

General Definitions

Admin measures: These measures use payer claims data to identify patients who are eligible for the measure.

Composite measures: A measure of two or more component measures, each of which individually reflects quality of care, combined into a single performance measure with a single score. The individual components are treated equally (not weighted). Every component must meet criteria to be counted in the numerator for the overall composite measure.

Established patient criteria: Several measures use an established patient criteria, which requires that the patient have at least one established patient office or telehealth visit during the measurement period in order to be included in the measure. Measures that utilize this criteria include Optimal Asthma Control; Optimal Diabetes Care; and Optimal Vascular Care.

Hybrid measures: These measures use payer claims data and medical record review data to identify patients who are eligible for the measure and who meet the numerator criteria.

Measurement year (MY): The time period being assessed and the year in which care was delivered.

Outcome measures: These measures reflect the actual results of care. They are generally the most relevant measures for patients and the measures that providers most want to change.

Patient-reported outcome measures (PROM): A validated survey instrument or tool used to collect information directly from a patient.

Patient-reported outcome performance measures (PRO-PM): The measure built from a PROM.

Process measures: A measure that shows whether steps proven to benefit patients are being used. They measure whether an action was completed (e.g., having a medical exam or test, writing a prescription or administering a drug).

Quality Measures Reported by Medical Groups

Adolescent Mental Health and/or Depression Screening: The percentage of patients ages 12-17 who were screened for mental health and/or depression at a well-child visit using a specified tool. *Note: Adolescents diagnosed with depression are excluded from this measure.*

Colorectal Cancer Screening: The percentage of adults ages 45-75 (*new age range beginning in 2022 MY*) who are up to date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:

- Colonoscopy during the measurement period or the nine years prior; OR
- Flexible sigmoidoscopy during the measurement year or the four years prior; OR
- CT colonography during the measurement year or the four years prior; OR
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior; OR
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year

Optimal Asthma Control (Adults & Children): The percentage of adults (18-50 years of age) and children (5-17 years of age) who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:

- Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
- Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months

Optimal Diabetes Care: The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving all of the following:

- HbA1c less than 8.0 mg/dL
- Blood pressure is less than 140/90 mm Hg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Optimal Vascular Care: The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:

- Blood pressure less than 140/90 mm Hg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

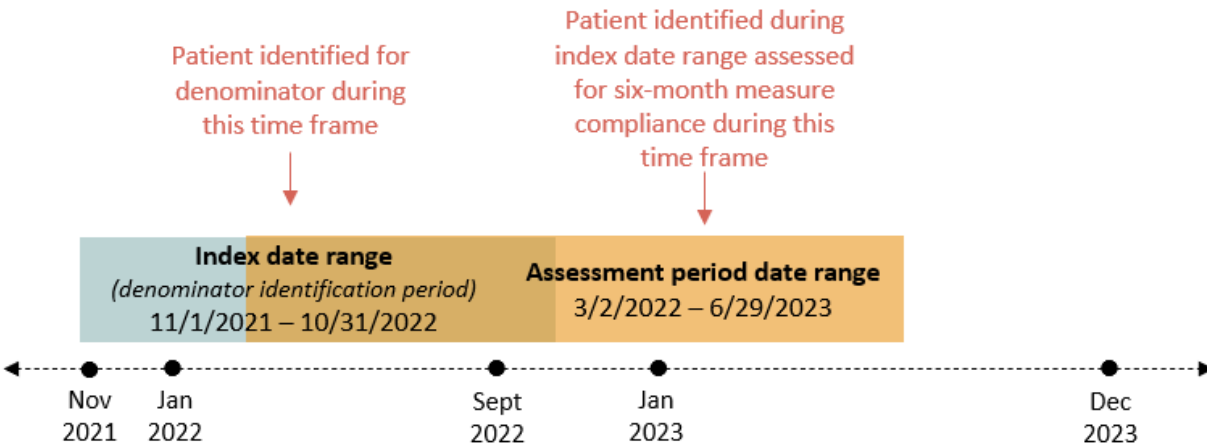
Depression Measures (Adults & Adolescents)

- **PHQ-9/9M Utilization:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with a diagnosis of Major Depression or Dysthymia who also have a completed PHQ-9/9M tool during the measurement period.

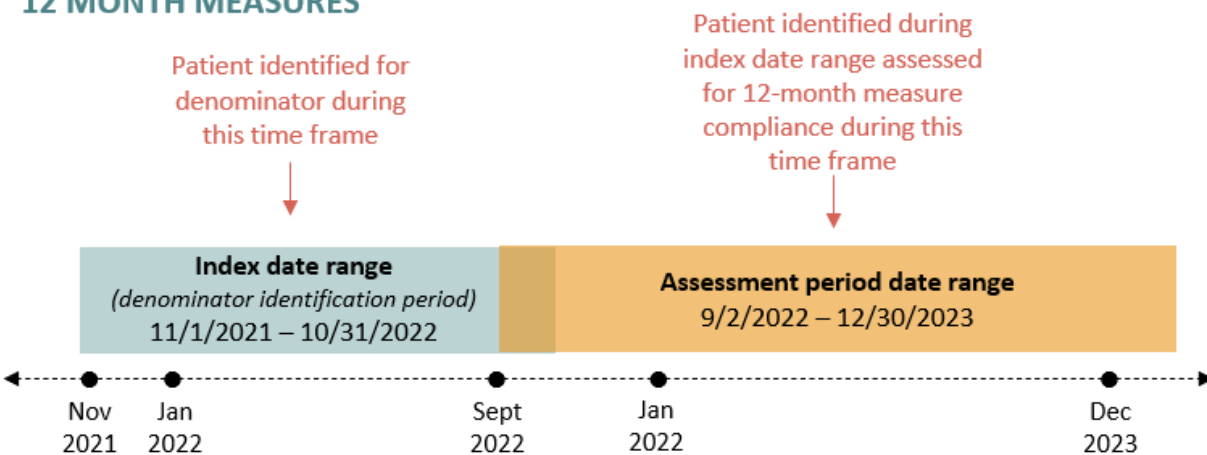
- **Follow-up PHQ-9/9M at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who have a completed PHQ-9/9M tool within six or 12 months after the index event (+/- 60 days).
- **Response at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who demonstrated a response to treatment (at least 50 percent improvement) six or 12 months after the index event (+/- 60 days).
- **Remission at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who reached remission (PHQ-9/9M score less than five) six months after the index event (+/- 60 days).

The depression measures are unique in that the time period for identifying eligible patients for the denominators does not follow the typical measurement period of a calendar year that the other quality measures do. The depression measures are longitudinal in design, meaning patients are followed through a period of time and assessed for the desired outcome. A patient is first identified for the denominator during the denominator identification period (shown below), which primarily occurs two years prior to when the data are submitted. The assessment period (shown below) is the time in which those patients identified in the denominator identification period are assessed for the desired outcome and primarily occurs in the year prior to data submission.

SIX MONTH MEASURES



12 MONTH MEASURES



Quality Measures Reported by Payers

Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis: The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

Breast Cancer Screening: The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.

Cervical Cancer Screening: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.

- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) testing within the last 5 years.

Childhood Immunization Status (Combo 10): The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Chlamydia Screening in Women: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
Percentage

Controlling High Blood Pressure: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Diabetes Eye Exam: The percentage of adults 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

Follow-up Care for Children Prescribed ADHD Medication: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Immunizations for Adolescents (Combo 2): The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

Osteoporosis Management in Women who had a Fracture: The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD: The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Cost and Utilization

Cost: Allowable charges which is the total paid by the health plan and patient. Billed charges are not used to define costs.

Total Cost Index (TCI): The medical group's risk adjusted average cost per patient divided by the market's (statewide) average cost per patient.

Relative Resource Use (RRU): If price is neutralized, RRU is the common neutral price times utilization. RRU is listed as a ratio. If the medical group has a RRU greater than 1.0, their patients are consuming more units of service than average, after accounting for patient risk. RRU is calculated using the HealthPartners TCRRV™ methodology.

Price Index (PI): The total cost of care divided by RRU. PI is listed as a ratio. If the PI is greater than 1.0, patients being seen at the medical group, on average, are paying a higher-than-average price per unit. This is a directional number and cannot be used to determine specific fee schedule prices.

Utilization: The number of services provided to a patient. MNCM includes a measure of common utilization metrics for attributed TCOC patients. The common utilization metrics are compared to the medical group's expected number based on a mix of patient risk, age, and gender.

The utilization metrics include:

- Emergency Room Visits
- High Tech Imaging (MRI/CT)
- Inpatient Admissions
- Outpatient Surgery
- Pathology and Lab Test
- Pharmacy Use
- Primary Care Visits
- Specialty Visits
- Standard Imaging

Per 1,000 rates

In order to compare medical groups of various sizes, all utilization information is provided in the commonly used "Per 1,000 Per Year" format. Or, "what is the average number of events for 1,000 patients over a 12-month period?"