of encounter. Encounter must meet the outpatient visit criteria.
<b>Exclusions:</b>	<ol style="list-style-type: none"> <li>1. Patient has active diagnosis of depression</li> <li>2. Patient has a diagnosed bipolar disorder</li> <li>3. Patient has a diagnosis of dementia</li> </ol>
<b>Follow-Up Plan Requirements:</b>	<p>Documented follow-up for a positive depression screening must include one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Additional evaluation for depression (e.g. continuation to PHQ-9 if PHQ-2 is abnormal)</li> <li>2. Suicide Risk Assessment</li> <li>3. Referral to a practitioner who is qualified to diagnose and treat depression</li> <li>4. Pharmacological interventions</li> <li>5. Other interventions or follow-up for the diagnosis or treatment of depression</li> </ol>
<b>Adult Screening Tools:</b>	Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale Screening, and PRIME MD-PHQ2. The tool used must be documented in the record.

May 2016 CTC/OHIC Measure Specifications

<b>Measure:</b>	<b>HbA1C Control (&lt;8)</b>
<b>Description:</b>	The percentage of active diabetic patients between 18 and 75 years of age whose most recent HbA1C value was less than 8
<b>Age criteria:</b>	<p>Eligible population is determined as 18 or 75 at the end of the measurement period</p> <p>Example:            Measurement period end date 12/31/2016            Patient age between 18 as of 12/31/2016 to 75 as of 12/31/2016</p>
<b>Numerator Statement:</b>	Active diabetic patients between 18 and 75 years of age at the end of the measurement period whose most recent HbA1C value in the measurement year was less than 8. If no reading was rendered during the measurement year, patient counts as non-adherent.
<b>Denominator Statement:</b>	Active diabetic patients between 18 and 75 years of age at the end of the measurement period with documentation of diabetes during the measurement year or the year prior.
<b>Acceptable Exclusions:</b>	<ol style="list-style-type: none"> <li>1. Patients who do not have a diagnosis of diabetes (Diabetes Value Set) in any setting during the measurement year or year prior AND who had a diagnosis of gestational diabetes or steroid induced diabetes (Diabetes Exclusions Value Set) during the measurement year or year prior.</li> <li>2. Patients who joined the practice less than 6 months prior to the end of the measurement period.</li> </ol>
<b>Identifying Diabetics</b>	Practices may identify diabetics in multiple ways including problem lists, encounter diagnoses, and/or active medications.

May 2016 CTC/OHIC Measure Specifications

<b>Measure:</b>	<b>Controlling High Blood Pressure</b>
<b>Description:</b>	<p>The percentage of active patients between 18 and 85 years who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Patients 18-59 years of age whose BP was &lt;140/90</li> <li>• Patients 60-85 years of age with a diagnosis of diabetes whose BP was &lt;140/90</li> <li>• Patients 60-85 years of age without a diagnosis of diabetes whose BP was &lt;150/90</li> </ul>
<b>Age criteria:</b>	<p>Eligible population is determined as 18 or 85 at the end of the measurement period</p> <p>Example: Measurement period end date 12/31/2016 Patient age between 18 as of 12/31/2016 to 85 as of 12/31/2016</p>
<b>Numerator Statement:</b>	<p>Active hypertensive patients between 18 and 85 years of age at the end of the measurement period whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Patients 18-59 years of age whose BP was &lt;140/90</li> <li>• Patients 60-85 years of age with a diagnosis of diabetes whose BP was &lt;140/90</li> <li>• Patients 60-85 years of age without a diagnosis of diabetes whose BP was &lt;150/90</li> </ul>
<b>Denominator Statement:</b>	<p>Active hypertensive patients between 18 and 85 years of age at the end of the measurement period. Patients are identified as hypertensive if there is at least one outpatient visit (Outpatient Without UBREV Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) or active problem list diagnosis during the first six months of the measurement year.</p>
<b>Acceptable Exclusions:</b>	<ol style="list-style-type: none"> <li>1. Patients with ESRD (ESRD Value Set: ESRD Obsolete Value Set) or kidney transplant (Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis.</li> <li>2. Patients with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year</li> </ol>
<b>BP Documentation</b>	<p>The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension). If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP reading is recorded during the measurement year, assume that the patient is “not controlled.”</p>

May 2016 CTC/OHIC Measure Specifications

Measure:	Tobacco Cessation Intervention
<b>Description:</b>	The percentage of active patients 18 years and who were screened for tobacco use one or more times within 24 months AND who received cessation counseling if identified as a tobacco user
<b>Age criteria:</b>	<p>Eligible population is determined as 18 at the date of encounter</p> <p><b>Example 1:</b>            Patient turns 18 on 4/15/2016            Date of encounter 4/12/2016            Patient is NOT IN denominator</p> <p><b>Example 2:</b>            Patient turns 18 on 4/15/2016            Date of encounter 6/12/2016            Patient is IN denominator</p>
<b>Numerator Statement:</b>	All active patients 18 and older at the date of encounter with a documented encounter during the measurement year who were screened for tobacco use at during the measurement year or year prior AND who received tobacco cessation intervention if identified as a tobacco user.
<b>Denominator Statement:</b>	All active patients 18 and older at the date of encounter with a documented encounter during the measurement year. Encounter must meet the outpatient visit criteria.
<b>Acceptable Exclusions:</b>	None.
<b>Tobacco Use and Intervention Definitions</b>	<p>Tobacco Use – Includes use of any type of tobacco</p> <p>Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy</p>