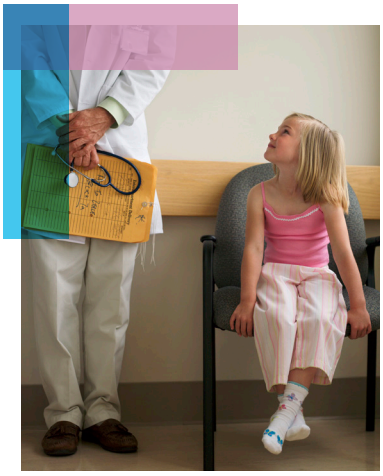
# 2016 PCP Quality **Incentive Program**



*It takes a team*

Blue Cross Blue Shield of Rhode Island

Dear BCBSRI Affiliated Primary Care Physician or Group Administrator,

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is pleased to provide you with the details of our 2016 PCP Quality Incentive Program. In this handbook, you will find information on our Standard Program which includes two Blue Rewards measures. Blue Rewards incentives recognize closed gaps in care for measures that are measured outside of a calendar year cycle.

Each year, BCBSRI is evaluated by a number of organizations - including the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) - on the health outcomes of our members. We recognize that, as a primary care physician, you have much more influence than BCBSRI in affecting improvement on many of the measures identified, specifically those related to closing potential gaps in care.

Overall, we have more than $9 million allocated for the entire incentive program, with total funding divided between the base program and the Blue Rewards measures.

We have selected key measures used by CMS and NCQA to evaluate health plans for performance incentive and accreditation programs. You will receive compensation for gaps in care that were closed throughout the year. However, we will only be looking at end-of-year results for many of the measures.

Below please find the highlights of our 2016 program.

**Adult Program Measures**
*BlueCHiP for Medicare*

- Three preventive measures
- Four disease management measures
- Two Blue Rewards measures

*Commercial*

- Four preventive measures
- Four disease management measures
- One Blue Rewards measure

**Pediatric Program Measures**
*Commercial*

- Seven preventive measures

**Population Health Registry**

- Our Population Health Registry, implemented in 2015, will assist you in earning your greatest potential payout. Using the Population Health Registry you will be able to prospectively view gaps in care and submit information to show that gaps have been closed. For information about how to register for the Population Health Registry, please email us at PopulationHealthRegistry@bcbsri.org.

If you have any questions, please contact your BCBSRI provider representative or email us at ProviderQuality@bcbsri.org. We appreciate your support of this program.

Sincerely,

Gus Manocchia, M.D.
Senior Vice President & Chief Medical Officer

# Blue Cross & Blue Shield of Rhode Island
# 2016 PCP Quality Incentive Program

## Table of Contents

# I. Introduction

The objective of the PCP Quality Incentive Program is to recognize primary care physicians (PCPs) for helping BCBSRI to meet its goals and performance in areas of significant importance to BCBSRI and our customers. We will recognize PCPs who participate with BCBSRI according to the terms and provisions defined here for performance in quality of care.

This 2016 PCP Quality Incentive Program Handbook includes detailed information about:

- Specific measurement attributes of the program
- Access to data to assist in meeting targets
- Expectations for you as a physician so that you can maximize your earning potential

The 2016 PCP Quality Incentive Program is open to all PCPs. The program includes BlueCHiP for Medicare and Commercial BCBSRI populations and is based on nationally accepted quality measures developed by one or more of the following organizations:

- National Committee for Quality Assurance (NCQA)
- National Quality Forum (NQF)
- Center for Medicare and Medicaid Services (CMS)

BCBSRI evaluates our performance measures each year. We will adjust categories and targets based on input from the industry and BCBSRI physician and health system partners.

# II. PCP Quality Incentive Program Measures

*Detailed measure specifications can be found in Section VII of this document.*

## Adult Program Measures

*BlueCHiP for Medicare*

1. Breast Cancer Screening
2. Adult BMI Assessment
3. Diabetes – Hemoglobin A1c Control ≤9%
4. Diabetes – Nephropathy Screening
5. Diabetes – Eye Exam **(NEW)**
6. Controlling High Blood Pressure
7. Colorectal Cancer Screening **(NEW)**

*Commercial*

1. Breast Cancer Screening
2. Adult BMI Assessment
3. Diabetes – Hemoglobin A1c Control <8%
4. Diabetes – Nephropathy Screening
5. Diabetes – Eye Exam **(NEW)**
6. Controlling High Blood Pressure
7. Colorectal Cancer Screening **(NEW)**
8. Chlamydia Screening for Females Age 21-24 **(NEW)**

## Pediatric Program Measures

*Commercial*

1. Well Child Counseling for Nutrition
2. Well Child Counseling for Physical Activity
3. Well Child BMI Assessment
4. Childhood Immunization Status – Combination 10
5. Adolescent Immunization Status – Combination 1
6. HPV Vaccine for Female Adolescents
7. Chlamydia Screening for Females age 16-20

## Blue Rewards (NEW)

1. Antidepressant Medication Management (Commercial and Medicare)
2. Osteoporosis Management in Women Who Had A Fracture (Medicare)

# III. Highlighted Program Enhancements

Although many program components remain the same, there were some key changes:

- Three new adult measures were added to the incentive program: Diabetes - Eye Exam, Colorectal Cancer Screening and Chlamydia Screening for Females Age 21-24.

- The Medicare medication adherence measures were removed from the program.

- Two Blue Rewards measures were added to the program. The Blue Rewards measures are off the calendar year cycle. Blue Rewards measures will be paid out once annually.

- In 2015, BCBSRI implemented a Population Health Registry that is available to all network PCPs and groups. The registry gives users the ability to prospectively view, monitor and close gaps in care. For the 2016 incentive program, any data submitted by a physician relating to closed gaps in care must be either submitted through claims or entered into the registry to be included in the incentive calculation. If you do not have access to the Population Health Registry, please email us at PopulationHealthRegistry@bcbsri.org to request an application.

- Adult measures use HEDIS®* 2016 or CMS Star Ratings specifications. Pediatric measures use HEDIS 2016.

- Supplementary information will be required for select measures. Data must be reported at the individual patient level (not aggregated). The actual date of service must be reported for all services. The order date for a test or procedure will not be accepted. Details about data submission are included in Section IV.

- Incentive payments will be generated annually.

- BCBSRI will continue to update the PCP Quality Incentive Program yearly to ensure appropriate clinical focus and improve payout models.

**HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*

# IV. General Program Participation Requirements

Here are general requirements for participating in the 2016 PCP Quality Incentive Program:

- This program does not include members participating in BCBSRI's Federal Employee Plan (FEP), Classic Blue plan, or New England Health Plan.

- Incentives will be calculated at the practice site level to allow for the maximum number of members in the denominator for each measure. To achieve a Tier 1 or Tier 2 target for individual measures, practice sites must have a denominator of at least 30 members in each measure. Practice sites with fewer than 30 members in an individual measure will qualify for the base payment.

- If a practice site's total payout is less than $20, no payment will be issued.

- Supplemental data must be entered into the Population Health Registry and will be due by February 15, 2017.

**Please note: The supplemental information that you provide to BCBSRI via our Population Health Registry will be used for making payments for the 2016 PCP Quality Incentive Program, and BCBSRI reserves the right to audit any information received. Random audits will be performed.**

## Measure Targets and Payouts

| 2016 BlueCHiP for Medicare Planned Payouts | | | | | | |
|---|---|---|---|---|---|---|
| **Count** | **Measure** | **Tier 1 Target** | **Tier 2 Target** | **Base Payment** | **Tier 1 Payment** | **Tier 2 Payment** |
| 1 | Breast Cancer Screening | 82% | 85% | $25 | $35 | $45 |
| 2 | Adult BMI Assessment | 93% | 99% | $25 | $35 | $45 |
| 3 | Diabetes – Hemoglobin A1c Control ≤9% | 86% | 89% | $25 | $35 | $45 |
| 4 | Diabetes – Nephropathy Screening | 93% | 97% | $25 | $35 | $45 |
| 5 | Diabetes – Eye Exam | 77% | 85% | $25 | $35 | $45 |
| 6 | Controlling High Blood Pressure | 82% | 87% | $25 | $35 | $45 |
| 7 | Colorectal Cancer Screening | 76% | 80% | $25 | $35 | $45 |

| 2016 Commercial Planned Payouts – Adult Measures | | | | | | |
|---|---|---|---|---|---|---|
| **Count** | **Measure** | **Tier 1 Target** | **Tier 2 Target** | **Base Payment** | **Tier 1 Payment** | **Tier 2 Payment** |
| 1 | Breast Cancer Screening | 82% | 85% | $10 | $15 | $20 |
| 2 | Adult BMI Assessment | 84% | 90% | $10 | $15 | $20 |
| 3 | Diabetes – Hemoglobin A1c Control <8% | 65% | 70% | $10 | $15 | $20 |
| 4 | Diabetes – Nephropathy Screening | 86% | 90% | $10 | $15 | $20 |
| 5 | Diabetes – Eye Exam | 74% | 77% | $10 | $15 | $20 |
| 6 | Controlling High Blood Pressure | 75% | 78% | $10 | $15 | $20 |
| 7 | Colorectal Cancer Screening | 72% | 75% | $10 | $15 | $20 |
| 8 | Chlamydia Screening for Females Age 21-24 | 59% | 62% | $10 | $15 | $20 |

| 2016 Commercial Planned Payouts – Pediatric Measures | | | | | | |
|---|---|---|---|---|---|---|
| **Count** | **Measure** | **Tier 1 Target** | **Tier 2 Target** | **Base Payment** | **Tier 1 Payment** | **Tier 2 Payment** |
| 1 | Well Child Counseling for Nutrition | 81% | 85% | $10 | $15 | $20 |
| 2 | Well Child Counseling for Physical Activity | 79% | 82% | $10 | $15 | $20 |
| 3 | Well Child BMI Assessment | 79% | 82% | $10 | $15 | $20 |
| 4 | Childhood Immunization Status – Combination 10 | 72% | 75% | $10 | $15 | $20 |
| 5 | Adolescent Immunization Status – Combination 1 | 90% | 92% | $10 | $15 | $20 |
| 6 | HPV Vaccine for Female Adolescents | 21% | 23% | $10 | $15 | $20 |
| 7 | Chlamydia Screening for Females Age 16-20 | 59% | 62% | $10 | $15 | $20 |

| 2016 Planned Payouts – Blue Rewards | | | |
|---|---|---|---|
| **Count** | **Measure** | **Target** | **Payment** |
| 1 | Antidepressant Medication Management - Continuation Phase | 63% | $75 |
| 2 | Osteoporosis Management in Women Who Had a Fracture | 51% | $150 |

## Example of Potential Payment

### Medicare: Practice Site A

| Measure | Number of Compliant Members | Rate | Payment Level | Amount Earned |
|---|---|---|---|---|
| **Breast Cancer Screening** | 50 | 83% | Tier 1 | $1750 |
| **Adult BMI Assessment** | 180 | 99% | Tier 2 | $8100 |
| **Diabetes – Hemoglobin A1c Control ≤9%** | 40 | 80% | Base | $1000 |
| **Diabetes – Nephropathy Screening** | 30 | 95% | Tier 1 | $1050 |
| **Diabetes – Eye Exam** | 25 | 80% | Base | $625 |
| **Controlling High Blood Pressure** | 50 | 88% | Tier 2 | $2250 |
| **Colorectal Cancer Screening** | 40 | 78% | Tier 1 | $1400 |
| **Total Incentive** | | | | $16,175 |

### Commercial Adult: Practice Site B

| Measure | Number of Compliant Members | Rate | Payment Level | Amount Earned |
|---|---|---|---|---|
| **Breast Cancer Screening** | 100 | 84% | Tier 1 | $1500 |
| **Adult BMI Assessment** | 150 | 90% | Tier 2 | $3000 |
| **Diabetes – Hemoglobin A1c Control <8%** | 75 | 60% | Base | $750 |
| **Diabetes – Nephropathy Screening** | 25 | 88% | Base | $250 |
| **Diabetes – Eye Exam** | 30 | 75% | Tier 1 | $450 |
| **Controlling High Blood Pressure** | 125 | 80% | Tier 2 | $2500 |
| **Colorectal Cancer Screening** | 50 | 74% | Tier 1 | $750 |
| **Chlamydia Screening for Females Age 21-24** | 35 | 60% | Tier 1 | $525 |
| **Total Incentive** | | | | $9725 |

# V. Attribution Methodology

A member's PCP is determined using BCBSRI's Attribution Process, as described in the following steps:

- Self-selection (i.e., member who has self-selected a PCP). This step is only used if
  - The member's plan requires PCP selection, and
  - The PCP's name appears on the member's ID card.

*If no PCP has been self-selected, then:*

- Using the most recent 24 months of claims data, the PCP with the most recent well visit (CPT codes: 99381-99387, 99391-99397) is attributed as the PCP.

*If there is no well visit, then:*

- Using the most recent 24 months of claims data, the PCP with the greatest number of sick visits (CPT codes: 99201-99205, 99211-99215) is attributed as the PCP. In the event of two or more PCPs having the same number of sick visits, the PCP with the most recent sick visit will be attributed as the PCP.

**Excluded Members**

Members excluded from the PCP Quality Incentive Program are as follows:

- Members participating in BCBSRI's Federal Employee Plan
- Classic Blue members
- New England Health Plan members
- Members residing in a long term-care facility
- Members receiving hospice care. Hospice care is defined as Medicare members who begin home-based or facility-based hospice coverage.

# VI. Report and Payment Schedule

## 2016 Incentive Payment Schedule

| Incentive | Measurement Period | Analyze Date | Payment Date | Product |
|---|---|---|---|---|
| **Base Program Measures** | Jan. - Dec. 2016 | March 2017 | May 2017 | Commercial, Medicare |
| **Blue Rewards** | Jan. - Dec. 2016 | April 2017 | June 2017 | Commercial, Medicare |

# VII. Detailed Measure Descriptions

## Breast Cancer Screening

| | |
|---|---|
| **Measure Definition** | Female members aged 50-74 who had a mammogram to screen for breast cancer during the measurement year or the 15 months prior to the measurement year |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is female and is 52-74 years old as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | N/A |
| **Measurement Period** | October 1, 2014 - December 31, 2016 |
| **Exclusions** | Bilateral mastectomy at any time during the member's history through December 31 of the measurement year. Any of the following meet criteria:<br>• Bilateral mastectomy<br>• Unilateral mastectomy **with** a bilateral modifier<br>• Two unilateral mastectomies on different dates of service with service dates 14 or more days apart<br>• Both of the following on the same or different dates of service:<br>o Unilateral mastectomy **with** a left-side modifier<br>o Unilateral mastectomy **with** a right-side modifier<br><br>This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening. |
| **Line of Business** | Medicare Adult, Commercial Adult |

## Adult BMI Assessment

| | |
|---|---|
| **Measure Definition** | Members aged 18–74 who had an outpatient visit during the measurement year or the year prior, and whose body mass index (BMI) was documented during the measurement year or the year prior.<br><br>For members 21 years and older on the date of service, documentation must indicate the weight and BMI value. The weight and BMI must be from the same data source.<br><br>For members younger than 21 years on the date of service, documentation must include the height, weight and BMI percentile documented during the measurement year or the year prior to the measurement year. The height, weight and BMI percentile must be from the same data source. For BMI percentile, the following documentation meets criteria:<br><br>• BMI percentile documented as a value (e.g., 85th percentile)<br>• BMI percentile plotted on an age-growth chart<br><br>Ranges and thresholds do not meet criteria for this indicator. A distinct BMI value or percentile, if applicable, is required for numerator compliance. Documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident. |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | Member has a claim for an outpatient visit during the measurement year or the year prior to the measurement year. |
| **Measurement Period** | January 1, 2015 – December 31, 2016 |
| **Exclusions** | Members who have a diagnosis of pregnancy during the measurement year or the year prior to the measurement year. |
| **Line of Business** | Medicare Adult, Commercial Adult |
| **Codes** | **ICD-9CM Codes to Identify BMI (Numerator)**<br>Adult BMI Value: V85.0 – V85.45<br>BMI Percentile: V85.51 – V85.54<br><br>**ICD-10CM Codes to Identify BMI (Numerator)**<br>Adult BMI Value: Z68.1 - Z68.45<br>BMI Percentile: Z68.51 - Z68.54<br><br>**Codes to Identify Outpatient Visits**<br>***CPT Codes*:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456<br><br>***HCPCS Codes*:** G0402, G0438, G0439, G0463, T1015<br><br>***UB Revenue Codes*:** 0510-0517, 0519-0523, 0526-0529, 0982, 0983 |

## Diabetes – Hemoglobin A1c Control ≤9%

| | |
|---|---|
| **Measure Definition** | Members aged 18–75 with diabetes (type 1 and type 2) whose HbA1C was documented as ≤9% as of the end of the measurement year |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 18–75 years as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | Member meets any of the following criteria during the measurement year or the year prior:<br>• At least 2 of the following visit types, on different dates of service, with a diagnosis of diabetes:<br>o Outpatient<br>o Emergency department<br>o Observation<br>o Non-acute inpatient<br>• At least 1 acute inpatient encounter with a diagnosis of diabetes<br>• Dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis |
| **Measurement Period** | January 1, 2016 – December 31, 2016 |
| **Exclusions** | Members are excluded if they do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year **and** have a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. |
| **Line of Business** | Medicare Adult |
| **Codes** | **CPT Codes to Identify Hemoglobin A1C Levels**<br>A1C <7: 3044F<br>A1C 7-9: 3045F<br>A1C >9: 3046F<br><br>**ICD-9CM Codes to Identify Diabetes**<br>250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br><br>**ICD-10 CM Codes to Identify Diabetes**<br>E10.10- E13.9, O24.011-O24.33, O24.811-O24.83 |

## Diabetes – Hemoglobin A1C Control <8%

| | |
|---|---|
| **Measure Definition** | Members aged 18–75 with diabetes (type 1 and type 2) whose HbA1C was documented as <8% as of the end of the measurement year |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 18–75 years as of December 31 of the measurement year |
| **Qualifying Event Criteria** | Member meets any of the following criteria during the measurement year or the year prior:<br>• At least 2 of the following visit types, on different dates of service, with a diagnosis of diabetes:<br>o Outpatient<br>o Emergency department<br>o Observation<br>o Non-acute inpatient<br>• At least 1 acute inpatient encounter with a diagnosis of diabetes<br>• Dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis |
| **Measurement Period** | January 1, 2016 – December 31, 2016 |
| **Exclusions** | Members are excluded if they do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year **and** have a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year |
| **Line of Business** | Commercial Adult |
| **Codes** | **CPT Codes to Identify Hemoglobin A1C Levels**<br>A1C <7: 3044F<br>A1C 7-9: 3045F<br>A1C >9: 3046F<br><br>**ICD-9CM Codes to Identify Diabetes**<br>250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br><br>**ICD-10 CM Codes to Identify Diabetes**<br>E10.10- E13.9, O24.011-O24.33, O24.811-O24.83 |

## Diabetes – Nephropathy Screening

| | |
|---|---|
| **Measure Definition** | Members aged 18-75 with diabetes (type 1 and type 2) who had a nephropathy screening test or evidence of nephropathy during the measurement year. This includes members who had one of the following:<br>• A urine test for albumin or protein including:<br>o 24-hour urine for albumin or protein<br>o Timed urine for albumin or protein<br>o Spot urine for albumin or protein<br>o Urine for albumin/creatinine ratio<br>o 24-hour urine for total protein<br>o random urine for protein/creatinine ratio<br>• Evidence of treatment for nephropathy or ACE/ARB therapy<br>• Evidence of stage 4 chronic kidney disease<br>• Evidence of end-stage renal disease<br>• Evidence of kidney transplant<br>• A visit with a nephrologist (no restriction on the diagnosis or procedure code submitted)<br>• At least one ACE inhibitor or ARB dispensing event |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 18–75 years as of December 31 of the measurement year |
| **Qualifying Event Criteria** | Member meets any of the following criteria during the measurement year, or the year prior:<br>• At least 2 of the following visit types, on different dates of service, with a diagnosis of diabetes:<br>o Outpatient<br>o Emergency department<br>o Observation<br>o Non-acute inpatient<br>• At least 1 acute inpatient encounter with a diagnosis of diabetes<br>• Dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis |
| **Measurement Period** | January 1, 2016 – December 31, 2016 |
| **Exclusions** | Members are excluded if they do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year **and** have a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year |
| **Line of Business** | Medicare Adult, Commercial Adult *(continued on next page)* |

| | |
|---|---|
| **Codes** | **Codes to Identify Chronic Kidney Disease**<br>*ICD-9 Code:* 585.4<br>*ICD-10 CM Code:* N18.4<br><br>**Codes to Identify ESRD**<br>*ICD-9 Codes:* 585.5, 585.6, V45.11, V45.12<br>*ICD-10 CM Codes:* N18.5, N18.6, Z91.15, Z99.2<br><br>**Codes to Identify Kidney Transplant**<br>*ICD-9 Code*: V42.0<br>*ICD-10 CM Code:* Z94.0<br><br>**Nephropathy Screening**<br>*CPT Codes*: 81000-81005, 82042-82044,84156<br><br>*CPT Category 2 Codes*: 3060F, 3061F, 3062F<br><br>**Nephropathy Treatment**<br>*CPT Category 2 Codes*: 3066F, 4010F<br><br>*ICD-9 Codes*: 250.40-250.43, 403.00-403.11, 403.90-403.91, 404.00-404.13, 404.90-404.93, 405.01, 405.11, 405.91, , 580.0, 580.4, , 580.81, 580.89, 580.9, 581.0-581.3, 581.81, 581.89, 581.9, 582.0-582.2, 582.4, , 582.81, 582.89, 582.9, 583.0-583.2, 583.4, 583.6, 583.7, 583.81, 583.89, 583.9, 584.5-584.9, 585.1-585.3, 585.9, 586,587, 588.0, 588.1, 588.81, 588.89, 588.9, 753.0, 753.10-753.17, 753.19,791.0<br><br>*ICD-10 CM Codes:* E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N08, N14.0-N14.4, N17.0 – N19, N25.0-N25.9, N26.1-N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.9, R80.0-R80.9<br><br>**ICD-9CM Codes to Identify Diabetes**<br>250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br><br>**ICD-10 CM Codes to Identify Diabetes**<br>E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 |

## Diabetes – Eye Exam

| | |
|---|---|
| **Measure Definition** | Members aged 18-75 with diabetes (type 1 and type 2) who had an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:<br>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year<br>• A *negative* retinal or dilated eye exam (**negative for retinopathy**) by an eye care professional in the year prior to the measurement year |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 18–75 years as of December 31 of the measurement year |
| **Qualifying Event Criteria** | Member meets any of the following criteria during the measurement year or the year prior:<br>• At least 2 of the following visit types, on different dates of service, with a diagnosis of diabetes:<br>o Outpatient<br>o Emergency department<br>o Observation<br>o Non-acute inpatient<br>• At least 1 acute inpatient encounter with a diagnosis of diabetes<br>• Dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis |
| **Measurement Period** | January 1, 2016 – December 31, 2016 |
| **Exclusions** | Members are excluded if they do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year **and** have a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year |
| **Line of Business** | Medicare Adult, Commercial Adult |
| **Codes** | **CPT Codes to Identify Eye Exams**<br>2022F - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed<br>2024F - 7 standard field stereoscopic photos with interpretation by an ophthalmologist documented and reviewed<br>2026F - Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed<br><br>**ICD-9CM Codes to Identify Diabetes**<br>250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04<br>**ICD-10 CM Codes to Identify Diabetes**<br>E10.10- E13.9, O24.011-O24.33, O24.811-O24.83 |

## Controlling High Blood Pressure

| | |
|---|---|
| **Measure Definition** | Members aged 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled **as of the end of the measurement year.**<br><br>Adequate blood pressure control is defined as :<br>• Less than 140/90 for members 18-59 years of age<br>• Less than 140/90 for members 60-85 years of age with a diagnosis of diabetes<br>• Less than 150/90 for members 60-85 years of age without a diagnosis of diabetes |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 18-85 years as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | Members are identified as hypertensive if there is at least one outpatient visit with a diagnosis of hypertension during the first six months of the measurement year. |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | The following members are excluded:<br>• All members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year (Medical record must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis.)<br>• All members with a diagnosis of pregnancy during the measurement year<br>• All members who had a non-acute inpatient admission during the measurement year |
| **Line of Business** | Medicare Adult, Commercial Adult |
| **Codes** | **ICD-9CM Codes to Identify Hypertension**<br>401.0, 401.1, 401.9<br>**ICD-10CM Code to Identify Hypertension**<br>I10 |

## Colorectal Cancer Screening

| | |
|---|---|
| **Measure Definition** | Members aged 50-75 who had appropriate screening for colorectal cancer. Any of the following are compliant:<br>• Fecal occult blood test during the measurement year<br>• Flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year<br>• Colonoscopy during the measurement year or the 9 years prior to the measurement year |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 51-75 years as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | N/A |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | Either of the following any time in the member's history through December 31 of the measurement year:<br>• Colorectal cancer<br>• Total colectomy |
| **Line of Business** | Medicare Adult, Commercial Adult |
| **Codes** | **Codes to Identify Fecal Occult Blood Screening:**<br>CPT Codes: 82270, 82274<br>HCPCS Code G0328 |

## Chlamydia Screening for Females Aged 16-24

| | |
|---|---|
| **Measure Definition** | Women 16-20 or 21-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | 16-20 years of age as of December 31 of the measurement year (pediatric)<br>21-24 years of age as of December 31 of the measurement year (adult) |
| **Qualifying Event Criteria** | Member is sexually active |
| **Measurement Period** | January 1, 2015 - December 31, 2015 |
| **Exclusions** | Members who had a pregnancy test **and** a prescription for isotretinoin on the date of the pregnancy test or the 6 days after the pregnancy test, and members who had a pregnancy test **and** an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test |
| **Line of Business** | Commercial Pediatric for age 16-20<br>Commercial Adult for age 21-24 |
| **Codes** | **Codes to Identify Chlamydia Screening**<br>87110, 87270, 87320, 87490-87492, 87810 |

## Well Child Counseling for Nutrition

| | |
|---|---|
| **Measure Definition** | Members aged 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition documented during the measurement year. Documentation must include a note indicating the date and at least one of the following:<br><br>• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)<br>• Checklist indicating nutrition was addressed<br>• Counseling or referral for nutrition education<br>• Member receiving educational materials on nutrition during a face-to-face visit<br>• Anticipatory guidance for nutrition<br>• Weight or obesity counseling<br><br>Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit. Services specific to an acute or chronic condition do not count toward the measure. |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 3-17 years old as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | Member has a claim for an outpatient visit with a PCP or OB/GYN during the measurement year. |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | Members who have a diagnosis of pregnancy during the measurement year |
| **Line of Business** | Commercial Pediatric |
| **Codes** | **Identification of Well Child Counseling for Nutrition**<br>*CPT Codes*: 97802-97804<br><br>*HCPCS Codes*: G0270, G0271, G0447, S9449, S9452, S9470<br><br>*ICD-9CM Codes*: V65.3<br>*ICD-10CM Codes*: Z71.3<br>**Codes to Identify Outpatient Visits**<br>*CPT Codes*: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456<br><br>*HCPCS Codes*: G0402, G0438, G0439, G0463, T1015<br><br>*UB Revenue Codes***:** 0510-0517, 0519-0523, 0526-0529, 0982, 0983 |

## Well Child Counseling for Physical Activity

| | |
|---|---|
| **Measure Definition** | Members aged 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity documented during the measurement year. Documentation must include a note indicating the date and at least one of the following:<br><br>• Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)<br>• Checklist indicating physical activity was addressed<br>• Counseling or referral for physical activity<br>• Member receiving educational materials on physical activity during a face-to-face visit<br>• Anticipatory guidance for physical activity<br>• Weight or obesity counseling<br><br>Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit. Services specific to an acute or chronic condition do not count toward the measure. |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 3-17 years as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | Member has a claim for an outpatient visit with a PCP or OB/GYN during the measurement year. |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | Members who have a diagnosis of pregnancy during the measurement year |
| **Line of Business** | Commercial Pediatric |
| **Codes** | **Identification of Well Child Counseling for Physical Activity**<br>*HCPCS Codes*: G0447, S9451<br><br>*ICD-9CM Code*: V65.41<br><br>**Codes to Identify Outpatient Visits**<br>*CPT Codes*: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456<br><br>*HCPCS Codes*: G0402, G0438, G0439, G0463, T1015<br><br>*UB Revenue Codes*: 0510-0517, 0519-0523, 0526-0529, 0982, 0983 |

## Well Child BMI Assessment

| | |
|---|---|
| **Measure Definition** | Members aged 3-17 who had an outpatient visit with a PCP or OB/GYN and who had a BMI percentile documented during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. Documentation must include height, weight, and BMI percentile. The height, weight, and BMI percentile must be from the same data source.<br><br>Either of the following meets criteria for BMI percentile:<br><br>• BMI percentile<br>• BMI percentile plotted on age-growth chart<br><br>Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile or value, if applicable, is required for numerator compliance. Documentation of > 99% or < 1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%). |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Member is 3-17 years as of December 31 of the measurement year. |
| **Qualifying Event Criteria** | Member has a claim for an outpatient visit with a PCP or OB/GYN during the measurement year. |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | Members who have a diagnosis of pregnancy during the measurement year |
| **Line of Business** | Commercial Pediatric |
| **Codes** | **Identification of Well Child BMI Assessment**<br>*ICD-9CM BMI Percentile codes*: V85.51-V85.54<br>*ICD-10 CM BMI Percentile Codes: Z68.51, Z68.52, Z68.53, Z68.54*<br><br>**Codes to Identify Outpatient Visits:**<br>*CPT Codes***:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456<br><br>*HCPCS***:** G0402, G0438, G0439, G0463, T1015<br><br>*UB Revenue Codes:* 0510-0517, 0519-0523, 0526-0529, 0982, 0983 |

## Childhood Immunization Status – Combination 10

| | |
|---|---|
| **Measure Definition** | Children 2 years of age who had the following vaccinations by their second birthday:<br>• 4 diphtheria, tetanus and acellular pertussis (DTaP)<br>• 3 polio (IPV)<br>• 1 measles, mumps and rubella (MMR)<br>• 3 haemophilus influenza type B (HiB)<br>• 3 hepatitis B (HepB)<br>• 1 chicken pox (VZV)<br>• 4 pneumococcal conjugate (PCV)<br>• 1 hepatitis A (HepA)<br>• 2 or 3 rotavirus (RV)<br>• 2 influenza (flu)<br><br>For MMR, any of the following meet the criteria:<br>• At least 1 MMR vaccination<br>• At least 1 measles and rubella vaccination **and** at least 1 mumps vaccination<br>• At least 1 measles vaccination **and** at least 1 mumps vaccination **and** at least 1 rubella vaccination<br><br>For MMR, hepatitis B, hepatitis A, and VZV, a documented history of the illness or a seropositive test result is also compliant. |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Children who turn 2 years of age between January 1 and December 31 of the measurement year |
| **Qualifying Event Criteria** | Turned 2 years of age during the measurement year. |
| **Measurement Period** | Birth to 2 years old |
| **Exclusions** | *Any Vaccine*: Anaphylactic reaction to the vaccine or its components<br>*DTaP*: Encephalopathy<br>*MMR, VZV, and Influenza*: Immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma, leukemia, anaphylactic reaction to neomycin<br>*IPV*: Anaphylactic reaction to streptomycin, polymyxin B or neomycin<br>*Hepatitis B*: Anaphylactic reaction to common baker's yeast |
| **Line of Business** | Commercial Pediatric |
| **Codes** | **Codes for Immunizations**<br>DTaP: 90698, 90700, 90721, 90723<br>IPV: 90698, 90713, 90723<br>MMR: 90707, 90710<br>Measles/Rubella: 90708<br>Measles: 90705<br>Mumps: 90704<br>Rubella: 90706<br>HiB: 90644 – 90648, 90698, 90721, 90748<br>HepB: 90723, 90740, 90744, 90747, 90748, G0010<br>VZV: 90710, 90716 *(continued on next page)*<br>PCV: 90669, 90670. G0009 |

| | |
|---|---|
| | HepA: 90633<br>RV: 90680, 90681<br>Flu: 90630, 90655, 90657, 90661, 90662, 90673, 90685, G0008 |

## Adolescent Immunization Status – Combination 1

| | |
|---|---|
| **Measure Definition** | Adolescents 13 years of age who had the following vaccinations by their 13th birthday:<br>• 1 dose of meningococcal vaccine, **and**<br>• 1 tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), **or**<br>• 1 tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday<br><br>or Tdap/Td any of the following meet the criteria:<br>• At least 1 Tdap vaccine<br>• At least 1 Td vaccine<br>• At least 1 tetanus vaccine **and** at least 1 diphtheria vaccine<br><br>Tdap may be administered between the member's 10th and 13th birthdays. Meningococcal vaccine may be administered between the member's 11th and 13th birthdays. |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Adolescents who turn 13 years of age during the measurement year |
| **Qualifying Event Criteria** | Turned 13 years of age during the measurement year. |
| **Measurement Period** | Age 10-13 |
| **Exclusions** | Anaphylactic reaction to the vaccine or its components. |
| **Line of Business** | Commercial Pediatric |
| **Codes** | **Codes for Immunizations**<br>Meningococcal: 90733, 90734<br>Tdap: 90715<br>Td: 90714, 90718<br>Tetanus: 90703<br>Diphtheria: 90719 |

## HPV Vaccine for Female Adolescents

| | |
|---|---|
| **Measure Definition** | Female adolescents 13 years of age who had 3 doses of the human papillomavirus (HPV) vaccine by their 13th birthday<br><br>HPV vaccines may be administered between the member's 9th and 13th birthdays. |
| **Measure Source** | HEDIS 2016 |
| **Age Criteria** | Female adolescents who turn 13 years of age during the measurement year |
| **Qualifying Event Criteria** | Females who turned 13 during the measurement year |
| **Measurement Period** | Age 9 to age 13 |
| **Exclusions** | Anaphylactic reaction to the vaccine or its components. |
| **Line of Business** | Commercial Pediatric |
| **Codes** | **Codes for Immunizations**<br>90649, 90650,90651 |

# Blue Rewards Measures

## Antidepressant Medication Management

| | |
|---|---|
| **Measure Definition** | Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment for at least 180 days (6 months). |
| **Measure Source** | HEDIS 2016 (modified) |
| **Age Criteria** | 18 and older as of April 30 of the measurement year |
| **Qualifying Event Criteria** | A dispensing event for antidepressant medication and a diagnosis of major depression in an inpatient, outpatient, ED, intensive outpatient or partial hospitalization setting between January 1 and April 30 of the measurement year |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | Members who did not have a dispensing event for an antidepressant medication and a diagnosis of major depression. |
| **Line of Business** | Medicare and Commercial Adult |
| **Codes** | None |

## Osteoporosis Management in Women Who Had a Fracture

| | |
|---|---|
| **Measure Definition** | Women age 67-85 years of age who suffered a fracture and had either a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis in the 6 months after the fracture. |
| **Measure Source** | HEDIS 2016 (modified) |
| **Age Criteria** | 67 - 85 years old as of December 31 of the measurement year |
| **Qualifying Event Criteria** | An outpatient visit, observation visit or an ED visit for a fracture or an acute or non-acute inpatient discharge for a fracture. This measure looks at the earliest fracture between January 1 and June 30 of the measurement year. |
| **Measurement Period** | January 1, 2016 - December 31, 2016 |
| **Exclusions** | Members who had a bone mineral density test in the 24 months prior to the fracture, members who had a claim for osteoporosis therapy in the 12 months prior to the fracture, and members who received a dispensed prescription or who has an active prescription to treat osteoporosis during the 12 months prior to the fracture.<br><br>Members with a fracture of the finger, toe, face or skull are not included in the measure. |
| **Line of Business** | Medicare Adult |
| **Codes** | None |

# VIII. FAQs

## Detailed Measure Descriptions

**What if I don't submit data by the date required in 2017?**
If you would like to submit supplemental data for inclusion in the incentive program, it must be entered into the Population Health Registry by February 15, 2017. Please note that the actual date of service must be reported for all services. The order date for a test or procedure will not be accepted.
If you do not have access to the Population Health Registry, please email us at PopulationHealthRegistry@bcbsri.org to request an application.

**When will we receive payment?**
We will need some time for claims to process before we can provide accurate information and missing data elements. Then we will need to tabulate responses from practices that submit data. We expect that payment will be made in May 2017.

**How do you determine who our patients are?**
For BlueCHiP for Medicare and plans that require PCP selection, we use the member designation. If the member's plan does not require PCP selection, we use claims to attribute the member to a PCP. Year-end results will be based on attribution as of October 2016. This allows the notified physician to be aware of their panel. Please see Section V for details on our attribution methodology.

**What if the patient refuses to do what we order/request?**
We recognize that many factors influence patient adherence to recommendations. We also recognize that some patients should not receive some services suggested by the general guidelines that form the basis of the measure. This program rewards the results attained using the same methodology that CMS applies to BCBSRI. Patient choice and patient-specific clinical judgment remain essential. We hope that you will address barriers to care with your patients and seek assistance from BCBSRI in addressing barriers as appropriate. We understand that you may not ever get 100% compliance with all of your members in all of the measures.

**What if my patient with diabetes cannot take an ACEI/ARB?**
In this case, it is important that the drug not be ordered. These incentives are not intended to promote care that is not clinically appropriate. Professional judgment and conduct are anticipated.

**What if I take height and weight, but did not calculate a BMI and record it at the visit?**
The measure requires a BMI documented in the record. Documentation in the medical record for the Adult BMI measure must indicate the weight and BMI value, dated during 2015 or 2016. For the Well Child BMI Assessment, measure documentation must include height, weight, and BMI percentile documented in 2016.

**Will I get credit if the gynecologist or surgeon orders a mammogram or endocrinologist does an A1c?**
Yes. A1c levels will need to be in your record unless supplied to BCBSRI by the lab. BCBSRI will not be contacting hospitals, specialists, or other healthcare professionals with data requests.

**Why am I being measured at the practice level?**
We believe that practices, rather than individuals, are better equipped to successfully implement performance improvement processes. Additionally, aggregation allows many more PCPs to be eligible for

the Tier 1 and Tier 2 payments, as the practice denominators are larger than the individual clinician denominators.

**What if the measure does not make sense for my patient? For example, a 70-year-old woman with advanced lung cancer does not need a mammogram.**
The measures are methods designed to evaluate, generally, evidence-based care. Individual clinician judgment is important. Measures are not guidelines. For example, many clinicians order screening mammography annually, yet the measure accepts one study in the two calendar years. A case like the one described in the question is unlikely to be material in the overall results of any clinician with more than a few members.

**Will we get credit if we can send you a test result even if you did not pay for it? For example, could we send an HbA1c from a hospital stay or a mammogram report?**
Yes, you may use data from any source documented in your record.

**What is the base payment?**
The base payment recognizes that every patient matters and allows incentive payments for those clinicians with smaller populations or populations who do not meet the higher performance thresholds in aggregate. However, the goal is to raise population performance. To do this, we provide incentives to raise the performance percentage in every measure. Therefore, threshold payments are also used.

**Why did you pick 30 as a minimum? What if I am 18/18 for a measure?**
We use 30 as a reasonable minimum denominator for statistical purposes. It is a minimum to calculate 4-star and 5-star thresholds.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