


2015 NPO Quality Measures Quick Reference for PCPs - updated 2/2015



Measure Name	Description	Details	BCBSM (PGIP, MA, and/or PCMH)	Priority PIP	ACO
ADHD Rx-ages 6-12: Initiation, Continuation & Maintenance	One visit within 30 days of new rx. <b>THEN 2</b> visits within days 31-300 (1 may be phone encounter).	*exclusions	✓	n/a	n/a
Antidepressant Medication Mgmt: Acute Phase and Continuation	Percentage of patients with a diagnosis of major depression who were treated with antidepressant medication, and who remained on an antidepressant medication treatment.	Age 18+ (MDD dx). Acute phase is 12 weeks continuous Rx treatment. Continuation phase is 6 months continuous Rx treatment.	✓	n/a	n/a
Annual Lab Monitoring for Patients on Persistent Medications	ACE/ARB, Digoxin, Diuretics	BMP, Cr, and K, or Cr ; Dig level; once annually	✓	n/a	n/a
Appropriate Testing for Children with Pharyngitis-	Ages 2-18: if dx'd with pharyngitis and ATB given, Group A Strep test should have been done 3 days prior - 4 days after visit.	excluded if >1 diagnosis with encounter	✓	n/a	n/a
Appropriate Treatment for Children with URI	Age 3 mo-18 yrs: single dx of URI should not be treated with ATB on or 3 days after visit date	excluded if >1 diagnosis with encounter	✓	n/a	n/a
Asthma Meds	Ages 5-64: Dispense 1 controller med during measurement year.	PGIP Asthma	✓	n/a	n/a
Avoidance of ATB Rx in Adults with Acute Bronchitis	Age 18-64: dx is watched for lack of ATB Rx on date of service or within 3 days		✓	n/a	n/a
Breast Cancer Screening	One mammogram within 24 months	BCBSM-MA/PGIP=ages 50-74, ACO=ages 40-69	✓	n/a	✓
CAD: Persistence of Beta-blocker x180 days after AMI	18+, from July 1 of the prior year to June 30 of measurement year with AMI, received persistent beta-blocker treatment for 6mo after d/c.	**exclusions via claims	✓	n/a	n/a
ACE/ARB Therapy in CAD+DM or CAD+LVEF < 40%	18+ Active dx of CAD w/ LVEF <40% or CAD+DM during the measurement year.	ACE/ARB should be prescribed	n/a	n/a	✓
Care Management	PH: Full time or part time care manager, Billed claims, self-reported data, attestation form. Must exceed 2% target.	Self-Report 6/1 and 12/15. Complete survey form and documentation by 6/1	n/a	✓	n/a
Cervical Cancer Screenings	Women ages 21-64. Ages 21-64 may have cervical cytology done every 3 yrs. Ages 30-64 may have cervical cytology and HPV cotesting done every 5 yrs.	pts with h/o hysterectomy without residual cervix are excluded	✓	✓	n/a
Chlamydia screening	16-24 yrs old, once per measurement year.	***sexually active definition	✓	✓	n/a
Colorectal Cancer Screening	Ages 51-75: 1 or more of home FOBT in the yr (if iFOBT is documented, the measure is met, if gFOBT is documented-three samples required) ; flex sig in yr or past 4 yrs; colonoscopy in yr or past 9 yrs.	excludes pts with dx of colorectal cancer or h/o total colectomy	✓	✓	✓
Med Mgmt of COPD Exacerbations	Ages 40+: If Inpt stay or ED visit for COPD exac, must be given systemic steroids w/in 14 days or bronchodilator within 30 days of discharge.		✓	n/a	n/a
COPD and use of Spirometry	Age 40+. If patient has had no claim with COPD diagnosis for 2 yrs, then spirometry to be done up to 6 months after the COPD diagnosis billed	Claims Processed	✓	n/a	n/a

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Depression Screening	age 12+ at annual preventive exam.	PH - use PHQ 2,4 or 9. ACO use age appropriate screening <b>AND</b> if +, document f/u plan	n/a	✓	✓
Depression Remission	Age 18 years+ w/ major depression or dysthymia diagnosis (new or existing) that have had one or more PHQ-9s performed during the reporting period (12 months +/- 30 days) with a score greater than 9. A follow-up PHQ-9 performed with a score less than 5 at 12 months (+/- 30 days) of the initial PHQ-9. Remission is defined as a PHQ-9 score less than 5.	exclude permanent nursing home pts(>1yr anytime prior to start of measurement period), active dx of bipolar or personality disorder.	n/a	n/a	✓
DM/HTN - ACE/ARB Adherence	BCBSM-MA- Age 18+, One script for ACE/ARB PH: 18-75, One script for ACE/ARB, calcium channel blocker or HCTZ.	BCBSM-MA: requires provider entry  ****exclusions	✓	✓	n/a
DM Care: Annual Retinal Eye Exam	Age 18-75: Retinal exam done in measurement yr or negative retinal exam in yr prior.		✓	✓	✓
DM HbA1c Control	Age 18-75	BCBSM-MA: ≤ 9.0%. PH uses 3 tiers (<7.0%, <8.0%, <9.0%)	✓	✓	n/a
DM with Poor Control	age 18-75 with > 9.0% HbA1c	Most recent HbA1c needs to be <9%. No test or result during measurement year is considered poor control.	✓	n/a	✓
DM HbA1c Testing	Ages 18-75 check once annually		✓	n/a	n/a
DM & Nephropathy	Check micro albumin or pt has dx of nephropathy, or treatment with ACE/ARB, or nephrology visit		✓	✓	n/a
Anti-Rheumatic Drug Therapy for RA	BCBSM-MA 18+, dx RA, dispensed 1+ script for DMARD		✓	n/a	n/a
Documentation of Current Medications	ALL prescriptions, OTC, herbals, vit/min/supplements.	document med name, dosage, frequency and route.	n/a	n/a	✓
Fall Risk Screening	Age 65+, Future Fall Risk Screening once per measurement year.	Documentation of no falls, 1 fall w/o injury, 2+ falls, or any fall with injury in the past year.	n/a	n/a	✓
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	EF 40% or less or documented moderate or severe requires Beta-Blocker Therapy.	Bisoprolol, carvedilol, or sustained release metoprolol succinate are the ONLY beta-blockers allowed for this measure.	n/a	n/a	✓
Hypertension: Controlled Blood Pressure <140/90	For patients with hypertension diagnosis: PH/BCBSM, MA: under age 60 goal <140/90, age 60-85 goal <150/90 PH/BCBSM, MA Diabetics: <150/90 ACO: <140/90	PH uses last value of the year. BCBSM-MA: most recent BP between 7/1-12/31. ACO uses registry.	✓	✓	✓
Hypertension: Screening and Follow-up	Age 18 + screened for high blood pressure (BP) AND a recommended follow-up plan is documented based on the current blood pressure reading as indicated. Goal BP: Age 60+: < 150/90, Age 18-59: < 140/90, Age 18+ with DM or CKD <140/90	*****exclusions	n/a	n/a	✓
Immunization Status: Childhood (Combo 3)	Immunizations provided.		✓	✓	n/a
Immunizations: Adolescent	Age 13-18: 1 meningococcal b/w 11th & 13th bdays and one Tdap or Td b/w 10th and 13ths bdays.	BCBSM-HPV-Female all 3 between 9-13. (NEW)	✓	✓	n/a
Influenza Immunization	Age 6 months plus; immunizations provided.		n/a	n/a	✓

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Ischemic Vascular Disease and Use of Aspirin or other Anti-Thrombotic	18+ with IVD, documented use of aspirin or another antithrombotic in medical record.		n/a	n/a	✓
Lead Screening	Done once before 2nd birthday		n/a	✓	n/a
Low Back Pain Use & Imaging	Measures pts who did NOT have any imaging studies within 28 days of dx. For patients with no claims/encounters with any diagnosis of low back pain of 180 days prior.	excludes claims based cancer hx, trauma, IVDA, or neurologic impairment diagnosis codes	✓	n/a	n/a
Medication Adherence Chol, DM OR HTN	18+ with 2+ fills of statin, oral dm or ACE/ARB.	Must be on for 80% or more days of measurement year.	✓	n/a	n/a
Healthy Michigan Plan: HRA Completion and Open Access	Age 19-64, initial visit w/in 150 days of enrollment, complete Health Risk Assessment and 99420 billed, age appropriate preventative v-code, Open to Medicaid	Fax completed Health Risk Assessments to Priority at 616-942-0616	n/a	✓	n/a
Pneumococcal Vaccination	Age 65+ EVER received		n/a	n/a	✓
Post Hospital Discharge: Follow-up After Hospitalization for Mental Illness	Age 6+: F/U with Mental Health Provider within 7 days.		✓	n/a	n/a
Post Hospital Discharge:	PCP Visit within 7 days	excludes newborns, OB, preplanned surgery	n/a	✓	n/a
Prenatal and Postpartum Care	One visit in 1st trimester, and postpartum visit b/w 21 and 56 days after delivery		✓	n/a	n/a
Senior Care Education	64+ PH pts. Implementation required by March 31, Practice Education required by June1. Please see PIP manual or NPO Measure guide for specifics.	Practice Administrators were notified by NPO of specifics.	n/a	✓	n/a
Tobacco Use Assessment and Tobacco Cessation Intervention	Screened once in measurement year or year prior. Document counseling for tobacco users.		n/a	n/a	✓
Use of High-Risk Medications in Elderly	age 65+ who received 2 or more fills of 1 or more high risk meds; may carefully consider prescribing alternative medications to remove patient from high-risk med	NPO Pharmacist available for consults. BCBS Medicare Advantage	✓	n/a	n/a
Utilization	BCBS: Cardiac utilization (cardiac procedures, ECHOs, EKGs, caths, PCIs, CABGs; also cardiac rehab, persistence of ACE/ARB in HF, anticoagulation with AF.) All radiologic studies. Women's C-section and Hys. ED Utilization for PCP issues. PH: ED Utilization for PCP Issues.	NPO Provides Case Management services for patients over utilizing the ED.	✓	✓	n/a
Weight Assessment in Adults & Follow-up (follow-up ACO only)	BMI submitted to payer at least once/yr via claim (BCBS commercial, Priority v code) or Web form (Priority, BCBS MA, BCN) . Normals are: age 18-64, BMI from 18.5 to 25. If 65+, BMI from 23-30.	ACO: Not in range (above or below) requires documented f/u plan of education, referral, Rx, exercise counseling, or nutrition counseling.	✓	n/a	✓
Weight Counseling for Nutrition and Physical Activity in Children and Adolescents	BCBS: ages 3-15 BMI Percentile Measured and documented, counseling done; ages 16-17 BMI value and counseling. PH: ages 3-17 with BMI Percentile documented and billed with V85.51-V85.54 from 7/1 through 12/31	*NOTE: A V-Code with any diagnosis at ANY time in the calendar year will count toward the measure with a billed E&M in July-Dec 31.	✓	✓	n/a
Well Child Visits-age birth to 15 months.	BCBS: 5 or more visits before 15 months old. PH: 6 or more visits before 15 months old.		n/a	✓	n/a
Well Child Visits ages 3-6 Years	One well child visit during calendar year		n/a	✓	n/a

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<b>HOSPITAL BASED AND/OR ORGANIZATION ADMINISTRATIVE MEASURES</b>					
CHF Admissions	All discharges with HF diagnosis, 18 years+, with risk-adjusted comparison of observed discharges to expected discharges for each ACO. This is a ratio of observed to expected discharges.	claims based	n/a	n/a	✓
Asthma or COPD Admissions	All discharges with Asthma or COPD diagnosis, 40 years+, with risk-adjusted comparison of observed discharges to expected discharges for each ACO. This is a ratio of observed to expected discharges.	claims based	n/a	n/a	✓
Admission-Pts with DM	Rate of risk-standardized acute, unplanned hospital admissions age 65+ with diabetes who are assigned to the Accountable Care Organization (ACO).	claims based	n/a	n/a	✓
Admission-Pts with HF	Rate of risk-standardized acute, unplanned hospital admissions age 65+ with HF who are assigned to the Accountable Care Organization (ACO).	Excludes pts w/ LVADs. Claims based	n/a	n/a	✓
Admission-Pts with Multiple Chronic Conditions	Rate of risk-standardized acute, unplanned hospital admissions, 65+, 2 or more chronic disease groups (AMI, Alzheimer's or related disorders, senile dementia, A fib, CKD, COPD and asthma, Depression, HF Stroke or TIA).	Claims based.	n/a	n/a	✓
CAHPS (Consumer Assessment of Health Care Providers and Systems)	Pt Satisfaction survey (timely appts, communication, rating of provider, access to specialist, education, shared decision making, health status, stewardship of pt resources)	PH-Could be through NPO. Requires 50-250 surveys based on the # of providers/practice. ACO-Completion in 2015. Coordinated by NPO	n/a	ü	✓
EHR Incentive Program for PCPs	PCPs who meet MU requirements		n/a	n/a	✓
PCMH (Patient Centered Medical Home)			ü	ü	■ 
Readmissions w/in 30 days of discharge		excludes cancer dx, primary mental illness dx, rehab, transfer to another acute care hospital, discharged AMA	n/a	n/a	✓
Readmissions: SNF 30-day All-Cause	Unplanned readmissions w/in 30 days from d/c from the prior acute hospitalization.	excludes cancer and psychiatric d/c, AMA	n/a	n/a	✓

\*Excludes pts with mental health dx or chemical dependency dx 30 after ADHD rx start date. Also excludes pts with inpt tx for either of these 300 days after ADHD rx start date.

\*\*Exclusions for Beta Blockers after AMI: asthma, COPD, hypotension, bradycardia, heart block >1 degree, intolerance or allergy to beta blockers, med dispensing event indicative of asthma.

\*\*\*Sexually active definition: Women are identified as sexually active by either Pharmacy claims data, Claims/encounter data, Medical Record data

\*\*\*\*Exclusions: ESRD, Pregnancy dx, Non-acute inpatient, Polycystic Ovary Disease w/o a face-to-face encounter w/DM dx, Gestational or steroid-induced dm w/o a face-to-face encounter w/DM dx.

\*\*\*\*\*Exclusions: If pt is in emergent or urgent situation where time is of the essence, or other reason, then document in chart. Document if pt refuses BP check.

Sources: 2015 Priority PIP Manual, 2015 BCBSM PGIP EBCT Measures, 2015 BCBSM PCMH Measures, 2015 HEDIS Manual, 2015 BCBSM MA Measures, 2015 ACO Narrative Measure Specifications. DISCLAIMER: 2015 EBCT Reporting Only Measures Currently not Listed.