

2024 NPO Quality Measures Quick Reference for PCPs



Measure Name	Description	Details	BCBSM/BCN (PGIP, PCMH, VBR, PRP)	Priority Health (PIP)	ACO REACH
Annual Wellness Visit	BCBSM Medicare Plus Blue and BCN Advantage patients: Received a Medicare preventive visit in 2024	Only billed G codes satisfy Numerator: IPPE/Welcome to Medicare (G0402), First Visit AWV (G0438), or Subsequent AWV (G0439); AWVs can now occur any time during the year for BCBSM/BCN (and PH)	✓	n/a	n/a
Antidepressant Medication Management: Acute and Continuation Phase Treatment	Ages 18 years and older with Dx of Major Depression: Treated with antidepressant medication AND remained on medication treatment	<u>Acute Phase</u> : 12 weeks continuous Rx treatment; <u>Continuation Phase</u> : 6 months continuous Rx treatment; Numerator met by Pharmacy claims for filled Rxs (Pt. must show insurance card); Med samples don't count	✓	n/a	n/a
Appropriate Testing for Pharyngitis	Ages 3 years and older: If Dx'd with Pharyngitis and antibiotic given, Group A Strep test done 3 days prior - 3 days after visit	Episode-based measure; Exclusions include episodes for pts. with competing or comorbid Dx on DOS; Report exclusion Dx via claim	✓	n/a	n/a
Appropriate Treatment for Upper Respiratory Infection	Ages 3 months and older: If Dx'd with URI, antibiotic Rx is NOT dispensed on, or within 3 days after, encounter	Episode-based measure; Exclusions include episodes for pts. with competing or comorbid Dx on DOS; Report exclusion Dx via claim	✓	n/a	n/a
Asthma Medication Ratio - Total Ratio ≥ 50%	Ages 5–64 years with Dx of Persistent Asthma: Ratio of controller medications to total Asthma medications is ≥ 0.50	Pharmacy claims-based (Pt. must show insurance card); Med samples don't count; Exclusions include pts. with Emphysema, COPD, Cystic Fibrosis, Obstructive Chronic Bronchitis, Chronic Resp. Conditions, Acute Resp. Failure; Report exclusion Dx via claim	✓	n/a	n/a
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Ages 3 months and older with Dx of Acute Bronchitis/Bronchiolitis: Antibiotic Rx was NOT dispensed on or within 3 days after encounter	Episode-based measure; Exclusions include episodes for pts. with competing or comorbid Dx on DOS; Report exclusion Dx via claim	✓	n/a	n/a
Breast Cancer Screening	Pts. ages 50-74 and recommended for breast cancer screening: One mammogram (screening, diagnostic, film or 3D) within 27 months (10/01/2022 - 12/31/2024)	Exclusions include pts. with one bilateral or two unilateral mastectomies and those with both Frailty <u>AND</u> Advanced Illness (ages 66+); Report exclusion Dx via claim	✓	✓	n/a
Care Management	Payer-specific program requirements for CM licensure & training, billing, service thresholds. Patients must be seen for at least two CM visits, on different DOS	See payer-specific guidelines for details; PCMH designation required	✓	✓	n/a
Cervical Cancer Screening	Pts. ages 21-64 and recommended for cervical cancer screening: Cervical cytology once every 3 years (01/01/2022 - 12/31/2024) or hrHPV testing (with/without cervical cytology) once every 5 years (01/01/2020 - 12/31/2024; ages 30+ years)	Exclusions include pts. with hysterectomy leaving no residual cervix; Report exclusion Dx via claim; Required documentation includes: "no residual cervix," "total," "radical" or "complete" hysterectomy	✓	✓	n/a
Child and Adolescent Well-Care Visits	Ages 3-21 years: At least one well-care visit with PCP or OB/GYN in 2024 PH: rate for ages 3-11 only; BCBSM: rates for all ages	PH Pediatric Focus Measure; Must include Health Hx, Physical and Mental Development Hx, Physical Exam, and Health Education; Components can be completed on separate visits; BMI % can be reported using CPT II codes	✓	✓	n/a
Chlamydia Screening	Sexually-active female patients ages 16-24: One Chlamydia screening test (01/01/2024 - 12/31/2024)	"Sexually-active" pts. are identified from pharmacy claims(e.g., Rx for contraceptives dispensed) and/or claims/encounter data (codes for pregnancy, pregnancy testing or STD testing/disease)	✓	✓	n/a
Colorectal Cancer Screening	Ages 45-75: 1 home FOBT (01/01/2024 - 12/31/2024 <u>OR</u> 1 flexible sigmoidoscopy (01/01/2020 - 12/31/2024) <u>OR</u> 1 colonoscopy (01/01/2015 - 12/31/2024) <u>OR</u> 1 FIT-DNA (Cologuard; 01/01/2022 - 12/31/2024) <u>OR</u> 1 CT Colonography (01/01/2020 - 12/31/2024)	Exclusions include pts. with Dx of colorectal cancer or Hx of total colectomy and those with both Frailty <u>AND</u> Advanced Illness (age 66+); Document date (year), type of test, & result (Normal/Abnormal); Report exclusion Dx via claim	✓	✓	n/a

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<b>Controlling High Blood Pressure</b>	Ages 18-85 with Dx of HTN: Most recent (last) BP reading in 2024 is adequately controlled (systolic BP < 140 AND diastolic BP < 90); Two outpatient visits with Dx of HTN required (01/01/2023 - 06/30/2024)	PH Chronic Disease Focus Measure; Exclusions include pts. with ESRD, dialysis, nephrectomy, kidney transplant, pregnancy, or those with both Frailty <u>AND</u> Advanced illness (age 66-80 yrs.) or Frailty alone (age 81+); Patient-reported BP readings acceptable if taken by a digital device; If multiple BP readings on same DOS, report lowest systolic and diastolic values; BP values can be reported using CPT II codes; Report exclusion Dx via claim	✓	✓	n/a
<b>Diabetes: Blood Pressure Control</b>	Ages 18-75 with Dx of DM (Type I or Type II): Most recent (last) BP value in 2024 must be < 140/90	Exclusions include pts. with both Frailty <u>AND</u> Advanced Illness; If multiple BP readings on same DOS, report lowest systolic and diastolic values; BP values can be reported using CPT II codes; Report exclusion Dx via claim	✓	n/a	n/a
<b>Diabetes: HbA1c Control</b>	Ages 18-75 with Dx of DM (Type I or Type II): Most recent (last) 2024 HbA1c < 8 % (BCBSM only) and/or ≤ 9 % (BCBSM, PH)	PH Chronic Disease Focus Measure; Exclusions include pts. with both Frailty <u>AND</u> Advanced Illness; Glucose Monitoring Index (GMI) value also accepted (PH); HbA1c values can be reported using CPT II codes; Report exclusion Dx via claim	✓	✓	n/a
<b>Diabetes: Kidney Health Evaluation*</b>	Ages 18-85 with Dx of DM (Type I or Type II): One urine eGFR and one albumin-creatinine ratio test	Exclusions include pts. with ESRD, dialysis, and those with both Frailty <u>AND</u> Advanced Illness (age 66-80) or Frailty alone (age 81+); Report exclusion Dx via claim	✓	✓	n/a
<b>Diabetes: Retinal Eye Exam</b>	Ages 18-75 with Dx of DM (Type I or Type II): Retinal eye exam in 2024 or negative exam (no evidence of retinopathy) in 2023	Document date and type of exam (i.e., dilated, retinal), result (positive or negative for retinopathy) and name of eye care professional performing/interpreting exam; PCPs can use CPT II codes to report eye exam and result	✓	✓	n/a
<b>Follow-Up After ED Visit for Mental Illness</b>	Ages 6-17: Outpatient follow-up visit, within 7 days of an ED visit (01/01/2024 - 12/01/2024) with a principal Dx of Mental Illness or Intentional Self-Harm	Episode-based measure; Follow-up visits include telehealth, telephone, e-visit, or virtual check-in; Claims-based	✓	n/a	n/a
<b>Follow-Up after ED Visit for People with Multiple High-Risk Chronic Conditions</b>	Ages 18+ years with ≥ 2 chronic disease conditions (COPD/Asthma, Alzheimer's Disease/Dementia, CKD, Depression, HF, AMI, A-Fib, Stroke/TIA) and an ED visit in 2024: Pt. seen for follow-up within 7 days of ED visit	Chronic conditions must have been diagnosed prior to ED visit; Follow-up visits include telehealth, telephone, e-visit, or virtual check-in; Claims-based	✓	n/a	n/a
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>	Ages 6-12: One visit within 30 days of new ADHD Rx (Initiation Phase). <u>THEN</u> , medication adherence plus 2 visits within days 31-300 (Continuation & Maintenance Phase)	Exclusions include pts. with Dx of Narcolepsy; Initiation phase F/U must be with a prescribing provider; C&M phase F/U can be with any provider; F/U can be via telehealth/telephone; Report exclusion Dx via claim	✓	n/a	n/a
<b>Frailty and Advanced Illness Exclusion Criteria</b>	<u>Frailty and Advanced Illness Exclusion Criteria</u> : Ages 66+ years: ≥2 indications of Frailty in 2024 <u>AND</u> one of the following in 2023 or 2024: Advanced Illness Dx on at least 2 different DOS <u>OR</u> dispensed a Dementia medication	<u>Frailty Alone Exclusion Criteria</u> : Ages 81+ years: ≥2 indications of Frailty in 2024; Report Frailty and Advanced Illness Dx via claim	✓	✓	n/a
<b>Immunizations: Adolescent, HPV</b>	Patients turning age 13 in 2024: Completed Combination 2 vaccine series (meningococcal conjugate, Tdap, and HPV) by time of 13th birthday (BCBSM/BCN, PH). Additional, separate incentive for HPV component (BCBSM/BCN)	Data pulled from claims and downloaded from MCIR	✓	✓	n/a

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<b>Immunization: Childhood , Flu*</b>	Patients turning age 2 in 2024: Completed Combination 10 (BCBSM/BCN) or Combination 3 (PH) vaccine series by time of 2nd birthday. Additional, separate incentive for Flu component (BCBSM/BCN)	Data pulled from claims and downloaded from MCIR	✓	✓	n/a
<b>Lead Screening</b>	Patients turning age 2 in 2024: One blood test screening for lead poisoning completed by time of 2nd birthday	Data pulled from claims or submitted as electronic supplemental data (e.g., Health Focus)	n/a	✓	n/a
<b>Low Back Pain: Use of Imaging Studies</b>	Ages 18-75 with primary Dx of Low Back Pain: Imaging studies <u>NOT</u> performed within 28 days of Dx (For patients with no claims/encounters with any Low Back Pain Dx within 180 days prior to encounter)	Exclusions include pts. with Hx of cancer, trauma, IV drug abuse, neurologic impairment, prolonged use of corticosteroids, HIV, major organ transplant, spinal infection, Osteoporosis Rx, fragility fracture, lumbar surgery, spondylopathy, and those with both Frailty <u>AND</u> Advanced Illness (ages 66+); Report exclusion Dx via claim	✓	n/a	n/a
<b>Medication Adherence for Cholesterol*, Diabetes* and Hypertension*</b>	Ages 18 years and older: Adherence (80% PDC) to oral DM medication, ACE/ARB or direct renin inhibitor (HTN), or statin (Cholesterol)	Pharmacy claims-based (Pt. must show insurance card); Med samples don't count; Exclusions include pts. with ESRD or dialysis (All), insulin Rx (DM), or sacubitril/valsartan Rx (HTN); No exclusions allowed for statin intolerance; Report exclusion Dx via claim	✓	✓	n/a
<b>Pediatric Weight Management</b>	Ages 5-17: Initial Dx of Ever Obese (Z68.54) and subsequent Dx of No Longer Obese (Z68.51-Z68.53); 1% PDCM engagement threshold required for measure eligibility (pediatric practices only)	2-year measurement period (01/01/2023 - 12/31/2024); Payable as PDCM Outcomes VBR	✓	n/a	n/a
<b>Risk of Continued Opioid Use-15 Days</b>	Ages 18 years and older and dispensed a prescription opioid medication: $\geq 15$ of 30 days covered by a prescription opioid medication.	Exclusions include pts. with Cancer or Sickle Cell Disease; Does not apply to injectable opioids, opioid-containing cough/cold products, fentanyl transdermal patches, or meds used to treat Opioid Use Disorder (Methadone, Buprenorphine); Report exclusion Dx via claim	✓	n/a	n/a
<b>Social Determinants of Health*</b>	Patients with E&M visit in 2024: $\geq 70\%$ of NPO PH pts. screened for SDoH needs and/or SDoH Z-code reported for $\geq 5\%$ NPO PH pts.	Claims-based; Components (screening, Z-code reporting) measured and incented separately; Use G-codes to report positive (G9919) or negative (G9920) screenings; Screening tool must address access to food, housing and transportation	n/a	✓	n/a
<b>Statin Therapy for Patients with Cardiovascular Disease</b>	Males ages 21-75 and Females ages 40-75 with Dx of ASCVD : one statin medication (high or moderate intensity) dispensed during 2024	Pharmacy claims-based (Pt. must show insurance card); Med samples don't count; Only Statins meet Numerator criteria; Exclusions include pts. with ESRD/dialysis, Cirrhosis, Rhabdomyolysis, Myalgia, Myositis, Myopathy, or pregnancy; Report exclusion Dx via claim	✓	✓	n/a
<b>Statin Therapy for Patients with Diabetes</b>	Ages 40-75 with Diabetes (Type I or 2) but not ASCVD: Dispensed at least one statin medication (any intensity) during 2024	Pharmacy claims-based (Pt. must show insurance card); Med samples don't count; Only Statins meet Numerator criteria; Exclusions include pts. with cardiovascular disease, pregnancy, in vitro fertilization, Cirrhosis, Myalgia, Myositis, Myopathy, Rhabdomyolysis, ESRD, dialysis, or both Frailty <u>AND</u> Advanced Illness ; Report exclusion Dx via claim	✓	n/a	n/a
<b>Statin Use in Persons with Diabetes</b>	Ages 40-75 and dispensed at least two Diabetes medication fills: Received at least one statin medication fill (any intensity) in 2024; Medicare patients only	Pharmacy claims-based (Pt. must show insurance card); Med samples don't count; Only Statins meet Numerator criteria; Exclusions include pts. with ESRD, dialysis, PCOS, Rhabdomyolysis, Myopathy, Myositis, Pre-Diabetes, Liver Disease, Pregnancy, or Lactation; Report exclusion Dx via claim	✓	✓	n/a

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Measure Name	Description	Details	BCBSM/BCN (PGIP, PCMH, VBR, PRP)	Priority Health (PIP)	ACO REACH
<b>Transitions of Care: Medication Reconciliation Post-Discharge</b>	Ages 18 and older with inpatient discharge (01/01/2024 -12/01/2024): Medications were reconciled on or within 30 days of discharge; BCBSM/BCN Medicare patients only	Event-based measure; Med Rec done by MD/DO, NP/PA, pharmacist or RN; Acceptable documentation includes current med list with notation that discharge meds were reviewed & reconciled, "no change in meds since discharge", "same meds at discharge", etc.; Can be completed via telehealth or telephone; Report using code 1111F	✓	n/a	n/a
<b>Transitions of Care: Patient Engagement</b>	Ages 18 and older with inpatient discharge (01/01/2024 -12/01/2024): Patient engagement provided within 30 days of discharge	Event-based measure; Engagement includes outpatient, telephone, or telehealth visits, e-visits or virtual check-ins; Requires interaction with patient or care giver	✓	n/a	n/a
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>	Ages 3-17 with PCP or OB/GYN visit in 2024: Documentation of BMI percentile (including ht. & wt.), and counseling for nutrition and physical activity	BMI percentile must be documented as distinct value, not range	✓	n/a	n/a
<b>Well-Child Visits in the First 30 Months of Life</b>	<u>Children turning 15 months old in 2024:</u> 6 or more well-child visits with PCP before birthday (BCBSM & PH) <u>Children turning 30 months old in 2024:</u> 2 or more well-child visits with PCP before birthday (BCBSM only)	Claims-based; PH Pediatric Focus Measure (0-15 mos)	✓	✓	n/a
<b>HOSPITAL BASED AND/OR ORGANIZATION ADMINISTRATIVE MEASURES</b>					
<b>All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (MCCs)</b>	ACO REACH-aligned beneficiaries, age 66 and older, with multiple chronic conditions (AMI, Alzheimer's/Dementia, A-Fib, CKD, COPD/Asthma, Depression, Heart Failure, Stroke/TIA, Diabetes): rate of acute, unplanned hospital admissions in 2024	Event-based, claims-dependent measure; Pt. must be established with an ACO REACH PCP	n/a	n/a	✓
<b>CAHPS</b>	Ages 18+ years with Medicare plan (BCBSM or ACO REACH-aligned) and at least two primary care visits in past 12 months: Answers patient experience survey questions	Survey administered by CAHPS survey vendor; Exclude pts. that are institutionalized, in hospice, reside outside of US, or with disability barrier preventing survey completion	✓	n/a	✓
<b>PCMH</b>	VBR available to PCMH-designated practices (BCBSM); PCMH designation required for incentive program participation (BCBSM & PH)	Contact NPO for details	✓	✓	n/a
<b>Plan All-Cause Readmissions</b>	Ages 18+ years and with an acute inpatient or Observation stay in 2024: Rate of readmission, for any Dx, occurring within 30 days of discharge;	Event-based, claims-dependent measure;	✓	n/a	n/a
<b>Risk-Standardized All-Condition Readmissions</b>	ACO REACH-aligned beneficiaries, age 65+ years: Rate of unplanned hospital readmission, within 30 days of discharge from index admission, in 2024	Event-based and claim-dependent; Exclusions include pts. with Dx of Cancer or mental illness; Report exclusion Dx via claim	n/a	n/a	✓
<b>Timely Follow-Up After Acute Exacerbations of Chronic Conditions</b>	ACO REACH-aligned beneficiaries: Rate of follow-up for patients experiencing acute exacerbation of HTN, Asthma, HF, CAD, COPD or DM; Follow-up within timeframe recommended by clinical guidelines	Event-based and claim-dependent; F/U visits may be face-to-face or telehealth, office/home visits, CCM services, TCM encounters; F/U time frames: HTN -14 days (high-acuity) or 30 days (medium-acuity); Asthma, Diabetes, or HF -14 days; CAD - 7 days (high-acuity) or 6 weeks (low-acuity); COPD - 30 days	n/a	n/a	✓

\*Denotes measure added to, or deleted from, an insurer's program for PY 2024

**Sources:** 2024 ACO REACH Methodology Report; 2024 ACO Realizing Equity, Access, and Community Health (REACH) Model Measure Information Forms (All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions; Risk-Standardized, All-Condition Readmission; Timely Follow-Up After Acute Exacerbations of Chronic Conditions); 2024 CMS Medicare 5 Star Manual (Medicare 2024 Part C & D Star Ratings Technical Notes); 2024 HEDIS Provider Guide (Priority Health); 2024 PCP Incentive Program (PIP) Final Manual (Priority Health); 2023 Quality Measures Descriptions (BCBSM/BCN); HEDIS Measurement Year 2024 Volume 2: Technical Specifications for Health Plans; HEDIS MY 2024 Volume 2 Value Set Directory