



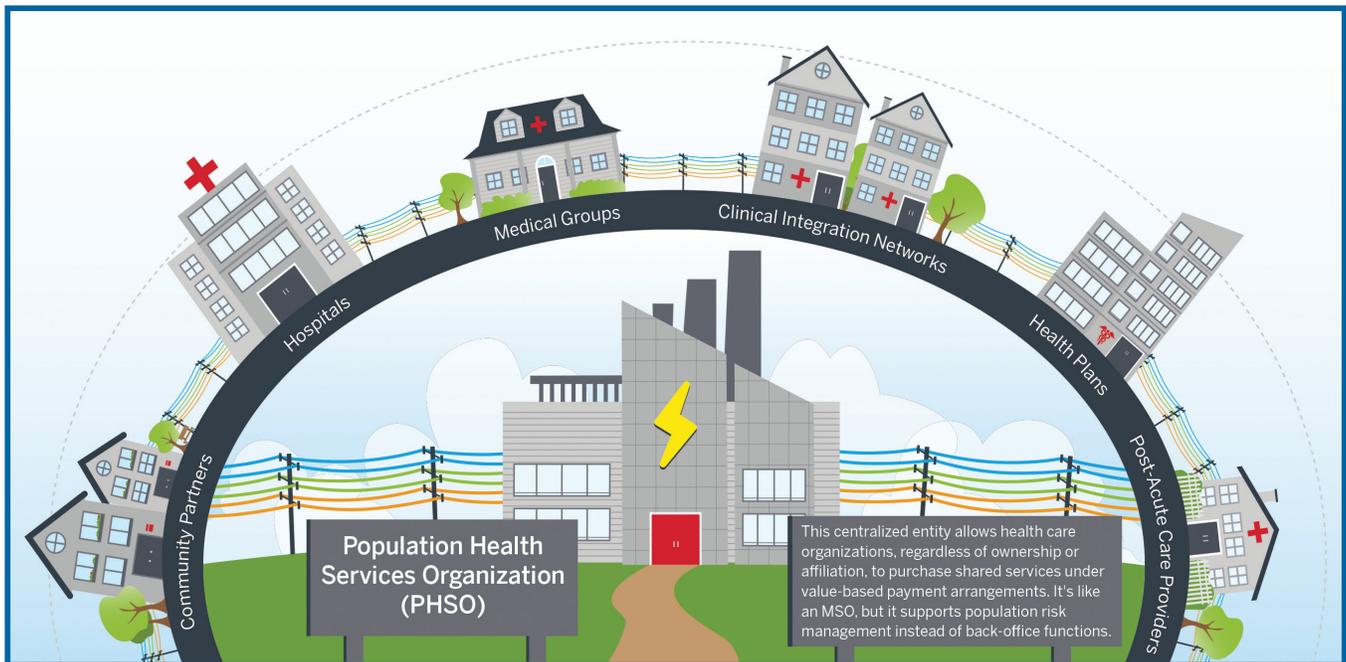
PHYSICIAN PARTNERS

2017 Top Ten Quality Metrics Quick Reference Guide

— POWER OUR —

Population Health Strategy

Population Health Services Organization (PHSO)—an optimized, physician-partnered operations entity that powers a system to improve health outcomes, promote economies of scale and coordination, and reduce variation across the continuum.



“Power Your Population Health Strategy,” Consulting and Management, The Advisory Board Company, Copyright 2015

McLaren Physician Partners through its members will be the best value in health care as defined by quality outcomes and cost.



McLaren
PHYSICIAN PARTNERS

Dear McLaren Physician Partners Member,

The McLaren Physician Partners (MPP) Quality and Clinical Integration program for 2017 will increase the focus on performance and the rate of improvement. In order to achieve these goals year over year, the decision has been made to maintain the same Top Ten HEDIS (Healthcare Effectiveness Data and Information Set) metrics for this year. Achieving top decile performance in these “Top Ten” metrics will assist you in meeting the goals of the Pay for Performance programs for our contracted health plans.

The HEDIS metrics do not always reflect current cancer screening or professional organization guidelines in terms of age groups or frequency. In this publication, we have provided you both the HEDIS measurement specification as well as screening guideline resources so that you can make the best choices for your patients.

If you have questions regarding, please feel free to contact either one of us or your MPP Quality Performance Specialist.

Sincerely,



Lawrence J. Cowsill, D.O., F.A.C.O.I.
Senior Medical Director



Michael Ziccardi, Jr., D.O.
Medical Director

MPP Top Ten Quality Metrics - 2017

Category	Top Ten Metric	Measure Specifications
Screening Measures	Adult BMI Assessment	Adults 18-20 with weight and BMI percentile (either numeric or plotted on growth chart) documented in 2016 or 2017. Adults 21-74 with weight and BMI documented in 2016 or 2017
	Childhood Weight Assessment	Children 3-17 who had a BMI percentile documented
	Breast Cancer Screening	Women 50-74 years of age who had one or more mammograms any time during current or prior year (October 1, 2015 – December 31, 2017) Exclusion: Bilateral mastectomy
	Colorectal Cancer Screening	Patients ages 51-75 with one of the following: <ul style="list-style-type: none"> • FOBT during current year (may not be digital rectal exam) – (2017) • Flexible sigmoidoscopy in last 5 years (2013-2017) • Colonoscopy in the last 10 years (2008-2017) • CT colonography in last 5 years (2013-2017) • FIT-DNA (Cologuard) in last 3 years (2015, 2016, 2017) Exclusion: colorectal cancer, total colectomy
	Cervical Cancer Screening	Women 21-64 years who were screened for cervical cancer using either of the following: <ul style="list-style-type: none"> • 21-64 who had a pap smear in the last 3 years (2015, 2016, 2017) • 30-64 who had PAP and HPV co-testing during the last 5 years (2013, 2014, 2015, 2016, 2017) Exclusion: Hysterectomy with no residual cervix. Document: Total, Complete, or Radical abdominal or vaginal hysterectomy
	Chlamydia Screening in Women	Women 16-24 years identified as sexually active who had at least one chlamydia test during 2017
Comprehensive Diabetes Care	Diabetes Care: Hemoglobin A1c (HbA1c) Testing	Age 18-75 who had HA1C test completed in current year (2017)
	Diabetes Care: Hemoglobin A1c (HbA1c) Control < 8.0%	Age 18-75 who had HA1C test less than 8.0% in current year (2017)
	Diabetes Care: Retinal Eye Exam	Diabetic retinal exam in current year (may be 2 years if negative)
	Diabetes Care: Medical attention for Nephropathy	Age 18-75 who had either (1) a urine test (24-hour urine for albumin, protein or total protein, timed urine for albumin or protein, spot urine for albumin or protein), Urine for albumin/creatinine ratio, or random urine for protein/creatinine ratio, (2) visit with nephrologist, or (3) ACE/ARB dispensed in current year

ADULT BMI ASSESSMENT

- Adults ages 18 to 20 with weight and BMI percentile (either numeric or plotted on growth chart) documented in 2016 or 2017. Adults ages 21-74 with weight and BMI documented during in 2016 or 2017. This may occur in any outpatient visit type (PCP or Specialist)
- Documentation in the medical record must indicate the height, weight and BMI value
- Adult BMI Assessment v-code included on the claim

Description	ICD-10 Code for ages 21 years and older (use BMI percentile if less than 21)
BMI 19 or less	Z68.1
BMI 20.0-20.9	Z68.20
BMI 21.0-21.9	Z68.21
BMI 22.0-22.9	Z68.22
BMI 23.0-23.9	Z68.23
BMI 24.0-24.9	Z68.24
BMI 25.0-25.9	Z68.25
BMI 26.0-26.9	Z68.26
BMI 27.0-27.9	Z68.27
BMI 28.0-28.9	Z68.28
BMI 29.0-29.9	Z68.29
BMI 30.0-30.9	Z68.30
BMI 31.0-31.9	Z68.31
BMI 32.0-32.9	Z68.32
BMI 33.0-33.9	Z68.33
BMI 34.0-34.9	Z68.34
BMI 35.0-35.9	Z68.35
BMI 36.0-36.9	Z68.36
BMI 37.0-37.9	Z68.37
BMI 38.0-38.9	Z68.38
BMI 39.0-39.9	Z68.39
BMI 40.0-44.9	Z68.41
BMI 45.0-49.9	Z68.42
BMI 50.0-59.9	Z68.43
BMI 60.0-69.9	Z68.44
BMI >=70	Z68.45

Best Practices:

- Use ICD-10 code on claims.
- If not using an EMR, place BMI Charts near scales or use a BMI wheel or calculator app.
- Document patient's height, weight, and BMI on an annual basis.

WEIGHT ASSESSMENT & COUNSELING FOR NUTRITION/PHYSICAL ACTIVITY

- Percentage of children ages 3 TO 17 who had the following during 2017:
 - Height, weight, and BMI percentile documentation either numeric or plotted on an age-growth chart (percentile is used because the BMI norms vary with age and gender)
 - Counseling for nutrition – documentation of current nutrition behaviors documented e.g. eating habits or dieting behaviors; checklist indicating nutrition was addressed; anticipatory guidance for nutrition; patient received educational materials on nutrition; weight or obesity counseling; or counseling or referral for nutrition education.
 - Counseling for physical activity – documentation of current physical activity behaviors e.g. exercise routine, sports participation, exam for sports participation, Sports Physical; checklist indicating physical activity behaviors were addressed; anticipatory guidance for physical activity; patient received educational materials on physical activity; weight or obesity counseling; or counseling or referral for physical activity education.

Best Practices:

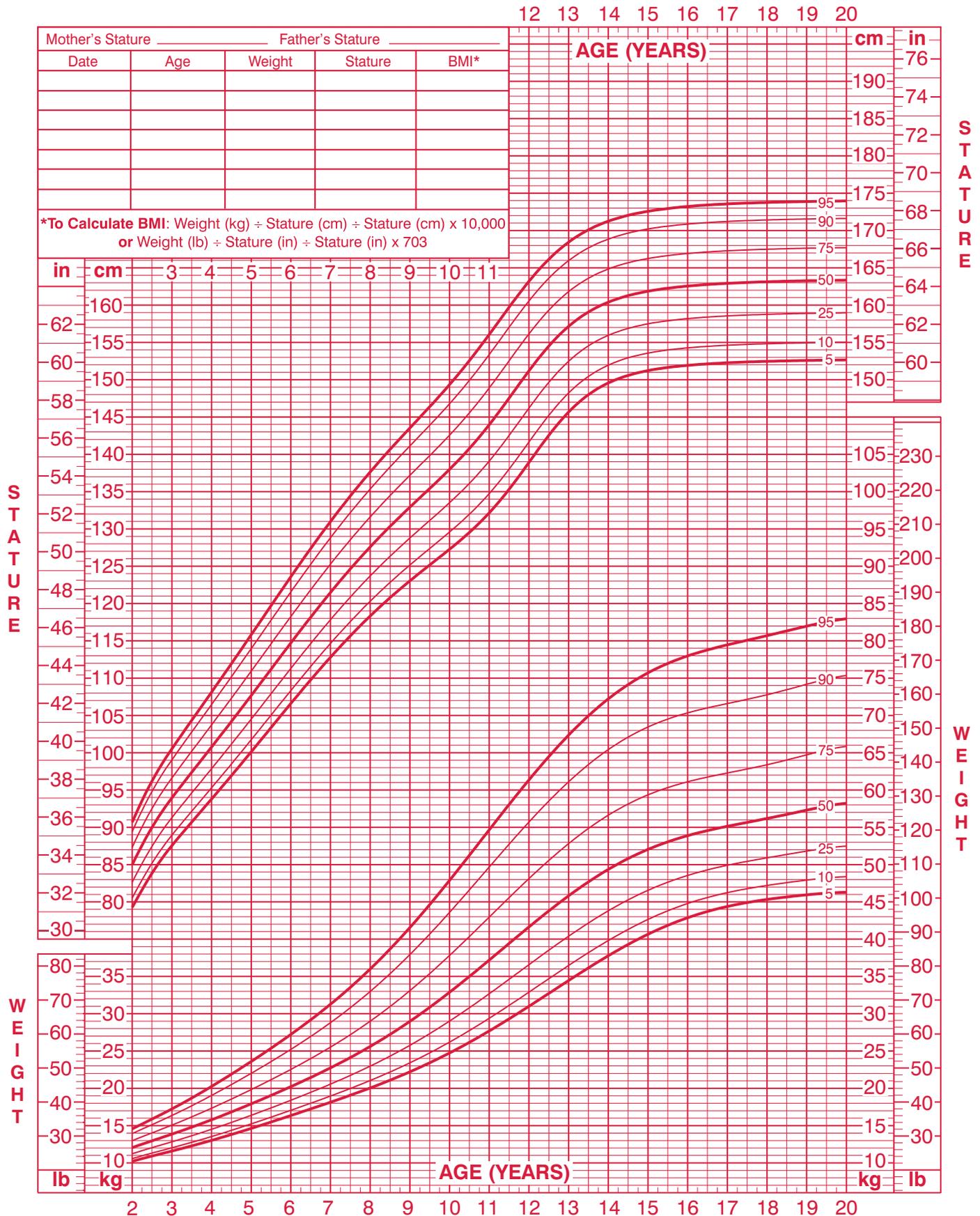
- Use ICD-10 code on claims.
- If not using an EMR, place BMI Charts near scales or use a BMI wheel or calculator app.
- Document patient’s height, weight, and BMI on an annual basis.

BMI Percentile		Counseling for Nutrition and Physical Activity	
Description	ICD 10 Code	Description	Code
BMI less than 5th percentile for age	Z68.51	Counseling for nutrition	ICD-10: Z71.3 (Dietary surveillance and counseling)
BMI 5th to less than 85th percentile for age	Z68.52		
BMI 85th to less than 95th percentile for age	Z68.53	Counseling for physical activity	There is no ICD-10 equivalent for counseling for physical activity – submit supplemental data to the health plan or ICD-10: Z02.5 for Sports Physical
BMI greater than 95th percentile for age	Z68.54		

2 to 20 years: Girls Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



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BREAST CANCER SCREENING

HEDIS Measure description:

- Percentage of Women ages 50 to 74 who had a mammogram between October 1, 2015 and December 31, 2017
- EXCLUSION: Bilateral Mastectomy

Breast cancer screening recommendations for women at average risk		
American Cancer Society	 <small>BARBARA ANN</small> Karmanos CANCER INSTITUTE <small>Wayne State University</small> National Comprehensive Cancer Network	U.S. Preventive Services Task Force
Annual screening for women 45-54 (women should have the opportunity to begin annual screening between 40 – 44) Every 2 years (or every year if a woman chooses to do so) starting at age 55, for as long as a woman is in good health	Every year starting at age 40, for as long as a woman is in good health	Every 2 years ages 50-74

Ways to improve Breast cancer screening rates:

- Educate female patients about the importance of early detection and screening.
- Breast Cancer Awareness activities during the month of October.
- Utilize MPP Web reporting to identify patients with Breast Cancer Screening gaps.
- Utilize test tracking methods to ensure compliance.
- Use standing orders for mammograms.
- Partner with McLaren Regional Breast Centers. They offer free or discounted screening as well as other services such as transportation and reminder programs.
- Forward exclusion documentation to the health plan.

CERVICAL CANCER SCREENING

HEDIS Measure description:

- Women 21-64 years who were screened for cervical cancer using either of the following:
 - o 21-64 who had a pap smear in the last 3 years (2015, 2016, 2017)
 - o 30-64 who had PAP and HPV co-testing during the last 5 years (2013, 2014, 2015, 2016, 2017)
- EXCLUSION: Hysterectomy with no residual cervix.
Document: Total, Complete, or radical abdominal or vaginal hysterectomy and the year of the surgery.

Ways to improve Cervical cancer screening rates:

For Pap and HPV Co-testing, do not order “Reflex” testing as the lab will only run the HPV test if the PAP test is abnormal.

Educate female patients about the importance of early detection and screening.

Utilize MPP Web reporting to identify patients with Cervical Cancer Screening gaps.

For patients who have testing done by their OB/GYN, request a copy of the test results from the specialist’s office (see OB/GYN Services Referral Form).

Forward exclusion documentation to the health plan.

OB/GYN Services

Patient Information

Patient Name: _____ DOB: _____

Date of Exam: _____ Health Plan ID: _____

Primary Care Physician Information

Physician: _____ Fax: _____

Address: _____ Phone: _____

City: _____ State: MI Zip: _____

FINDINGS

	Date of service	Result
Cervical Cancer Screening	_____	_____
HPV Co-Testing	_____	_____
Chlamydia Screening	_____	_____
Breast Cancer Screening	_____	_____

Please check any that apply:

- Hysterectomy with no residual cervix

Date of procedure: _____

- Pregnancy Test performed in current measurement year to screen for pregnancy before X-ray or Isotretinoin prescription

- Bilateral Mastectomy

Date of procedure: _____

Please fax of copy test results and documentation with this form

_____ OB/Gyn Signature

_____ OB/Gyn Printed Name

Office Name: _____

COLORECTAL CANCER SCREENING

HEDIS Measure description:

- Percentage of patients ages 51-75 with one of the following:
 - o FOBT during 2017
 - o Flexible sigmoidoscopy between 2013 through 2017
 - o Colonoscopy between 2008 through 2017
 - o CT colonography between 2013 through 2017
 - o FIT-DNA (Cologuard) between 2015-2017
- EXCLUSIONS: Colon Cancer or Total Colectomy

NOTE: Tests performed on a sample collected via a digital rectal exam do not meet criteria

Test Kit Selection

Product	Sensitivity/ Specificity	Process
Seracult - Triple slide 	Sensitivity is 0.38mg of hemoglobin per 100ml of water Requires dietary and medicinal modifications	Three patient Samples collected at home, returned and processed at office
FOBT/FIT Test 	Specificity is 97% No restrictions to diet or medications required	Single patient sample collected at home, processed at office or regional hospital
FIT-DNA (Cologuard) 	CRC Specificity is 92.3% (See next page for more details) No restrictions to diet or medications	Provider orders test kit for patient through Cologuard. Kit is sent to patient, completed specimen is returned to Cologuard, result sent to provider

Ways to improve Colorectal cancer screening rates:

Encourage patients who are resistant to having a colonoscopy to complete a FOBT or FIT-DNA test at home

Utilize MPP Web reporting to identify patients with Colorectal Cancer Screening gaps.

Utilize test and specialist referral tracking methods to ensure compliance

Document test/surgical history and date on the patient's problem list in the medical record.

Forward exclusion documentation to the health plan.

Use of FIT-DNA Cologuard

NOTE: Please ensure that the patient's insurance covers this test prior to ordering.

Cologuard is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in a stool sample. A positive result may indicate the presence of colorectal cancer or advanced adenoma and should be followed by diagnostic colonoscopy. Cologuard is indicated to screen asymptomatic adults (male or female), 50 years or older, who are at average risk for colorectal cancer. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high risk individuals.

Cologuard is not indicated in the following situations (list may not be all inclusive):

- Symptomatic individuals
- Personal history of adenomatous polyps
- Personal history of colorectal cancer
- History of Inflammatory bowel disease
- Family history of colorectal cancer or adenomatous polyps in a parent or other first-degree relative particularly with the age of cancer onset is 45 or younger
- Familial adenomatous polyposis
- Lynch syndrome

Blue Care Network Pre-testing Requirements:

Providers will need to call JVHL (800) 445-4979 and provide the following information:

- Diagnosis code
- Price of test = \$649
- Patient info (name, address, DOB, contract #)
- Provider information

Provider will then need to answer the following questions:

- Is the patient at high risk for colon cancer?
- Has the patient had a colonoscopy in the last 12 months?
- Does the patient have any current complaints of blood in urine, bloody stools, etc.
- Has the patient signed an informed consent for the sample?

CHLAMYDIA SCREENING

Ways to improve Chlamydia screening rates:

Utilize MPP Web reporting to identify patients with chlamydia screening gaps.

Perform chlamydia urine test for patients aged 16-24 when they present for pregnancy testing, dysuria, or Birth control prescription/refill.

Utilize test tracking methods to ensure compliance.

Forward exclusion documentation to the health plan.

HEDIS Measure description:

- Percentage of women ages 16-24 who were identified as sexually active (through claims for birth control pills, STD testing, or pregnancy testing) who had at least one Chlamydia test during 2017. NOTE: screening may be performed by swab or urine.
- EXCLUSIONS: Women who were included in the measure based on pregnancy test alone and the member had a prescription for Isotretinoin or an X-ray on the date of the pregnancy test or the 6 days after the pregnancy test.

COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1C TESTING

Ways to improve HA1C testing rates:

Review diabetic services at each visit.

Utilize MPP Web reporting to identify patients with HA1C testing gaps.

Order lab testing prior to office visit or use standing orders.

Utilize Diabetic or Chronic Care Flow sheets to document testing.

Utilize test tracking methods to ensure patient compliance and that lab reports are received.

Review hospital medical records for lab results.

For waived testing at the office, ensure that the testing is documented in the medical record and coded on the claim.

Forward exclusion documentation to the health plan.

HEDIS Measure description:

- Percentage of diabetic patients ages 18-75 who have had a HA1C testing during 2017
- EXCLUSIONS: Gestational diabetes or steroid induced diabetes in 2016 or 2017

The American Diabetes Association (2017) Clinical Practice Recommendations: Perform A1C test at least 2 times a year in patients who are meeting treatment goals. Perform A1C quarterly in patients whose therapy has changed or who are not meeting glycemic goals.

Diabetes Care 2017;40(Suppl. 1):S1-S138

COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1C <8%

HEDIS Measure description:

- Percentage of diabetic patients ages 18-75 whose A1C is < 8% during 2017
- EXCLUSIONS: Gestational diabetes or steroid induced diabetes in 2016 or 2017

Description	CPT II Code for HA1C Testing:
HA1C < 7%	3044F
HA1C 7-9%	3045F
HA1C > 9%	3046F

Ways to improve HA1C < 8% rates:

Utilize MPP Web reporting to identify patients with HA1C < 8% gaps.

Ensure diabetes medication compliance.

Refer patients for Self-Management or Nutritional Counseling.

Utilize Diabetic or Chronic Care Flow sheets to document testing.

Utilize test tracking methods to ensure patient compliance and that lab reports are received.

For waived testing at the office, ensure testing is documented in the medical record and use CPT II coding for test results.

Review hospital medical records for lab results.

Forward exclusion documentation to the health plan.

COMPREHENSIVE DIABETES CARE: MEDICAL ATTENTION FOR NEPHROPATHY

HEDIS Measure description:

- Percentage of diabetic patients ages 18-75 who had evidence of a nephropathy screening test or evidence of nephropathy during 2017.
 - o Included tests are:
 - (1) a urine test (24-hour urine for albumin, protein or total protein, timed urine for albumin or protein, spot urine or albumin for protein, Urine for albumin/creatinine ratio, or random urine for protein/creatinine ratio,
 - (2) visit with nephrologist, or
 - (3) ACE/ARB dispensed in 2017.
 - o Documented evidence of a visit with a nephrologist, stage 4 chronic kidney disease (CKD), end stage renal disease (ESRD), or kidney transplant.

Note: A urinalysis/urine dip test with protein valued at positive/negative does not meet this measure.

- EXCLUSIONS: Gestational diabetes or steroid induced diabetes in 2016 or 2017

Description	CPT II Code
Documentation of treatment for nephropathy (patient receiving dialysis, patient being treated for ESRD, CKD, ARF, or renal insufficiency, any visit to a nephrologist)	3066F
ACE inhibitor or ARB therapy prescribed	4009F

Ways to improve Nephropathy screening rates:

Utilize MPP Web reporting to identify patients with nephropathy screening gaps.

Utilize Diabetic or Chronic Care Flow sheets to document testing.

Utilize Test Tracking Process to ensure patient complete testing and lab reports are received.

For waived testing at the office, ensure testing is documented in the medical record and coded on the claim.

Review hospital medical records for lab results.

Forward exclusion documentation to the health plan.

COMPREHENSIVE DIABETES CARE: RETINAL EYE EXAM
HEDIS Measure description:

- Percentage of diabetic patients ages 18-75 who had a retinal or dilated eye exam during 2017 or a negative retinal eye exam in 2016
- EXCLUSIONS: Gestational diabetes or steroid induced diabetes in 2016 or 2017

Description	CPT II Code:
No evidence of retinopathy in the prior year.	3072F

Ways to improve Retinal Eye Exam rates:

Remind patients that retinal eye exams are covered under their medical insurance.

Utilize a retinal eye exam referral form.

Utilize MPP Web reporting to identify patients with retinal eye exam gaps.

Utilize Diabetic or Chronic Care Flow sheets to document exam results.

Partner with PCMH Neighborhood eye care specialists to enhance communication.

Utilize referral tracking methods to ensure patient compliance and that specialist reports are received.

Forward exclusion documentation to the health plan.

DIABETIC RETINOPATHY EVALUATION

Patient Information

Patient Name: _____ DOB: _____

Date of Exam: _____ Health Plan ID: _____

Primary Care Physician Information

Physician: _____ Fax: _____

Address: _____ Phone: _____

City: _____ State: MI Zip: _____

FINDINGS

No diabetic retinopathy is found in either eye. OR

RETINAL EXAM ABNORMALITIES DETECTED, AS FOLLOWS:

Background changes noted in:

<input type="checkbox"/> Right (<i>Circle Grade</i>)	Mild	Moderate	Severe
	Clinically significant diabetic macular edema?	Yes	No

<input type="checkbox"/> Left (<i>Circle Grade</i>)	Mild	Moderate	Severe
	Clinically significant diabetic macular edema?	Yes	No

Proliferative changes noted in:

<input type="checkbox"/> Right (<i>Circle Grade</i>)	Active	Regressed/Stable
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<input type="checkbox"/> Left (<i>Circle Grade</i>)	Active	Regressed/Stable
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FOLLOW UP

Routine follow-up exam is recommended in one year. OR

Follow-up of abnormalities in my office is recommended in _____ (timeframe).

Referral to Dr. _____ is recommended in _____ (timeframe).

Cataracts or Glaucoma detected OR laser treatment is needed. Letter to follow.

Codes to Indicate HEDIS Compliance:

92004 – Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient, one or more visits.

92014 – Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits.

2022F – Dilated eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed

2024F – Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.

2026F – Eye imaging validated to match diagnosis from seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.

3072F – Low risk for retinopathy (no evidence of retinopathy in the prior year)

_____ Eye Care Professional Signature

_____ Eye Care Professional Printed Last Name

Office Name: _____

2017 ADDITIONAL HEDIS MEASURES AT A GLANCE

Category	Measure Title	Specifications
Transition of Care	Post Hospital Follow-up	Post hospital follow-up visit within 7 calendar days of discharge NOTE: For BCBSM and BCN Medicare Advantage - Follow-up visit within 3 days
Pediatric Immunizations and Well Child Visits	Childhood Immunization Status	Children 2 years of age who had the following vaccines on or before their second birthday: (4) DTaP; (3) IPV ; (1) MMR; (3) HiB; (3) Hep B; (1) VZV; (4) PCV; (1) Hep A; (2 or 3) RV; (2) Influenza Exclusion: documented anaphylactic reaction to the vaccine or its components
	Immunizations for Adolescents	Children 13 years of age who received the following vaccine on or before the 13th birthday: (1) meningococcal, (1) Tdap, (3) HPV (MALES and females). Exclusion: documented anaphylactic reaction to the vaccine or its components
	Well-Child Visits in the First 15 months of Life	6 or more visits by the time the child reached 15 months of age (does not include inpatient or ED visit types)
	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Patients 3 – 6 years of age who had at least one well-child visit with a PCP during 2017
	Adolescent Well-Child Visit	Patients 12-21 years of age who had one comprehensive Well-Care visit with PCP or OB/GYN in 2017
Respiratory Conditions	Appropriate Testing for Children with Pharyngitis	Ages 3-18 diagnosed with pharyngitis and dispensed an antibiotic should have received a strep test within 3 days prior to diagnosis through 3 days after diagnosis.
	Appropriate Treatment for Children with Upper Respiratory Infection	Ages 3 months to 18 diagnosed with URI should not be dispensed an antibiotic within 3 days of the diagnosis
	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Ages 18-64 diagnosed with acute bronchitis who were not dispensed an antibiotic
	Medication management for people with Asthma	Patients 5-85 years of age, dispensed controller medication and remained on for at least 50% or 75% during 2017
Behavioral Health	Antidepressant Medication Management: Acute Phase	Age 18 and older diagnosed with new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks)
	Antidepressant Medication Management: Continuation Phase	Age 18 and older diagnosed with new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment for at least 180 days (6 months)
	Follow-up Care for Children Prescribed ADHD Medication: Initiation Phase (6-12 years)	Newly prescribed ADHD medication who had one follow-up visit with within 30 days of first ADHD medication prescription
	Follow-up Care for Children Prescribed ADHD Medication: Continuation and Maintenance (C&M) Phase (6-12 years)	Newly prescribed ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the initiation phase, had at least 2 follow-up visit within 270 days (9 months) after the initiation phase ended.
	Depression Management – PHQ9 testing	12 years and older with any depressive conditions. PHQ9 administered during baseline period (Jan 2017 - June 2017) scoring greater than or equal to 10 and had a follow- up PHQ9 administered during the follow-up period (July 2017 - Dec 2017) scoring below 5.
Pharmacy	Annual Monitoring for Patients on Persistent Medications	Patients 18 years and older on the medication types listed below for at least 6 months with at least one therapeutic monitoring event during 2017: ACE/ARB: serum potassium and creatinine Digoxin: serum potassium creatinine and digoxin level Diuretics serum potassium and creatinine
	Aspirin or antiplatelet therapy	Age 40 and over as of 12/31/17 who is prescribed or currently taking aspirin or antiplatelet therapy – Report CPT II code 4086F for patients meeting criteria.
Other	Smoking/Tobacco cessation counseling	18 years and older who use tobacco and receive face-to-face cessation advice, information on medication and strategies to help them quit, and a follow-up letter from the physician to review the information discussed.
	Use of Imaging Studies for Low Back Pain	Age 18-85 with diagnosis of low back patient who did not have an imaging study (plain X-Ray, MRI, CT Scan) within the 28 days following the initial diagnosis.

MEDICARE STARS MEASURES

Medicare uses a Star Rating System to measure how well Medicare Advantage and prescription drug (Part D) plans perform. Rating Range from 1 to 5 stars, with five being the highest.

Some of the areas Medicare reviews for these ratings include:

- How well illnesses are detected and members are kept healthy
- How well members use recommended and medication safety

Category	Measure Title	Specifications
Adult Prevention and Screening Measures	Adult BMI Assessment	Adults with weight and BMI documented in 2016 or 2017.
	Breast Cancer Screening	Women 50-74 years of age who had one or more mammograms any time during current or prior year (October 1, 2015 – December 31, 2017). Exclusion: Bilateral mastectomy
	Colorectal Cancer Screening	Patients ages 51-75 with one of the following: <ul style="list-style-type: none"> • gFOBT or iFOBT during current year – 2017 (may not be digital rectal exam) • Flexible sigmoidoscopy in 2013-2017 • Colonoscopy in 2008-2017 • CT colonography 2013-2017 • FIT-DNA (Cologuard) 2015-2017 Exclusion: colorectal cancer, total colectomy
Comprehensive Diabetes Care	Diabetes Care: Retinal Eye Exam	Diabetic retinal exam in 2017 (may be 2 years if negative)
	Diabetes Care: HbA1c Control ≤ 9.0%	Age 18-75 who had HA1C test less than or equal to 9.0% in current year (2017)
	Diabetes Care: Medical attention for Nephropathy	Age 18-75 who had either (1) a urine test (24-hour urine for albumin, protein or total protein, timed urine for albumin or protein, spot urine or albumin for protein, Urine for albumin/creatinine ratio, or random urine for protein/creatinine ratio), (2) visit with nephrologist, or (3) ACE/ARB dispensed in 2017. Note: a urinalysis/urine dip test with protein valued at positive/negative does not meet this measure.
Cardiovascular Conditions	Controlling High Blood Pressure	<p>Patients 18 – 85 years of age with diagnosis of hypertension prior to June 30, 2017 and whose blood pressure is adequately controlled. 18-59 <140/90; 60-85 (without diabetes) <150/90; 60-85 (with diabetes) <140/90.</p> <p>Systolic Blood Pressure value report one of the systolic codes</p> <ul style="list-style-type: none"> - 3074F SBP < 130 - 3075F SBP 130-139 - SBP > 140 and < 150 no CPT II code <p>Diastolic Blood Pressure value report on of the systolic codes</p> <ul style="list-style-type: none"> - 3078F DBP < 80 - 3079F DBP 80-89 <p>Exclusions: ESRD, Kidney transplant, Dialysis, Pregnancy during 2017, Non-Acute Inpatient Admission during 2017</p>

MEDICARE STARS MEASURES - MEDICATION SAFETY & PHARMACY

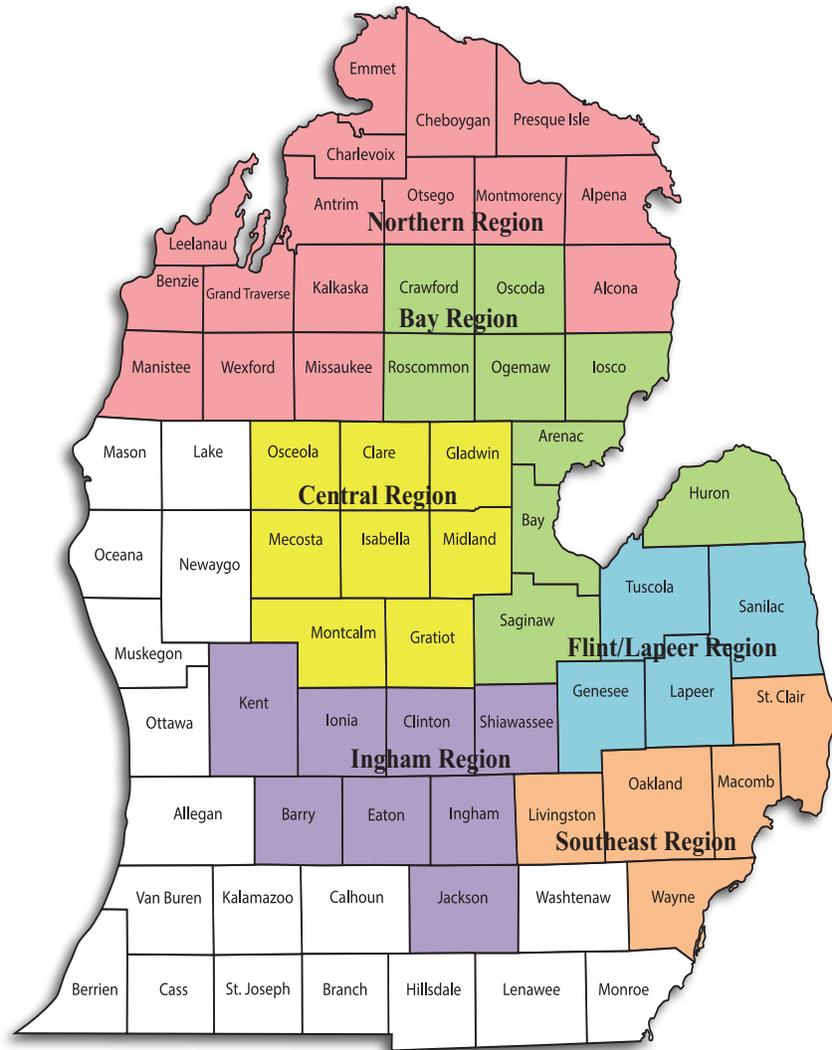
Medication Reconciliation within 30 day of a hospital discharge:

Document: hospital discharge date, date medication reconciliation was completed, documentation indicating that the patient's current list of medication was reconciled against the hospital discharge list of medication.

Code: **1111F** (Discharge medications reconciled with the current medication list in outpatient medical record)

Category	Measure Title	Specifications					
Pharmacy	Proportion of Days Covered (Diabetes All Class)	Patients 18 years and older take their diabetic medications (oral and injectable) for at least two prescription fills during 2017. (Medication Adherence = 80% or more days covered)					
	Proportion of Days Covered (RAS Antagonists)	Patients 18 years and older take their hypertension medication (ACE/ARB) medications for at least two prescription fills during 2017. (Medication Adherence = 80% or more days covered)					
	Proportion of Days Covered (Statins)	Patients 18 years and older take their statin therapy for at least two prescription fills during 2017. (Medication Adherence = 80% or more days covered)					
	Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis	Percentage of members over 18 years old diagnosed with rheumatoid arthritis who were dispensed at least one ambulatory prescription or more for a disease-modifying anti-rheumatic drug. Code: 4187F (DMARD dispensed, prescribed, or administered)					
	High Risk Medication	<p>Patients 65 years or older who have 2 or more prescription claims for certain drugs with high risk side effects.</p> <p>Drugs targeted if 2 or more prescriptions dispensed: Estrogen, Skeletal muscle relaxants, Tricyclic antidepressants, First generation antihistamines, Digoxin, Glyburide.</p> <p>Drugs target is cumulative day supply dispensed is more than 90 days: non-benzodiazepine hypnotics, antibiotics.</p>					
Osteoporosis management in Women Who Had a Fracture	<p>The percentage of women age 67-85 years of age and older who suffered a fracture and who had either a bone density test or a prescription for a drug to treat or prevent osteoporosis in the months after the date of the fracture. Code: 4005F (pharmacologic therapy (other than vitamins/minerals) for osteoporosis prescribed)</p> <table border="1" data-bbox="727 1690 1398 1913"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Biphosphonates</td> <td> <ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Risedronate • Zoledronic acid </td> </tr> <tr> <td>Other Agents</td> <td> <ul style="list-style-type: none"> • Calcitonin • Denosumab • Raloxifene • Teroparatide </td> </tr> </tbody> </table>	Description	Prescriptions	Biphosphonates	<ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Risedronate • Zoledronic acid 	Other Agents	<ul style="list-style-type: none"> • Calcitonin • Denosumab • Raloxifene • Teroparatide
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