



Technical Specifications Community Checkup Measures

June 2016

About the technical specifications

The 2016 *Community Checkup* relies on three categories of data to produce results:

- The Washington Health Alliance maintains a robust database that includes health care claims and encounter data from more than 20 data suppliers and reflects care provided to approximately 3.9 million people living in Washington. Results for many measures in the Community Checkup are calculated at the medical group, clinic, hospital, county, ACH and state levels using this database.
- Results for other measures in the Community Checkup are provided by partner organizations who have agreed to provide de-identified and aggregated results for public reporting. These partners include the Washington State Hospital Association, the Washington State Department of Health, the Washington State Department of Social and Health Services, the Washington State Health Care Authority, the Foundation for Health Care Quality, the National Committee on Quality Assurance and several health plans. Results for these measures have been provided at the hospital, health plan, county and state levels.
- Patient experience results (primary care) are from a survey on patient experience administered by the Center for the Study of Services (CSS) on behalf of the Washington Health Alliance. Patient experience results (hospital) are from CMS Hospital Compare and are updated quarterly.

The specifications provide information about the source, reporting period, and measure logic for all results included in the Community Checkup. Additional measures with data sources other than those presented below are described within the technical specification.

Measures sourced from the Washington Health Alliance Database

The medical group and clinic measures used in the Community Checkup report are primarily based on the Healthcare Effectiveness Data and Information Set (HEDIS®) specifications developed by the National Committee for Quality Assurance (NCQA). HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. All other non-HEDIS measures are noted accordingly. The results for many of the measures that the Alliance produces are reported at the clinic level. In order to report at this level, the Alliance must assign or “attribute” the care of a patient to an individual clinician. This document includes the methodology used for the attribution process. The results in the report are based on administrative claims data with a measurement year of July 1, 2014 through June 30, 2015. This differs from the typical HEDIS measurement year which runs on a calendar cycle (January 1 through December 31).

To obtain detailed specifications regarding HEDIS measures, including eligibility definitions, age ranges, procedure codes, diagnosis codes, specified dates of service, exclusions, continuous eligibility requirements, etc. please reference HEDIS 2015 Volume 2: Technical Specifications for Health Plans, NCQA, Copyright 2014. With the exception of two new measures: Managing Medications for People with Asthma and Statin Therapy for Patients with Cardiovascular Disease, measures produced from the Alliance database are adapted and utilized from the HEDIS 2015 Volume 2: Technical Specifications with permission from the National Committee for Quality Assurance (NCQA). The two new measures are adapted and utilized from the HEDIS 2016 Volume 2: Technical Specifications with permission from the National Committee for Quality Assurance (NCQA). To purchase copies of these publications, contact NCQA Customer Support at 888-275-7585 or www.ncqa.org/publications

Health Plan results

The primary source for health plan results is Quality Compass® 2016 and is used with the permission of the National Committee for Quality Assurance (“NCQA”). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion.

Measures sourced from the Washington State Department of Health

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Community Checkup report: www.WACommunityCheckup.org | More about the Alliance: www.WAHealthAlliance.org



Measures relying on Behavioral Risk Factor Surveillance System:

Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047-02, -03. The Washington State Immunization Information System is a lifetime registry that tracks immunization records for people of all ages in Washington State (denominators are based on birth certificate entries). It is a secure, Web-based tool for healthcare providers and schools administered by the Department of Health DOH. Results are based upon immunizations that occurred between January 1 – December 31, 2014.

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
Access to Care Measures:					
Adult access to primary care - ages 20-44 - ages 45-64 - ages 65+	Comparison of rate to statewide rate - higher rate is better	For commercially insured: adults who had a preventive care visit in the past three years. For Medicaid insured: adults with a preventive care visit in the past year. Report each of the three age ranges separately.	Eligible adults are defined as: Adults age 20 and older as of the last date in the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>
Child and adolescent access to primary care - ages 12-19 years - ages 7-11 years - ages 2-6 years - ages 12-24 months	Comparison of rate to statewide rate - higher rate is better	The number of children ages 12 months to six years with a primary care physician (PCP) visit in the past year, or the number of children ages seven to 19 years with a PCP visit in the past two years. Report each of the four age ranges separately.	Eligible children are defined as: Children ages 12 months to 19 years as of the last date in the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
Asthma & COPD measures:					
Managing medications for people with asthma	Comparison of rate to statewide rate - higher rate is better	The number of patients ages 5 to 64 identified as having persistent asthma who were dispensed appropriate medications and remained on them for at least 50% of the period between the initial prescription during the measurement year through the end of the measurement year.	<p>Eligible People with Asthma are defined as: Patients ages 5 to 64 during the measurement year who were identified as having persistent asthma because of at least four asthma medication dispensing events*, at least one emergency department visit with asthma as the primary diagnosis, at least one acute patient discharge with asthma as the principal diagnosis, or at least four outpatient asthma visits and dispensed at least two asthma medications.</p> <p>Exclusions: Exclude from the eligible population all members diagnosed with emphysema, COPD, cystic fibrosis, chronic bronchitis or acute respiratory failure at any time in the patient's history up through the last day of the measurement year.</p> <p>*A member identified as having persistent asthma because of at least four asthma medication events, where leukotriene modifiers were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma in the same year as the leukotriene modifier.</p>	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS®2016</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS®2016</i></p>

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Spirometry testing to assess and diagnose COPD	Comparison of rate to statewide rate - higher rate is better	The number of patients ages 40 and older with a new diagnosis of COPD (Chronic Obstructive Pulmonary Disease) or newly active COPD who had appropriate spirometry testing to confirm diagnosis. This testing should occur in the two years before the diagnosis of COPD or up to 180 days after the diagnosis.	Adults with COPD are defined as: Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD during the measurement year. Exclusions: Members who had an outpatient, ED or acute inpatient visit with a COPD diagnosis during the two years prior to the episode date.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>
Hospitalization for COPD or asthma	Rate per 100,000 enrollees	Hospital admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma for people ages 40 years and older; this measure is reported as a rate per 100,000 population and excludes obstetric admissions and transfers from other institutions.	Eligible population is described as: Enrollees 40 and over during the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>AHRQ</i>
Diabetes Measures:					
Poor control of blood sugar (HbA1c) for people with diabetes	Rate compared to NCQA benchmarks - lower rate is better	The number of patients ages 18 to 75 with diabetes (type 1 and type 2) who had an HbA1c test with a result >9.0% or does not have a test result during the measurement year.	Patients with Diabetes are defined as: Patients ages 18 to 75 as of the last day of the measurement year: a. who were dispensed insulin or a hypoglycemic/anti-hyperglycemic on an ambulatory basis during the measurement year or year prior; or, b. who had two face-to-face encounters with different dates of service in an outpatient,	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data <i>NCQA HEDIS® 2016</i>

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Blood sugar (HbA1c) testing for people with diabetes	Comparison of rate to statewide rate - higher rate is better	The number of patients ages 18 to 75 diagnosed with diabetes (type 1 and type 2) whose blood sugar was tested using an HbA1c test by a doctor or other health care provider at least once in the one-year measurement period.	observation, emergency department or non-acute inpatient setting with a diagnosis of diabetes on different dates during the measurement year or year prior; or, c. with one face-to-face encounter in an acute inpatient setting with a diagnosis of diabetes during the measurement year or year prior.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>
Blood pressure control for people with diabetes	Rate compared to NCQA benchmarks - higher rate is better	The number of patients ages 18 to 75 with diabetes (type 1 and type 2) who had a blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter during the measurement year.	Exclusions: Patients with gestational diabetes, steroid-induced diabetes, or polycystic ovaries who did not have any face-to-face encounters with a diagnosis of diabetes. For gestational and steroid-induced diabetes, the diagnosis can occur during the measurement year or the year prior to the measurement year. For patients with polycystic ovaries, the diagnosis can come at any point in the patient's history. All diagnoses must have occurred by the last day of the measurement year.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data <i>NCQA HEDIS® 2016</i>

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Eye exam for people with diabetes	Comparison of rate to statewide rate - higher rate is better	<p>The number of patients ages 18 to 75 diagnosed with diabetes (type 1 and type 2) who had an eye exam at least once in a two-year period or, if there is evidence of eye disease, during the measurement period. Specifically, the eye exam is a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist).</p> <p>A negative retinal eye exam result is not necessary to count towards the numerator for exams occurring in the year prior to the measurement year due to the lack of clinical data available. Evidence that a retinal eye screening occurred without result data in either the measurement year or year prior to the measurement year will suffice for meeting the numerator requirement.</p>		Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2015</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>
Kidney disease screening for people with diabetes	Comparison of rate to statewide rate - higher rate is better	<p>The number of patients ages 18 to 75 with diabetes (type 1 and type 2) who had a kidney screening test or were treated for kidney disease (nephropathy) or who have already been diagnosed with kidney disease, at least once during the one-year measurement period.</p> <p>Evidence of nephropathy includes a nephrologist visit, a positive urine macroalbumin test as documented by claims, or treatment with ACE inhibitor/ARB therapy.</p>		Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2015</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>

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Generic Prescriptions Measures:					
Stomach acid medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for antacids to reduce chronic stomach or gastric acid (proton pump inhibitors or PPIs) that were filled with a generic PPI anytime during the one-year measurement period.	Prescribing event is defined by: A prescription for at least a 30-day supply of PPIs, both brand-name and generic, during the 12-month measurement year. See Appendix C for details.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>Alliance Pharmacy CIT/Generics Task Force</i>
Antidepressant medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for antidepressant drugs (all second generation antidepressants) that were filled with a generic antidepressant anytime during the one-year measurement period.	Prescribing event is defined by: A prescription for at least a 30-day supply of second and third generation antidepressants, both brand-name and generic, during the 12-month measurement year. See Appendix C for details.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>Alliance Pharmacy CIT/Generics Task Force</i>
ADHD medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for certain ADHD drugs that were filled with a generic drug rather than a brand name drug anytime during the one-year measurement period.	Prescribing event is defined by: A prescription for at least a 30-day supply of ADHD drugs, both brand-name and generic, during the 12-month measurement year. See Appendix C for details.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>Alliance Pharmacy Generics Task Force</i>
Cholesterol-lowering medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of all prescriptions for cholesterol-lowering drugs (statins) that were filled with a generic drug rather than a brand-name drug anytime during the one-year period.	Prescribing event is defined by: A prescription for at least a 30-day supply of statins, both brand-name and generic, during the 12-month measurement year. See Appendix C for details.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>Alliance Pharmacy CIT/Generics Task Force</i>

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High-blood pressure medication generic prescriptions	Comparison of rate to statewide rate - higher rate is better	The number of prescriptions for antihypertensive drugs (ACE inhibitor or ARB) that were filled with a generic antihypertensive anytime during the one-year measurement period.	Prescribing event is defined by: A prescription for at least a 30-day supply of ACE inhibitors or ARBs, both brand-name and generic, during the 12-month measurement year. See Appendix C for details.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>Alliance Pharmacy Generics Task Force</i>
Health Screenings Measures:					
Adolescent well-care visits	Comparison of rate to statewide rate - higher rate is better	Members with at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.	Eligible adolescents are described as: Continuously enrolled members age 12 to 21 by the end of the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results NCQA HEDIS® 2016
<i>Well-child visits (ages 3 - 6 years)</i>	Comparison of rate to statewide rate - higher rate is better	The number of children ages three to six who had one or more well-child visits with a primary care provider during the measurement year.	Eligible children are defined as: Children ages three to six as of the last date in the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results NCQA HEDIS® 2016

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Breast cancer screening	Comparison of rate to statewide rate - higher rate is better	<p>The number of women ages 50 to 74 who had at least one mammogram screening for breast cancer on or between the first day of the year two years prior and the last day of the measurement year.</p> <p>Exclusion (optional): Bilateral mastectomy any time during a member's history or more than one gap in enrollment during measurement period.</p>	Eligible women are described as: Women ages 50 to 74 by the end of the measurement year.	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2015</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>
Cervical cancer screening	Comparison of rate to statewide rate - higher rate is better	<p>The number of women ages 21 to 64 who had a Pap test in the past three years (begins at age 24 to allow three year look back), or women 30 to 64 who had a Pap test and HPV test every five years.</p> <p>Exclusion (optional): Members who have had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix at any time during their history, through the end of the measurement year.</p>	Eligible women are described as: Women ages 21 to 64 by the end of the measurement year.	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2015</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>
Chlamydia screening	Comparison of rate to statewide rate - higher rate is better	<p>The number of women ages 16 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p> <p>Exclusion (optional): Members who had a pregnancy test during the measurement year followed within 7 days by either a prescription for isotretinoin or an x-ray.</p>	Eligible women are described as: Women ages 16 to 24 by the end of the measurement year.	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2015</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>

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Colon cancer screening	Comparison of rate to statewide rate - higher rate is better	<p>The number of adults 50 to 75 years of age who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test; flexible sigmoidoscopy every five years; or colonoscopy every ten years.</p> <p>Exclusion (optional): Members who had a total colectomy or who were diagnosed with colorectal cancer at any time in their history, through the end of the measurement year.</p>	Eligible adults are described as: Adults ages 50 to 75 by the end of the measurement year.	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2015</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>
Heart Disease Measure:					
Statin therapy for patients with cardiovascular disease	Comparison of rate to statewide rate - higher rate is better	The number of males 21-75 year and females 40-75 years by the end of the measurement year with atherosclerotic cardiovascular disease (ASCVD), who received a statin during the measurement year.	<p>Eligible adults are described as: Males 21-75 year and females 40-75 years by the end of the measurement year with atherosclerotic cardiovascular disease (ASCVD), identified by: inpatient stay with an MI or CABG, or visits in any setting with a PCI or other revascularization procedure.</p> <p>Exclusions: pregnancy, IVF, Cirrhosis, ESRD, clomiphene prescription or myalgia, myositis, myopathy or rhabdomyolysis.</p>	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database <i>NCQA HEDIS® 2016</i></p> <p>NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i></p>

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Medication Safety Measures:					
Taking cholesterol-lowering medications as directed	Comparison of rate to statewide rate - higher rate is better	This measure focuses on patient adherence to prescribed cholesterol medications by considering the number of days the patient had access to at least one drug in the statin medication class based on the prescription fill date and the days of supply. The proportion of days covered (PDC) rate must be at least 80 percent to meet the numerator.	Adults with coronary artery disease are defined as: Adults age 18 or older with at least two filled prescriptions for statin medications during the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>Pharmacy Quality Alliance (PQA)</i>
Taking diabetes medications as directed	Comparison of rate to statewide rate - higher rate is better	This measure focuses on patient adherence to prescribed diabetes medications by considering the number of days the patient had access to at least one drug in the diabetes medications class based on the prescription fill date and the days of supply. The proportion of days covered (PDC) rate must be at least 80 percent to meet the numerator. Exclusions: Members with one or more prescriptions for insulin during the measurement period.	Eligible adults are described as: Adults age 18 or older with at least two filled prescriptions for diabetes medications during the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>PQA</i>
Taking hypertension medications as directed	Comparison of rate to statewide rate - higher rate is better	This measure focuses on patient adherence to prescribed hypertension (high blood pressure) medications by considering the number of days the patient had access to at least one drug in the RAS Antagonist medications class based on the prescription fill date and the days of supply. The proportion of days covered (PDC) rate must be at least 80 percent to meet the numerator.	Eligible adults are described as: Adults 18 or older with at least two filled prescriptions for hypertension medications during the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database

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Monitoring patients on high-blood pressure medications	Comparison of rate to statewide rate - higher rate is better	The number of patients 18 years and older who received at least 180 treatment days of ACE inhibitors or ARBs (drugs to help lower blood pressure) during the measurement year and who had at least one monitoring event (serum potassium and serum creatinine) in the measurement year.	Eligible adults are described as: Adults 18 years and older who received ACE inhibitors or ARBs and had at least one monitoring event during the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>
Behavioral Health Measures:					
Staying on antidepressant medication (12 weeks)	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 and older newly diagnosed with depression, who were prescribed (as determined by prescription fills) an antidepressant medication, and remained on an antidepressant for at least 12 weeks (i.e., effective acute treatment phase).	Patients with Depression are defined as: Patients age 18 and older as of the last day of the fourth month of the measurement year diagnosed with a new episode of major depression during the measurement year and prescribed antidepressant medication. Exclusions: Patients who had a claim/encounter for any diagnosis of major depression or prior episodes of depression during the 120 days prior to the episode start date. Exclude patients who did not fill a prescription for an antidepressant medication 30 days prior to the prescription start date through 14 days after the episode start date. Exclude patients who filled a prescription for an antidepressant medication 90 days prior to the episode start date.	Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>
Staying on antidepressant medication (6 months)	Comparison of rate to statewide rate - higher rate is better	The number of patients age 18 and older newly diagnosed with depression, who were prescribed (as determined by prescription fills) an antidepressant medication, and continued taking an antidepressant for at least 6 months (i.e., effective continuation phase).		Jul. 2014 - Jun. 2015	Washington Health Alliance database <i>NCQA HEDIS® 2015</i> NCQA Quality Compass for health plan results <i>NCQA HEDIS® 2016</i>

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Hospital readmissions within 30 days (psychiatric conditions)	Rate - lower is better	Medicaid enrollees, ages 18 to 64, who had an acute readmission for a psychiatric diagnosis within 30 days of initial psychiatric acute admission during the measurement year.	Medicaid enrollees, ages 18 to 64, with an acute inpatient psychiatric admission during the measurement year and were continuously enrolled from one year prior to index admission through the month after index admission.	Jan. 2015 - Dec. 2015	Washington State Department of Social and Health Services (DSHS)/HCA (Medicaid Only) <i>DSHS</i>
Follow-up after hospitalization for mental illness within 7 days	Rate compared to NCQA benchmarks - higher rate is better	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within seven days of discharge (includes: outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge).	The number of all discharges (for Medicaid population age six or older as of discharge date) from an acute inpatient setting with a principal diagnosis of mental illness in the first 11 months of the measurement year.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions <i>NCQA HEDIS® 2016</i>
Follow-up after hospitalization for mental illness within 30 days	Comparison of rate to statewide rate - higher rate is better	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days of discharge (includes: outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge).	The number of all discharges (for Medicaid population age six or older as of discharge date) from an acute inpatient setting with a principal diagnosis of mental illness in the first 11 months of the measurement year.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions <i>NCQA HEDIS® 2016</i>

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Adult mental health status	Comparison of rate to statewide rate - lower rate is better	Survey respondents who reported having poor mental health for 14 or more days in the past 30 days during the measurement period.	Respondents to the Behavioral Risk Factor Surveillance System telephone survey who were at least 18 years of age by the end of the measurement period, living in Washington State and answered the question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"	Jan. 2013 - Dec. 2014	DOH/BRFSS <i>BRFSS</i>
Mental health services for children	Comparison of rate to statewide rate - higher rate is better	Children, ages 6 – 17 years old with a mental health service need who received at least one qualifying service during the measurement year, including: <ul style="list-style-type: none"> - Mental health service modality - Visit with a qualifying specialist - Qualifying mental health procedure - Primary care service with qualified provider specialty and mental health-related diagnosis. 	Children, ages 6 – 17 years old by the end of the measurement period meet the mental health service need, including: receipt of a mental health service or diagnosis, or psychotropic medication within the measurement year or the year prior.	Jan. 2015 - Dec. 2015	Health Plans and Washington State Department of Social and Health Services (DSHS) <i>DSHS</i>
Mental health services for adults	Comparison of rate to statewide rate - higher rate is better	Adults, ages 18 – 64 years old with a mental health service need who received at least one qualifying service during the measurement year, including: <ul style="list-style-type: none"> - Mental health service modality - Visit with a qualifying specialist - Qualifying mental health procedure - Primary care service with qualified provider specialty and mental health-related diagnosis. 	Adults, ages 18 – 64 years old by the end of the measurement period meet the mental health service need, including: receipt of a mental health service or diagnosis, or psychotropic medication within the measurement year or the year prior.	Jan. 2015 - Dec. 2015	Health Plans and Washington State Department of Social and Health Services (DSHS) <i>DSHS</i>

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
Substance use disorder services for children (Medicaid insured)	Comparison of rate to statewide rate - higher rate is better	Children, ages 6 – 17 years old with a substance use disorder service need who received substance use disorder services during the measurement period.	Children, ages 6 – 17 years old with a substance use disorder service need within the measurement year or the year prior.	Jan. 2015 - Dec. 2015	Washington State Department of Social and Health Services (DSHS)/HCA (Medicaid Only) DSHS
Substance use disorder services for adults (Medicaid insured)		Adults, ages 18 and older with a substance use disorder service need who received substance use disorder services during the measurement period.	Adults, ages 18 and older with a substance use disorder service need.	Jan. 2015 - Dec. 2015	Washington State Department of Social and Health Services (DSHS)/HCA (Medicaid Only) DSHS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
Potentially Avoidable Care Measures:					
Hospital readmissions within 30 days (commercially insured)	<p>Scores are determined by ranking results based on observed versus expected rate, accounting for sample size - lower observed to expected ratio is better</p> <p>This measure is displayed on WHA's website with the observed rate, the score, and the denominator.</p>	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	Eligible adults are described as: Adults ages 18 to 64 as of the Index Discharge Date for commercial populations. This measure includes only commercially insured individuals.	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance database NCQA HEDIS® 2015</p> <p>NCQA Quality Compass for health plan results NCQA HEDIS® 2016</p>

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Hospital readmissions within 30 days (Medicare insured)	Observed to expected ratio compared to national average	For patients 18 years of age and older, the number of inpatient stays during the measurement year that were followed by a readmission for any reason (with the exception of a certain planned readmissions) within 30 days. Risk adjustment is applied to all cases to derive a risk-adjusted readmission rate.	Eligible adults are described as: Adults 18 years and older discharged from the hospital. Current CMS results publicly report results for Medicare FFS 65 years and older. FROM CMS: The target population for this measure is patients aged 18 years and older discharged from the hospital with a complete claims history for the 12 months prior to admission. The measure is currently publicly reported by CMS for those 65 years and older who are Medicare FFS beneficiaries admitted to non-federal hospitals.	Jul. 2014 - Jun. 2015	Hospital Compare Centers for Medicare & Medicaid Services (CMS)
Appropriate testing for children with sore throat	Comparison of rate to statewide rate - higher rate is better	The number of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Eligible children are described as: Children age 2, as of the start of the year prior, to age 18 by the last day of the measurement year who have a diagnosis of pharyngitis.	Jul. 2014 - Jun. 2015	Washington Health Alliance database NCQA HEDIS® 2015 NCQA Quality Compass for health plan results NCQA HEDIS® 2016
Avoiding antibiotics for adults with acute bronchitis	Comparison of (inverted) rate to statewide (inverted) rate - higher rate is better	The number of adults ages 18 to 64 diagnosed with acute bronchitis who were not dispensed an antibiotic prescription for three days after diagnosis.	Eligible adults are described as: Adults age 18, as of the start of the year prior, to age 64 by the last day of the measurement year.	Jul. 2014 - Jun. 2015	Washington Health Alliance database NCQA HEDIS® 2015 NCQA Quality Compass for health plan results NCQA HEDIS® 2016

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Avoiding antibiotics for children with upper respiratory infection	Comparison of (inverted) rate to statewide (inverted) rate - higher rate is better	The number of children ages three months to 18 years who went to the doctor for a common cold who were not prescribed an antibiotic for three days after the diagnosis.	Eligible children are described as: Children age three months, at the start of the year prior, to 18 years by the last day of the measurement year with a diagnosis of URI.	Jul. 2014 - Jun. 2015	Washington Health Alliance database NCQA HEDIS® 2015 NCQA Quality Compass for health plan results NCQA HEDIS® 2016
Avoiding x-ray, MRI and CT scan for low back pain	Comparison of (inverted) rate to statewide (inverted) rate - higher rate is better	The number of patients ages 18 to 50 with a primary diagnosis of low back pain who did not have an X-ray or other imaging study (MRI, CT scan) in the 28 days after they first visited a health care provider due to low back pain.	Eligible adults are described as: Adults age 18 as of the start of the measurement year to age 50 by the last day of the measurement year who have a diagnosis of low back pain.	Jul. 2014 - Jun. 2015	Washington Health Alliance database NCQA HEDIS® 2015 NCQA Quality Compass for health plan results NCQA HEDIS® 2016
Potentially avoidable ER visits	Comparison of rate to statewide rate - lower rate is better	Number of potentially avoidable emergency room (ER) visits using the definition of potentially avoidable ER visits originally developed by the Medicaid program for the state of California. This measure includes 160 ICD-9 codes (a highly specific system for classifying diseases and symptoms) that identify problems that can be effectively treated in the primary care setting.	Patients 1 year old or older that do not have a history of receiving mental health and or chemical dependency services.	Jul. 2014 - Jun. 2015	Washington Health Alliance database MediCal

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Emergency room visits	Comparison of rate to statewide rate - lower rate is better	Risk-adjusted ratio of observed to expected emergency room visits during the measurement year.	All continuously enrolled adults, age 18 or older, as of the end of the measurement year. Exclusions: patients who had encounters for any of the following: mental health, chemical dependency, psychiatry, ECT, drug or alcohol detox.	Jan. 2015 - Dec.2015	NCQA Quality Compass Not generated from Alliance database due to need for data not included in data submissions <i>NCQA HEDIS® 2016</i>
Oral Health & Tobacco Use Measures:					
Tooth decay prevention for children	Comparison of rate to statewide rate - higher rate is better	Total number of members ages zero to six with a fluoride varnish on the same date of service as an Early and Periodic Screening Diagnosis and Treatment (EPSDT) screen during the measurement year.	Total number of members age zero to 6 with an EPSDT screen during the measurement year.	Jan. 2015 - Dec. 2015	Washington State Healthcare Authority (HCA) University of Minnesota
Adult tobacco use	Comparison of rate to statewide rate - lower rate is better	The number of adults ages 18 and older who answer “every day” or “some days” in response to the question, “Do you now smoke cigarettes every day, some days or not at all?” on the Washington State Behavioral Risk Factor Surveillance System (BRFSS).	The total number of answers collected for the question, “Do you now smoke cigarettes every day, some days or not at all?” on the Washington State Behavioral Risk Factor Surveillance System (BRFSS).	Jan. 2013 - Dec. 2014	Washington Department of Health (DOH) / Washington State Behavioral Risk Factor Surveillance System (BRFSS). BRFSS

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Tobacco use: advising smokers to quit	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 18 or older that currently smoke or use tobacco who were given cessation advice during the measurement year.	The number of members age 18 or older that currently smoke or use tobacco.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016
Tobacco use: discussing medications to quit smoking	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 18 or older that currently smoke or use tobacco who were recommended cessation medications during the measurement year.	The number of members age 18 or older that currently smoke or use tobacco.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016

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Tobacco use: discussing strategies to quit smoking	Rate compared to NCQA benchmarks - higher rate is better	The number of members age 18 or older that currently smoke or use tobacco who were provided cessation strategies during the measurement year.	The number of members age 18 or older that currently smoke or use tobacco.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016
Obesity Prevention Measures:					
Counseling children and adolescents for nutrition	Rate compared to NCQA benchmarks - higher rate is better	The number of members age three to 17 with counselling for nutrition during the measurement year.	The number of members ages three to 17 during the measurement year.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016

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Counseling children and adolescents for exercise	Rate compared to NCQA benchmarks - higher rate is better	The number of members age three to 17 with counselling for physical activity during the measurement year.	The number of members ages three to 17 during the measurement year.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016
Weight assessment for children and adolescents	Rate compared to NCQA benchmarks - higher rate is better	Members age three to 17 with a BMI percentile collected during the measurement year.	The number of members ages three to 17 during the measurement year.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016

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Weight assessment for adults	Rate compared to NCQA benchmarks - higher rate is better	Members age 18 to 74 who had a BMI assessment during the measurement year or year prior.	Adult members age 18 to 74 during the measurement year or year prior.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016
Hypertension Measure:					
Blood pressure control for people with cardiovascular disease	Rate compared to NCQA benchmarks - higher rate is better	Members of the following age range and BP whose most recent BP (systolic and diastolic) is considered adequately controlled during the measurement year: - Members ages 18 to 59 as of the end of the measurement year whose BP was <140/90 mm Hg. - Members ages 60 to 85 as of the end of the measurement year flagged with a diagnosis of diabetes and whose BP was <140/90mm Hg. Members ages 60 to 85 as of the end of the measurement year, not flagged with a diagnosis of diabetes, and with BP of <150/90mm Hg.	A sample of patients from the eligible population with a diagnosis of hypertension any time during the patients' history on or before the midpoint of the measurement year confirmed by chart review.	Jan. 2015 - Dec. 2015	NCQA Quality Compass Not generated from Alliance database due to need for clinical data NCQA HEDIS® 2016

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Quality Other Measure:					
Angioplasty outcomes for non-acute or elective procedures	Comparison of rate to statewide rate - lower rate is better	The number of patients in the measurement year with stable angina who received a non-acute or elective angioplasty or percutaneous coronary intervention (PCI) where there was insufficient data available to evaluate the appropriateness of that procedure based on widely accepted national criteria.	The total number of patients that received angioplasty or percutaneous coronary intervention (PCI) during the measurement year.	Jan. 2015 - Dec. 2015	Foundation for Health Care Quality Clinical Outcomes Assessment Program (COAP) COAP
Death (Mortality) Rates Measure					
30-day death rates for heart attack	Risk-adjusted observed to expected ratio compared against national average	The number of patients who died in or out of the hospital within 30 days of being admitted to the hospital for a heart attack. A risk-adjusted expected rate of mortality is also calculated. The actual observed mortality rate is then compared against the risk-adjusted expected rate.	The total number of patients 18 and older who were discharged from the hospital with a principal diagnosis of heart attack (Acute Myocardial Infarction - AMI) during the measurement period.	Jul. 2012 - Jun. 2015	Hospital Compare CMS

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Stroke Care Measure:					
Timely care for stroke	Rate compared to state - higher rate is better	Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated, in hospital, within 3 hours of onset of stroke symptoms.	Acute ischemic stroke patients 18 years or older whose time of arrival is within 2 hours of onset of stroke symptoms. Exclusions: <ul style="list-style-type: none"> • Length of Stay > 120 days • Enrolled in stroke related clinical trials • Admitted for elective carotid intervention • Documented reason for not initiating IV thrombolytic therapy 	Jul. 2014 - Jun. 2015	Hospital Compare The Joint Commission
Health Care-Associated Infections Measures					
Catheter-associated urinary tract infection (inside intensive care unit)	Rate per 1,000 catheter days compared to state - lower rate is better	The number of bladder infections per 1,000 urinary catheter days during the measurement year.	The total number of catheter days at the given location during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/ National Healthcare Safety Network (NHSN) CDC/NHSN
Catheter-associated urinary tract infection (outside intensive care unit)	Rate per 1,000 catheter days compared to state - lower rate is better	The number of bladder infections per 1,000 urinary catheter days during the measurement year.	The total number of catheter days at a given location outside an intensive care unit (ICU), including adult and pediatric, long-term acute care, bone marrow transplant, acute dialysis, hematology/oncology, solid organ transplant locations as well as other inpatient locations (excluding Level I and Level II nurseries), during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/NHSN NHSN

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Surgical site infections - colon surgery	Rate per 1,000 procedures compared	The number of surgical site infections as a result of colon surgeries during the measurement year.	The total number of colon surgery procedures among patients 18 and older performed at a given location during the measurement year.	Jul. 2014 - Jun. 2015	Hospital Compare NHSN
Surgical site infections - abdominal hysterectomy	Rate per 1,000 inpatient days	The number of surgical site infections as a result of abdominal hysterectomies during the measurement year.	The total number of abdominal hysterectomy procedures among patients 18 and older performed at a given location during the measurement year.	Jul. 2014 - Jun. 2015	Hospital Compare/ NHSN
Central line bloodstream infection (inside intensive care unit)	Rate per 1,000 central line days	The number of patients in critical care locations, per 1000 central line days, diagnosed with a central line-associated bloodstream infection during the measurement year.	The total number of central line days at the given location during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/NHSN NHSN
Central line bloodstream infection (outside intensive care unit)	Rate per 1,000 central line days	The number of patients outside critical care locations, per 1000 central line days, diagnosed with a central line-associated bloodstream infection during the measurement year.	The total number of central line days at the given location during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/NHSN NHSN
Clostridium difficile (C.Diff) infections	Rate per 1,000 inpatient days	The number of C. diff cases per patient stay in a hospital during the measurement year.	Total number of inpatient days at a given location during the measurement year. Exclusions: Inpatient days within nursery and NICU.	Jul. 2014 - Jun. 2015	Hospital Compare/ NHSN NHSN

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MRSA Infections	Rate per 1,000 inpatient days	The number of MRSA infections per patient, per month, during the measurement year that were identified less than three days after admission to the hospital.	Total number of inpatient days at a given location during the measurement year.	Jul. 2014 - Jun. 2015	Hospital Compare/ NHSN
Hip replacement infection	Rate per 1,000 procedures	The number of surgical site infections as a result of hip replacement during the measurement year.	The total number of hip replacement procedures among patients 18 years and older performed at a given location during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/ NHSN
Knee replacement infection	Rate per 1,000 procedures	The number of surgical site infections as a result of knee replacement surgery (arthroplasty) during the measurement year.	The total number of knee replacement procedures performed at a given location during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/ NHSN
Immunizations Measures:					
Vaccinations for children by age 2	Rate compared to state - higher rate is better	The number of children two years old by December 31 of the measurement year who received all recommended vaccines (including: four DTap/DT/Td, three Hib, three polio, three Hep B, 1 MMR, one Varicella, two Hep A, two flu, two PCV and two rotavirus) as reported to the Washington Immunization Information System (WA IIS).	Children two years old on December 31 of the measurement year.	Jan. 2015 - Dec. 2015	DOH/WA IIS NCQA HEDIS® (modified)
Vaccinations for adolescents by age 13	Rate compared to state - higher rate is better	Adolescents 13 years old as of December 31 of the measurement year who received one or more doses of the Tdap vaccine and one or more doses of the meningococcal vaccine as reported to the WA IIS.	Members 13 years old by December 31 of the measurement year.	Jan. 2015 - Dec. 2015	DOH/WA IIS NCQA HEDIS® (modified)

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HPV vaccination for adolescent girls	Rate compared to state - higher rate is better	Adolescent girls 13 years of age as of December 31 of the measurement year who had three doses of the HPV vaccine that was reported to the Washington State Immunization Information System (IIS).	Girls 13 years old by December 31 of the measurement year.	Jan. 2015 - Dec. 2015	DOH/WA IIS NCQA HEDIS®
HPV vaccination for adolescent boys	Rate compared to state - higher rate is better	Adolescent boys 13 years of age as of December 31 of the measurement year who had three doses of the HPV vaccine that was reported to the Washington State Immunization Information System (IIS).	Boys 13 years old by December 31 of the measurement year.	Jan. 2015 - Dec. 2015	DOH/WA IIS NCQA HEDIS®
Influenza vaccination	Rate compared to state - higher rate is better	The number of Washington residents aged six months and older who received an influenza immunization during the past influenza season that was reported to the Washington State Immunization System (IIS).	The number of Washington residents aged six months and older by December 31 of the measurement year.	Jan. 2015 - Dec. 2015	DOH/WA IIS AMA-PCPI
Pneumonia vaccination (ages 65+)	Rate compared to state - higher rate is better	The number of Washington residents 65 years of age and older during the measurement year who reported "Yes" to the question, "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?" on the Washington State Behavioral Risk Factor Surveillance System.	The total number of responses collected from Washington residents 65 years of age and older during the measurement year for the question, "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?" on the Washington State Behavioral Risk Factor Surveillance System.	Jan. 2014 - Dec. 2014	DOH BRFSS

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Health care worker influenza vaccination	Rate compared to state - higher rate is better	The number of health care workers who have had an influenza vaccination during the measurement year.	The total number of health care workers at a given location during the measurement year.	Oct. 2014 - Mar. 2015	Hospital Compare CMS
Delivery Measures:					
Unintended pregnancies	Rate - lower is better	Percent of women who completed Pregnancy Risk Assessment Monitoring Survey and responded that they had not intended to become pregnant.	<p>Women who have had a recent live birth (drawn from the state's birth certificate file) that responded to the Pregnancy Risk Assessment Monitoring Survey.</p> <p>Unintended pregnancies include all abortions and births that were unintended at the time of conception. Abortions are identified through the Department of Health Abortion Reporting System. Births are identified through the Department of Health Birth Certificate system. Births that were unintended at conception are estimated using data from the Pregnancy Risk Assessment Monitoring System (PRAMS).</p>	Jan. 2013 - Dec. 2013	<p>Washington State Department of Health, CDC Pregnancy Risk Assessment Monitoring Survey (PRAMS)</p> <p>CDC</p>
Early elective deliveries	Rate compared to state - lower rate is better	The number of patients with elective vaginal deliveries or elective cesarean sections who were at greater than or equal to 37 and less than 39 weeks of gestation, at a given location, during the measurement year.	The total number of deliveries at less than 37 weeks or at 39 or more weeks of gestation, at a given location, during the measurement year.	Jul. 2014 - Jun. 2015	Hospital Compare CMS

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Cesarean deliveries	Rate compared to state - lower rate is better	The number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean delivery at a given location, during the measurement year, i.e., the number of cesarean deliveries among women giving birth for the first time with a single fetus that is at 37 or more weeks of gestation and head down.	The total number of deliveries among women giving birth for the first time to a single fetus that is at 37 or more weeks of gestation, at a given location, during the measurement year.	Jan. 2014 - Dec. 2014	WSHA JCAHO
Patient Experience in a Doctor's Office					
Getting timely appointments, care and information at the doctor's office	Rate compared to state - higher rate is better	<p>The number of "Always" answers given to the three CG-CAHPS survey questions included in this composite measure:</p> <ul style="list-style-type: none"> • When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? • When you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? • When you contacted this office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? 	<p>The total number of answers collected for all three of the CG-CAHPS survey questions for this measure.</p> <p>The CG-CAHPS survey was mailed to a random sample of approximately 181,000 commercially and Medicaid insured adults (25 and older) in 14 counties of Washington state between September and December 2015. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.</p> <p>Results are case-mix adjusted for age, education, gender, and health status. Results must reach at least 0.7 reliability for public reporting.</p>	Jul. 2014 - Jun. 2015	Washington Health Alliance Patient Experience Survey AHRQ-CAHPS

Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
How well providers communicate with patients at the doctor's office	Rate compared to state - higher rate is better	<p>The number of "Always" answers given to the four CG-CAHPS survey questions included in this composite measure:</p> <ul style="list-style-type: none"> • How often did this provider explain things in a way that was easy to understand? • How often did this provider listen carefully to you? • How often did this provider show respect for what you had to say? • How often did this provider spend enough time with you? 	<p>The total number of answers collected for all four of the CG-CAHPS survey questions for this measure.</p> <p>The CG-CAHPS survey was mailed to a random sample of approximately 181,000 commercially and Medicaid insured adults (25 and older) in 14 counties of Washington state between September and December 2015. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.</p> <p>Results are case-mix adjusted for age, education, gender, and health status. Results must reach at least 0.7 reliability for public reporting.</p>	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance Patient Experience Survey</p> <p>AHRQ – CAHPS</p>
How well providers coordinate care at the doctor's office	Rate compared to state - higher rate is better	<p>The number of "Always" answers given to the three CG-CAHPS survey questions included in this composite measure:</p> <ul style="list-style-type: none"> • How often did this provider seem to know important information about your medical history? • How often did you and someone from this provider's office talk about all the prescription medicines you were taking? • How often did someone from this provider's office follow up to give you test results? 	<p>The total number of answers collected for all three of the CG-CAHPS survey questions for this measure.</p> <p>The CG-CAHPS survey was mailed to a random sample of approximately 181,000 commercially and Medicaid insured adults (25 and older) in 14 counties of Washington state between September and December 2015. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.</p>	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance</p> <p>AHRQ</p>

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			Results are case-mix adjusted for age, education, gender, and health status. Results must reach at least 0.7 reliability for public reporting.		
Helpful, courteous and respectful office staff at the doctor’s office	Rate compared to state - higher rate is better	The number of “Always” answers given to the two CG-CAHPS survey questions included in this composite measure: <ul style="list-style-type: none"> • How often were clerks and receptionists at this provider’s office as helpful as you thought they should be? • How often did clerks and receptionists at this provider’s office treat you with courtesy and respect? 	The total number of answers collected for the two CG-CAHPS survey questions for this measure. The CG-CAHPS survey was mailed to a random sample of approximately 181,000 commercially and Medicaid insured adults (25 and older) in 14 counties of Washington state between September and December 2015. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months. Results are case-mix adjusted for age, education, gender, and health status. Results must reach at least 0.7 reliability for public reporting.	Jul. 2014 - Jun. 2015	Washington Health Alliance Patient Experience Survey AHRQ – CAHPS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
Patient's overall rating of the provider at the doctor's office	Rate compared to state - higher rate is better	<p>The number of 9 or 10 ratings collected, on a scale from 0 (lowest) to 10 (highest).</p> <ul style="list-style-type: none"> Using any number from 0 to 10 where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider? 	<p>The total number of answers collected for a single CG-CAHPS survey question for this measure.</p> <p>The CG-CAHPS survey was mailed to a random sample of approximately 181,000 commercially and Medicaid insured adults (25 and older) in 14 counties of Washington state between September and December 2015. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.</p> <p>Results are case-mix adjusted for age, education, gender, and health status. Results must reach at least 0.7 reliability for public reporting.</p>	Jul. 2014 - Jun. 2015	<p>Washington Health Alliance Patient Experience Survey</p> <p>AHRQ – CAHPS</p>
Patient Experience in a Hospital:					
Patient's rating of overall experience at the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Hospital room cleanliness	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their room and bathroom were "Always" clean.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Provided clear information at the time of discharge from the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that "Yes" they were given information about what to do during their recovery at home and who "Strongly Agree" that they understood their care when they left the hospital.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
Pain control at the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their pain was "Always" well controlled.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Quiet at night in the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that the area around their room was "Always" quiet at night.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Timely assistance from hospital staff	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that they "Always" received help as soon as they wanted.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Communication with doctors in hospitals	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their doctors "Always" communicated well.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Communication with nurses in hospitals	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that their nurses "Always" communicated well.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Medicines explained at the hospital	Rate compared to state - higher rate is better	For a given location during the measurement year, the number of patients who reported that staff "Always" explained about medicine before giving it to them.	The total number of answers collected for this question on the HCAHPS survey.	Jul. 2014 - Jun. 2015	Hospital Compare CMS
Patient Safety Measures:					
Falls with injury at the hospital	Rate per 1,000 patient days, compared to state - lower rates are better	The number of falls with injury per patient day, for a given location (for adult acute care only), during the measurement year.	The total number of patient days for a given location (for adult acute care only), during the measurement year.	Jul. 2014 - Jun. 2015	WSHA/DOH DOH/ American Nurses Association
Patient safety (composite score) at the hospital	Risk-adjusted observed to expected ratio compared against national average	The composite score (a weighted average of observed-to-expected ratios) for the following 11 indicators of patient safety, for a given location during the measurement year: • Pressure Ulcer Rate	Number of eligible adult discharges.	Jul. 2013 - Jun. 2015	WSHA/DOH DOH/ American Nurses Association

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
		<ul style="list-style-type: none"> • Iatrogenic Pneumothorax Rate • Central Venous Catheter-Related Blood Stream Infection Rate • Postoperative Hip Fracture Rate • Perioperative Hemorrhage or Hematoma Rate • Postoperative Physiologic and Metabolic Derangement Rate • Postoperative Respiratory Failure Rate • Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate • Postoperative Sepsis Rate • Postoperative Wound Dehiscence Rate • Accidental Puncture or Laceration Rate 			
Getting treatment to prevent blood clots before and after surgery	Rate compared to state - higher rate is better	The number of times patients actually received treatment(s) to prevent blood clots within 24 hours (before or after) certain surgeries, for a given location during the measurement year.	The total number of patients that underwent certain surgeries at a given location during the measurement year.	Jul. 2014 - Jun. 2015	Hospital Compare The Joint Commission
Cost of Care Measures:					
State-purchased health care spending	N/A	Numerator = [(Annual Total Medicaid Spending + Annual Total PEBB Spending) / (Average Monthly Medicaid eligibles in the year + Average Monthly PEBB enrollees in the year)]	Denominator = State's Annual GDP / State population	Jan. 2014 - Dec. 2015	HCA HCA
Medicaid per enrollee spending	N/A	The total amount of all state and federal Medicaid expenditures during the measurement year (based on date of payment). Medicaid expenditures as defined by HCA: Includes medical, long-term support services, and substance use disorder expenditures.	The total number of state and federal Medicaid member months for Washington State, including those receiving full benefits, during the measurement year. Medicaid population as defined by HCA: Disabled Adults and Children = MN Blind/Disabled	Jan. 2014 - Dec. 2015	HCA HCA

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Measure Name	Score Methodology	Numerator: Definition for Compliance of Measure	Denominator: Definition of Eligible Population and Exclusions	Measurement Period	Data Source <i>Measure Steward</i>
		Mental Health expenditures not include as 2014 July-December data unavailable at time of reporting. Substance Use Disorder Medicaid costs are estimated via a ratio of Medicaid SUD to Total SUD costs as provided by the program.	+ HWD/Medicaid Buy-In + CN BCCT + CN Blind/Disabled(excludes presumptive SSI); Non-disabled Children = CN Children + SCHIP + CN Family Medical < 19; Non-ABD 'Classic' Adults = CN family Medical >= 19 + CN Pregnant Women; ACA Expansion Adults = DL-U + DL-ADATSA + Presumptive SSI; Aged = CN Aged + MN Aged.		
Public employee per enrollee spending	N/A	The total amount of health care related expenditures for all PEBB enrollees during the measurement year (based on date of payment). PEB health care related expenditures as defined by HCA: Health Care Cost include Medical, Dental and Pharmacy Costs HCA 418 fund administrative costs (staffing costs etc.) excluded. Third Party Administrative Cost for UMP and UDP included (Benefits Costs)	The total number of PEBB member months during the measurement year. PEB population as defined by HCA: State and Higher Education Employees and Dependents Self-Pay (COBRA, Leave Without Pay), Political Subdivision Groups For K-12 members, only those who are part of PEBB Non-Medicare Group Only Non-Medicare Early Retirees included	Jan. 2014 - Dec. 2015	HCA HCA

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Washington Health Alliance Community Checkup

Attribution Methodology

To report performance results at the clinic level, the Alliance assigns or attributes the care of a patient to a clinician. If every patient saw only one doctor every year, attribution would be straightforward. However, many patients have several visits to different clinicians over the course of a year. Therefore, the Alliance has developed three methods of attribution to ensure consistent assignment of patients to clinicians across services of interest. During the development process, the Alliance worked with clinics to test several different attribution methods. The final methods selected were the Primary Care Provider (PCP) Attribution, the PCP and Specialist Team Attribution (Team), and Prescribing Provider Attribution (RxP). Each of these methods is described in the following section.

Primary Care Provider (PCP) Attribution:

PCP Attribution is applied to prevention-related measures based on the concept that the PCP is the clinician who is primarily responsible for a patient's preventive care management. The PCP Attribution method assigns each patient to the single primary care provider who provided the most Evaluation and Management visits over the most recent 24-month period covered in the report. ([See Appendix A: Specialties of Interest](#) for primary care related specialties and [Appendix B: Evaluation and Management \(E&M\) visit codes](#) for a list of eligible service codes.) To receive clinician attribution, patients must have a minimum of one service during the 24-month period.

The following is the ranking hierarchy to be used in selecting the single attributed primary care provider for each patient:

1. Most number of E&M visits as defined in "[Appendix B: Evaluation and Management \(E&M\) visit codes](#)"
2. Highest sum of RVUs (the "relative value units" associated with the services based on the E&M visits in #1 above. The RVU assigns a weight for the intensity of the service -e.g. A service of 99211 would have a lower RVU than 99214)
3. Most recent service date

PCP and Specialist Team Attribution:

The "Team" method is applied to measures related to specific health conditions, based on the belief that patients benefit most when their entire medical team works together to ensure that they receive appropriate care. This method assigns each patient to every primary care provider and/or relevant specialist with any E&M visits over the most recent 24 months covered in the report (see [Appendix A: Specialties of Interest](#) and [Appendix B: Evaluation and Management \(E&M\) visit codes](#)). To receive clinician attribution, patients must have a minimum of one service during the 24-month period.

Prescribing Provider Attribution:

The Prescribing Provider attribution method is used for the generic drug measures. This method assigns filled prescriptions to prescribing providers based on provider identification information on pharmacy claims.

Appendix A: Specialties of Interest

The table below shows the Community Checkup measures and corresponding specialties

Measures:	Primary Care Specialties											Specialty Services								
	Family practice	General practice	Homeopath	Internal medicine	Naturopath	Nurse practitioner	Obstetrics/ gynecology	Osteopath	Pediatric medicine	Physician assistant	Preventive medicine	Allergy / immunology	Cardiology	Chiropractic	Endo- crinology	Gastro- enterology	Neuro- psychiatry	Orthopedic surgery	Physical medicine & rehab	Pulmonary disease
Health Screenings																				
Adolescent well-care visits	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓									
Breast cancer screening	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓									
Cervical cancer screening	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓									
Chlamydia screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Colon cancer screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓				
Well-child visits (ages 3 - 6 years)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓									
Medication Adherence																				
Taking cholesterol-lowering medications as directed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Taking diabetes medications as directed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Taking hypertension medications as directed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Medication Safety																				
Medication safety: monitoring patients on high-blood pressure m	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Potentially avoidable care																				
Hospital readmissions within 30 days (commercially insured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Appropriate testing for children with sore throat	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Avoiding antibiotics for adults with acute bronchitis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Avoiding antibiotics for children with the common cold	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Potentially avoidable ER visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Avoiding x-ray, MRI and CT scan for low back pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓				✓	✓	
Asthma & COPD																				
Managing medications for people with asthma	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓
Hospitalization for COPD or asthma	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Spirometry testing to assess and diagnose COPD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓
Depression																				
Staying on antidepressant medication (12 weeks)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓	
Staying on antidepressant medication (6 months)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓	
Diabetes																				
Blood sugar (HbA1c) testing for people with diabetes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓					
Eye exam for people with diabetes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓					
Kidney disease screening for people with diabetes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓					
Heart disease																				
Statin therapy for patients with cardiovascular disease	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓							
Access to care																				
Adult access to primary care - ages 20-44 - ages 45-64 - ages 65+	<i>No provider attribution regional results only</i>																			
Child and adolescent access to primary care - ages 12-19 years - ages 7-11 years - ages 2-6 years - ages 12-24 months																				

Appendix B: Evaluation and Management (E&M) visit codes

CPT codes	Explanation
99201	Office/outpatient evaluation and management visit, new patient. Level 1
99202	Office/outpatient evaluation and management visit, new patient. Level 2
99203	Office/outpatient evaluation and management visit, new patient. Level 3
99204	Office/outpatient evaluation and management visit, new patient. Level 4
99205	Office/outpatient evaluation and management visit, new patient. Level 5
99211	Office/outpatient evaluation and management visit, established patient. Level 1
99212	Office/outpatient evaluation and management visit, established patient. Level 2
99213	Office/outpatient evaluation and management visit, established patient. Level 3
99214	Office/outpatient evaluation and management visit, established patient. Level 4
99215	Office/outpatient evaluation and management visit, established patient. Level 5
99241	Office consultation for a new or established patient. Level 1
99242	Office consultation for a new or established patient. Level 2
99243	Office consultation for a new or established patient. Level 3
99244	Office consultation for a new or established patient. Level 4
99245	Office consultation for a new or established patient. Level 5
99341	Home visit for the evaluation and management of a new patient. Level 1
99342	Home visit for the evaluation and management of a new patient. Level 2
99343	Home visit for the evaluation and management of a new patient. Level 3
99344	Home visit for the evaluation and management of a new patient. Level 4
99345	Home visit for the evaluation and management of a new patient. Level 5
99347	Home visit for the evaluation and management of an established patient. Level 1
99348	Home visit for the evaluation and management of an established patient. Level 2

CPT codes	Explanation
99349	Home visit for the evaluation and management of an established patient. Level 3
99350	Home visit for the evaluation and management of an established patient. Level 4
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service.
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service.
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care.
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care.
99382	Initial comprehensive preventive medicine evaluation and management of an individual (Age 1-4).
99383	Initial comprehensive preventive medicine evaluation and management of an individual (Age 5-11).
99384	Initial comprehensive preventive medicine evaluation and management of an individual (Age 12-17).
99385	Initial comprehensive preventive medicine evaluation and management of an individual (Age 18-39).
99386	Initial comprehensive preventive medicine evaluation and management of an individual (Age 40-64).
99387	Initial comprehensive preventive medicine evaluation and management of an individual (Age 65 and older).
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual (Age 1-4).
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual (Age 5-11).
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual (Age 12-17).
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual(Age 18-39).
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual (Age 40-64).
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual (Age 65 and older).
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99420	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)
99429	<i>Unlisted preventive medicine service</i>
99499	<i>Unlisted evaluation and management service</i>

Appendix C: Generic Prescribing Measures Drug Lists
ACE Inhibitors/ARBs:

Generic	Product Name	Brand	Generic
Lisinopril / Hydrochlorothiazide	Lisinopril HCTZ		Y
	Prinzide	Y	
	Zestoretic	Y	
Losartan Potassium	Cozaar	Y	
	Losartan Potassium		Y
Losartan / Hydrochlorothiazide	Hyzaar	Y	
	Losartan HCTZ		Y
Moexipril HCL	Moexipril HCL		Y
	Univasc	Y	
Moexipril Hydrochlorothiazide	Moexipril Hydrochlorothiazide		Y
	Uniretic	Y	
Olmesartan Medoxomil	Benicar	Y	
Olmesartan / Hydrochlorothiazide	Benicar HCT	Y	
Perindopril Erbumine	Aceon	Y	
Quinapril HCL	Accupril	Y	
	Quinapril		Y
Quinapril / Hydrochlorothiazide	Accuretic	Y	
	Quinapril / Hydrochlorothiazide		Y

Generic	Product Name	Brand	Generic
Ramipril	Altace	Y	
	Ramipril		Y
Telmisartan	Micardis	Y	
Telmisartan / Hydrochlorothiazide	Micardis HCT	Y	
Trandolapril	Mavik	Y	
	Trandolapril		Y
Valsartan	Diovan	Y	
Valsartan HCT	Diovan HCT	Y	
	Valsartan HCT		Y

ADHD (Attention Deficit Hyperactivity Disorder) Drugs:

Generic	Product Name	Brand	Generic
Amphetamine-Dextroamphetamine	Adderall	Y	
	Adderall XR	Y	
	Amphetamine/Dextroamphet		Y
Atomoxetine HCl	Strattera	Y	
Clonidine HCl	Kapvay	Y	
Dexmethylphenidate HCl	Dexmethylphenidate HCL		Y
	Focalin	Y	
	Focalin XR	Y	
Dextroamphetamine Sulfate	Dexedrine	Y	
	Dextroamphetamine Sulfate		Y
	Dextrostat		Y
	Liquadd		Y
	Procentra	Y	
Guanfacine HCl	Intuniv	Y	

Generic	Product Name	Brand	Generic
Lisdexamfetamine Dimesylate	Vyvanse	Y	
Methamphetamine HCl	Desoxyn	Y	
	Methamphetamine HCl		Y
Methylphenidate	Daytrana	Y	
Methylphenidate HCl	Concerta	Y	
	Metadate CD	Y	
	Metadate ER		Y
	Methylin		Y
	Methylin ER		Y
	Methylphenidate HCl		Y
	Ritalin	Y	

Antacids (PPIs - proton pump inhibitors):

Generic	Product Name	Brand	Generic
Dexlansoprazole	Dexilant	Y	
	Kapidex	Y	
Esomeprazole Magnesium	Nexium	Y	
Esomeprazole Sodium IV	Nexium IV	Y	
Lansoprazole	Lansoprazole		Y
	Prevacid	Y	
	Prevacid Naprapac	Y	
	Prevpac	Y	
Lansoprazole DR	Prevacid	Y	
Lansoprazole IV	Prevacid IV	Y	
Omeprazole	First-Omeprazole	Y	
	Omeprazole		Y
	Prilosec	Y	

Generic	Product Name	Brand	Generic
	Prilosec OTC		Y
Omeprazole DR	Omeprazole		Y
	Prilosec	Y	
Omeprazole and Sodium Bicarbonate	Zegerid	Y	
Naproxen and Esomeprazole Magnesium	Vimovo	Y	
Pantoprazole Sodium	Pantoprazole Sodium		Y
	Protonix	Y	
Pantoprazole Sodium DR	Protonix	Y	
Pantoprazole Sodium IV	Protonix	Y	
Rabeprazole Sodium	Aciphex	Y	

Antidepressants:

Drug Class	Generic Drug	Product Name	Brand	Generic
Combination Psychotherapeutics	Olanzapine-Fluoxetine HCL	Symbyax	Y	
DNRI (Dopamine-Norepinephrine Reuptake Inhibitors)	Bupropion	Aplenzin	Y	
		Appbutamone	Y	
		Budeprion SR	Y	
		Budeprion XL	Y	
		Bupropion Hydrochloride		Y
		Bupropion Hydrochloride ER		Y
		Bupropion Hydrochloride SR		Y
		Bupropion Hydrochloride XL		Y
		Wellbutrin	Y	
		Wellbutrin SR	Y	
		Wellbutrin XL	Y	
Miscellaneous	Maprotiline	Maprotiline HCL		Y
NaSSAs (noradrenergic and specific serotonergic antidepressants)	Mirtazapine	Mirtazapine		Y
		Remeron	Y	
		Remeron SolTab	Y	
SNDRI (serotonin-norepinephrine-dopamine reuptake inhibitor)	Nefazodone	Nefazodone Hydrochloride		Y
		Serzone (off market)	Y	
SSRI (Selective serotonin reuptake inhibitors)	Citalopram Hydrobromide	Celexa	Y	
		Citalopram Hydrobromide		Y
	Desvenlafaxine	Pristiq	Y	
	Duloxetine	Cymbalta	Y	
	Escitalopram Oxalate	Lexapro	Y	
	Fluoxetine	Fluoxetine DR		Y
		Fluoxetine Hydrochloride		Y
	Prozac	Y		

Drug Class	Generic Drug	Product Name	Brand	Generic	
		Prozac Weekly	Y		
		Rapiflux	Y		
		Sarafem	Y		
	Fluvoxamine Maleate	Fluvoxamine Maleate			Y
		Luvox	Y		
		Luvox CR	Y		
	Gaboxetine	Fluoxetine Hydrochloride	Y		
	Paroxetine	Paroxetine Hydrochloride			Y
		Paxil	Y		
		Paxil CR	Y		
	Paroxetine Mesylate	Pexeva	Y		
	Sentraflox AM-10	Fluoxetine Hydrochloride	Y		
	Sertraline	Sertraline Hydrochloride			Y
		Zoloft	Y		
	Sentroxatine	Fluoxetine Hydrochloride	Y		
	Venlafaxine	Effexor	Y		
		Effexor XR	Y		
Venlafaxine				Y	
Venlafaxine XR				Y	

Statins:

Generic	Product Name	Brand	Generic
Amlodipine Besylate-Atorvastatin Calcium Tab	Amlodipine Besylate/Atorv		Y
Atorvastatin Calcium	Atorvastatin Calcium		Y
	Lipitor	Y	
Atorvastatin Calcium/Amlodipine Besylate	Caduet	Y	
Fluvastatin Sodium	Lescol	Y	
Lovastatin	Altacor	Y	
	Lovastatin		Y
	Mevacor	Y	
Lovastatin SR	Altoprev	Y	
Niacin-Lovastatin Tab SR	Advicor	Y	
Niacin-Simvastatin Tab SR	Simcor	Y	
Pitavastatin Calcium Tab	Livalo	Y	
Pravastatin Sodium Tab	Pravachol	Y	
	Pravastatin Sodium		Y
Rosuvastatin Calcium Tab	Crestor	Y	
Simvastatin Tab	Simvastatin		Y
	Zocor	Y	
Simvastatin/Ezetimibe	Vytorin	Y	
Sitagliptin-Simvastatin Tab	Juvisync	Y	