



## Technical Specifications Community Checkup Measures

December 2015

### About the technical specifications

The 2015 *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 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. These results will be updated during the first quarter of 2016. 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, 2013 through June 30, 2014. 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. Measures are adapted and utilized from the HEDIS 2015 Volume 2: Technical Specifications with permission from the National Committee for Quality Assurance (NCQA). To purchase copies of this publication, contact NCQA Customer Support at 888-275-7585 or [www.ncqa.org/publications](http://www.ncqa.org/publications)

### Health Plan results

This is the first year that the Community Checkup includes health plan results. The primary source for health plan results is Quality Compass® 2015 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. There are also three managed Medicaid health plans that did not have results in the Quality Compass data set; these were sourced directly from the Washington State Health Care Authority, in affiliation with Qualis.

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Community Checkup report: [www.WACommunityCheckup.org](http://www.WACommunityCheckup.org) | More about the Alliance: [www.WAHealthAlliance.org](http://www.WAHealthAlliance.org)



### Measures sourced from the Washington State Department of Health

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>
Adult access to preventive/ambulatory 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.	<b>Eligible adults are defined as:</b> Adults age 20 and older as of the last date in the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  NCQA HEDIS®
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.	<b>Eligible children are defined as:</b> Children ages 12 months to 19 years as of the last date in the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  NCQA HEDIS®

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Use of Appropriate Medication	Comparison of rate to statewide rate - higher rate is better	The number of patients ages five to 64 identified as having persistent asthma and who were appropriately prescribed at least one preferred medication during the measurement year.	<p><b>Eligible People with Asthma are defined as:</b> 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><b>Exclusions:</b> Exclude from the eligible population all members diagnosed with emphysema, COPD, cystic fibrosis, 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. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>
Use of spirometry testing in the assessment and diagnosis of 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.	<p><b>Adults with COPD are defined as:</b> Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD during the measurement year.</p> <p>Exclusions: Members who had an outpatient, ED or acute inpatient visit with a COPD diagnosis during the two years prior to the episode date.</p>	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>

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Hospitalization for COPD or Asthma (per 100,000)	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.	<b>Eligible population is described as:</b> Enrollees 40 and over during the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>AHRQ</i>
Blood Sugar (HbA1c) Poor Control	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.	<b>Patients with Diabetes are defined as:</b> 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, 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.	Jan. 2014 - Dec. 2014	NCQA Quality Compass (Health Care Authority (HCA) for Managed Care Organizations (MCO) without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Blood sugar (HbA1c) test	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.	<b>Exclusions:</b> 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	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>

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Blood Pressure Control	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.	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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Eye exam	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. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>

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Kidney disease screening	Comparison of rate to statewide rate - higher rate is better	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. Evidence of nephropathy includes a nephrologist visit, a positive urine macroalbumin test as documented by claims, or treatment with ACE inhibitor/ARB therapy.		Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  NCQA HEDIS®
Antacid medication (proton pump inhibitors)	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.	<b>Prescribing event is defined by:</b> A prescription for at least a 30-day supply of PPIs, both brand-name and generic, during the 12-month measurement year. See Appendix D for details.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>Alliance Pharmacy CIT/Generics Task Force</i>
Antidepressants	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.	<b>Prescribing event is defined by:</b> 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 D for details.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>Alliance Pharmacy CIT/Generics Task Force</i>
Attention deficit hyperactivity disorder drugs	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.	<b>Prescribing event is defined by:</b> 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 D for details.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>Alliance Pharmacy Generics Task Force</i>

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Cholesterol-lowering drugs (statins)	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.	<b>Prescribing event is defined by:</b> A prescription for at least a 30-day supply of statins, both brand-name and generic, during the 12-month measurement year. See Appendix D for details.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>Alliance Pharmacy CIT/Generics Task Force</i>
Medication for high-blood pressure (antihypertensives)	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.	<b>Prescribing event is defined by:</b> 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 D for details.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>Alliance Pharmacy Generics Task Force</i>
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.	<b>Eligible adolescents are described as:</b> Continuously enrolled members age 12 to 21 by the end of the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>
Well-child visits – Ages 3 – 6 years	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.	<b>Eligible children are defined as:</b> Children ages three to six as of the last date in the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>

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Screening for breast cancer	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>	<b>Eligible women are described as:</b> Women ages 50 to 74 by the end of the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>
Screening for cervical cancer	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>	<b>Eligible women are described as:</b> Women ages 21 to 64 by the end of the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>
Screening for chlamydia	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>	<b>Eligible women are described as:</b> Women ages 16 to 24 by the end of the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>

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Screening for colon cancer	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>	<b>Eligible adults are described as:</b> Adults ages 50 to 75 by the end of the measurement year.	Jul. 2013 - Jun. 2014	<p>Washington Health Alliance database</p> <p>NCQA Quality Compass for health plan results</p> <p>NCQA HEDIS®</p>
Cholesterol-lowering medication	Comparison of rate to statewide rate - higher rate is better	The number of patients ages 18 to 75 with heart disease (coronary artery disease or CAD) who had at least one prescription filled to lower cholesterol (lipid-lowering therapy) during the measurement year.	<b>Eligible adults are described as:</b> Patients with coronary artery disease (CAD), who are 18 to 75 years old in the one-year measurement period.	Jul. 2013 - Jun. 2014	<p>Washington Health Alliance database</p> <p><i>American College of Cardiology/ American Heart Association (ACC/AHA)</i></p>
Adherence for cholesterol medications (statins)	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.	<b>Adults with coronary artery disease are defined as:</b> Adults age 18 or older with at least two filled prescriptions for statin medications during the measurement year.	Jul. 2013 - Jun. 2014	<p>Washington Health Alliance database</p> <p><i>Pharmacy Quality Alliance (PQA)</i></p>

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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>
Adherence for diabetes medications	Comparison of rate to statewide rate - higher rate is better	<p>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.</p> <p>Exclusions: Members with one or more prescriptions for insulin during the measurement period.</p>	<b>Eligible adults are described as:</b> Adults age 18 or older with at least two filled prescriptions for diabetes medications during the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database  <i>PQA</i>
Adherence for hypertension medications (RAS antagonists)	Comparison of rate to statewide rate - higher rate is better	<p>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.</p>	<b>Eligible adults are described as:</b> Adults 18 or older with at least two filled prescriptions for hypertension medications during the measurement year.	Jul. 2013 - Jun. 2014	Washington Health Alliance database
Medication Safety – Monitoring Patients on Hypertension Medications	Comparison of rate to statewide rate - higher rate is better	<p>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.</p>	<b>Eligible adults are described as:</b> Adults 18 years and older who received ACE inhibitors or ARBs and had at least one monitoring event during the measurement year.	Jul. 2013 - Jun. 2014	NCQA Quality Compass®  <i>NCQA HEDIS®</i>

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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).	<p><b>Patients with Depression are defined as:</b> 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.</p> <p><b>Exclusions:</b> 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.</p>	Jul. 2013 - Jun. 2014	NCQA Quality Compass®  <i>NCQA HEDIS®</i>
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).	<p><b>Exclusions:</b> 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.</p>	Jul. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>

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30-day all-cause hospital readmissions – 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. For more information, see the Hospital Readmissions and Outpatient Care report (<a href="http://wacommunitycheckup.org/Media/Default/Documents/hospital_readmissions_results.pdf">http://wacommunitycheckup.org/Media/Default/Documents/hospital_readmissions_results.pdf</a>)</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.	<b>Eligible adults are described as:</b> Adults ages 18 to 64 as of the Index Discharge Date for commercial populations. This measure includes only commercially insured individuals.	Jul. 2013 - Jun. 2014	<p>Washington Health Alliance database</p> <p>NCQA Quality Compass for health plan results</p> <p>NCQA HEDIS®</p>

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30-day all-cause hospital readmissions – Medicare Insured	Observed to expected ratio compared to national average	<p>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.</p> <p>Risk adjustment is applied to all cases to derive a risk-adjusted readmission rate.</p>	<p><b>Eligible adults are described as:</b> Adults 18 years and older discharged from the hospital. Current CMS results publicly report results for Medicare FFS 65 years and older.</p> <p>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.</p>	Jul. 2013 - Jun. 2014	<p>Hospital Compare</p> <p>Centers for Medicare &amp; Medicaid Services (CMS)</p>
Appropriate testing for children with pharyngitis	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.	<b>Eligible children are described as:</b> 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. 2013 - Jun. 2014	<p>Washington Health Alliance database</p> <p>NCQA Quality Compass for health plan results</p> <p><i>NCQA HEDIS®</i></p>
Avoidance of antibiotic treatment in 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.	<b>Eligible adults are described as:</b> Adults age 18, as of the start of the year prior, to age 64 by the last day of the measurement year.	Jul. 2013 - Jun. 2014	<p>Washington Health Alliance database</p> <p>NCQA Quality Compass for health plan results</p> <p><i>NCQA HEDIS®</i></p>

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Avoidance of antibiotics for common cold	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.	<b>Eligible children are described as:</b> 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. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>
Avoidance of 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.	<b>Eligible adults are described as:</b> 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. 2013 - Jun. 2014	Washington Health Alliance database  NCQA Quality Compass for health plan results  <i>NCQA HEDIS®</i>
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. 2013 - Jun. 2014	Washington Health Alliance database  <i>MediCal</i>

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Patients in the ER (5+ Visits) with a Care Guideline	Comparison of rate to statewide rate - higher rate is better	The number of patients with five or more visits to the emergency room during the measurement period who received a new care guideline.	The total number of patients with a five or more visits to the emergency room during the measurement period.	Jul. 2014 - Dec. 2014	Washington State Hospital Association (WSHA)/Emergency Department Information Exchange (EDIE)  <i>WSHA</i>
Oral health - primary caries prevention for children by primary care	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. 2014 - Dec. 2014	Washington State Healthcare Authority (HCA)  <i>University of Minnesota</i>
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. 2012 - Dec. 2013	Washington Department of Health (DOH) / Washington State Behavioral Risk Factor Surveillance System (BRFSS).  <i>BRFSS</i>
30-day Psychiatric Inpatient Readmissions – Medicaid Insured	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. 2014 - Dec. 2014	Washington State Department of Social and Health Services (DSHS)/HCA (Medicaid Only)  <i>DSHS</i>

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>
Medical Assistance with Tobacco Use Cessation – 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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Medical Assistance with Tobacco Use Cessation – Discussing Cessation Medication	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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</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>
Medical Assistance with Tobacco Use Cessation – Discussing Cessation Strategies	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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Counseling for Nutrition for Children/Adolescents - Ages 3-17	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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>

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Counseling for Physical Activity for Children/Adolescents - Ages 3-17	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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Weight Assessment for Children/Adolescents (BMI percentile) - Ages 3-17	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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>

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Weight assessment (BMI percentile) 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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Controlling High Blood Pressure	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, <b>not</b> 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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</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>
Follow-Up After Hospitalization for Mental Illness (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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</i>
Follow-Up After Hospitalization for Mental Illness (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. 2014 - Dec. 2014	NCQA Quality Compass (HCA for MCOs without Quality Compass results)  Not generated from Alliance database due to need for clinical data  <i>NCQA HEDIS®</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. 2012 - Dec. 2013	DOH/BRFSS  <i>BRFSS</i>
Angioplasty (PCI) Outcomes – 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. 2014 - Dec. 2014	Foundation for Health Care Quality Clinical Outcomes Assessment Program (COAP)  <i>COAP</i>
Hospital 30-Day Death (Mortality) 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. 2011 - Jun. 2014	Hospital Compare  <i>CMS</i>

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>
Stroke - Thrombolytic Therapy	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"> <li>• Length of Stay &gt; 120 days</li> <li>• Enrolled in stroke related clinical trials</li> <li>• Admitted for elective carotid intervention</li> <li>• Documented reason for not initiating IV thrombolytic therapy</li> </ul>	Jul. 2013 - Jun. 2014	Hospital Compare  <i>The Joint Commission</i>
Catheter-associated Urinary Tract Infection - in ICU	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. 2013 - Jun. 2014	WSHA/ National Healthcare Safety Network (NHSN)  <i>CDC/NHSN</i>
Catheter-associated Urinary Tract Infection - outside ICU	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. 2013 - Jun. 2014	WSHA/NHSN  <i>NHSN</i>
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. 2013 - Jun. 2014	Hospital Compare  <i>NHSN</i>
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. 2013 - Jun. 2014	Hospital Compare/ NHSN  <i>NHSN</i>

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Central Line Bloodstream Infection – in ICU	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. 2013 - Jun. 2014	WSHA/NHSN  <i>NHSN</i>
Central Line Bloodstream Infection – outside ICU	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. 2013 - Jun. 2014	WSHA/NHSN  <i>NHSN</i>
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.  <u>Exclusions:</u> Inpatient days within nursery and NICU.	Jul. 2013 - Jun. 2014	Hospital Compare/ NHSN  <i>NHSN</i>
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. 2013 - Jun. 2014	Hospital Compare/ NHSN
Hip Prosthesis/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. 2013 - Jun. 2014	WSHA/ NHSN  <i>NHSN</i>
Knee Prosthesis/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. 2013 - Jun. 2014	WSHA/NHSN  <i>NHSN</i>

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Childhood Immunization Status 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. 2014 - Dec. 2014	DOH/WA IIS  NCQA HEDIS® (modified)
Adolescent Immunization Status 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. 2014 - Dec. 2014	DOH/WA IIS  NCQA HEDIS® (modified)
Human Papillomavirus (HPV) Vaccine 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. 2014 - Dec. 2014	DOH/WA IIS  NCQA HEDIS®
Human Papillomavirus (HPV) Vaccine 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. 2014 - Dec. 2014	DOH/WA IIS  NCQA HEDIS®
Influenza Immunization	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. 2014 - Dec. 2014	DOH/WA IIS  AMA-PCPI

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Pneumonia Vaccination Status - 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
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. 2013 - Sep. 2014	Hospital Compare  CMS
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.	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.  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).	Jan. 2012 - Dec. 2012	Washington State Department of Health, CDC Pregnancy Risk Assessment Monitoring Survey (PRAMS)  CDC
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. 2013 - Jun. 2014	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. 2013 - Dec. 2013	WSHA  JCAHO
Getting Timely Appointments, Care and Information	Rate compared to state - higher rate is better	The number of “Always” answers given to any of the five CG-CAHPS survey questions for this measure.	The total number of answers collected for all five of the CG-CAHPS survey questions for this measure.  The CG-CAHPS survey was mailed to approximately 90,000 commercially-insured adults (18 and older) in the Puget Sound area between October 2011 and January 2012. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.	Jul. 2012 - Jun. 2013	Washington Health Alliance database/CSS  AHRQ
How Well Providers Communicate with Patients	Rate compared to state - higher rate is better	The number of “Always” answers given to any of the six CG-CAHPS survey questions for this measure.	The total number of answers collected for all six of the CG-CAHPS survey questions for this measure.  The CG-CAHPS survey was mailed to approximately 90,000 commercially-insured adults (18 and older) in the Puget Sound area between October 2011 and January 2012. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.	Jul. 2012 - Jun. 2013	Washington Health Alliance database/CSS  AHRQ

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Helpful, Courteous and Respectful Office Staff	Rate compared to state - higher rate is better	The number of “Always” answers given to both of the CG-CAHPS survey questions for this measure.	<p>The total number of answers collected for the two CG-CAHPS survey questions for this measure.</p> <p>The CG-CAHPS survey was mailed to approximately 90,000 commercially-insured adults (18 and older) in the Puget Sound area between October 2011 and January 2012. 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. 2012 - Jun. 2013	<p>Washington Health Alliance database/CSS</p> <p><i>AHRQ</i></p>
Patient's Rating of the Provider	Rate compared to state - higher rate is better	The number of “Always” answers given to a single CG-CAHPS survey question for this measure.	<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 approximately 90,000 commercially-insured adults (18 and older) in the Puget Sound area between October 2011 and January 2012. 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. 2012 - Jun. 2013	<p>Washington Health Alliance database/CSS</p> <p><i>AHRQ</i></p>
Overall rating	Rate compared to state - higher rate is better	The number of 9 or 10 ratings collected, on a scale from 0 (lowest) to 10 (highest).	<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 approximately 90,000 commercially-insured adults (18 and older) in the Puget Sound area between October 2011 and January 2012. 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>	Oct. 2013 - Sep. 2014	<p>Hospital Compare</p> <p><i>CMS</i></p>

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Cleanliness	Rate compared to state - higher rate is better	The number of “Always” answers given to a single HCAHPS survey question for this measure.	The total number of answers collected for a single CG-CAHPS survey question for this measure.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Discharge Information	Rate compared to state - higher rate is better	The number of “Yes” answers given to both of the HCAHPS survey questions for this measure.	The total number of answers collected for the two CG-CAHPS survey questions for this measure.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Pain Control	Rate compared to state - higher rate is better	The number of “Always” answers given to a single HCAHPS survey question for this measure.	The total number of answers collected for a single CG-CAHPS survey question for this measure.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Quiet at Night	Rate compared to state - higher rate is better	The number of “Always” answers given to a single HCAHPS survey question for this measure.	The total number of answers collected for a single CG-CAHPS survey question for this measure.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Timely Assistance from Hospital Staff	Rate compared to state - higher rate is better	The number of “Always” answers given to a single HCAHPS survey question for this measure.	The total number of answers collected for a single CG-CAHPS survey question for this measure.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Communication with Doctors	Rate compared to state - higher rate is better	The number of “Always” answers given to a single HCAHPS survey question for this measure.	The total number of answers collected for a single CG-CAHPS survey question for this measure.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Communication with Nurses	Rate compared to state - higher rate is better	The number of “Always” answers given to a single HCAHPS survey question for this measure, for a given location, during the measurement year.	The total number of answers collected for a single CG-CAHPS survey question for this measure, for a given location, during the measurement year.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>
Medicines Explained	Rate compared to state - higher rate is better	The number of “Always” answers given to both of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey questions for this measure, for a given location, during the measurement year.	The total number of answers collected for the two HCAHPS survey questions for this measure, for a given location, during the measurement year.	Oct. 2013 - Sep. 2014	Hospital Compare <i>CMS</i>

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Falls with Injury	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. 2013 - Jun. 2014	WSHA/DOH  <i>DOH/ American Nurses Association</i>
Patient Safety for 11 Indicators (Composite)	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: <ul style="list-style-type: none"> <li>• Pressure Ulcer Rate</li> <li>• Iatrogenic Pneumothorax Rate</li> <li>• Central Venous Catheter-Related Blood Stream Infection Rate</li> <li>• Postoperative Hip Fracture Rate</li> <li>• Perioperative Hemorrhage or Hematoma Rate</li> <li>• Postoperative Physiologic and Metabolic Derangement Rate</li> <li>• Postoperative Respiratory Failure Rate</li> <li>• Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate</li> <li>• Postoperative Sepsis Rate</li> <li>• Postoperative Wound Dehiscence Rate</li> <li>• Accidental Puncture or Laceration Rate</li> </ul>	Number of eligible adult discharges.	Jul. 2012 - Jun. 2014	WSHA/DOH  <i>DOH/ American Nurses Association</i>
Treatment to Prevent Blood Clots Is Given Within 24 Hours 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. 2013 - Jun. 2014	Hospital Compare  <i>The Joint Commission</i>

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>
Health Care Spending Growth in Washington State Related to the Washington State Gross Domestic Product (GDP)	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. 2013 - Dec. 2014	HCA  HCA
Medicaid per Enrollee Spending in Washington State.	N/A	The total amount of all state and federal Medicaid expenditures during the measurement year (based on date of payment).  <b>Medicaid expenditures as defined by HCA:</b> <i>Includes medical, long-term support services, and substance use disorder expenditures. 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.</i>	The total number of state and federal Medicaid member months for Washington State, including those receiving full benefits, during the measurement year.  <b>Medicaid population as defined by HCA:</b> <i>Disabled Adults and Children = MN Blind/Disabled + HWD/Medicaid Buy-In + CN BCCT + CN Blind/Disabled(excludes presumptive SSI); Non-disabled Children = CN Children + SCHIP + CN Family Medical &lt; 19; Non-ABD 'Classic' Adults = CN family Medical &gt;= 19 + CN Pregnant Women; ACA Expansion Adults = DL-U + DL-ADATSA + Presumptive SSI; Aged = CN Aged + MN Aged.</i>	Jan. 2013 - Dec. 2014	HCA  HCA
Public Employee per Enrollee Spending in Washington State	N/A	The total amount of health care related expenditures for all PEBB enrollees during the measurement year (based on date of payment).  <b>PEB health care related expenditures as defined by HCA:</b> <i>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)</i>	The total number of PEBB member months during the measurement year.  <b>PEB population as defined by HCA:</b> <i>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</i>	Jan. 2013 - Dec. 2014	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 & rehabilitation	Pulmonary disease	
<b>Health Screenings</b>																					
Adolescent well-care visits	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓										
Screening for breast cancer	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓										
Screening for cervical cancer	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓										
Screening for chlamydia	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓										
Screening for colon cancer	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓				✓						
Well-child visits - ages 3 - 6 years	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓										
<b>Medication Adherence</b>																					
Adherence for cholesterol medications (statins)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Adherence for diabetes medications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Adherence for hypertension medications (RAS antagonists)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
<b>Medication Safety</b>																					
Medication safety - monitoring patients on hypertension medications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
<b>Potentially avoidable care</b>																					
30-day all-cause hospital readmissions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Appropriate testing for children with pharyngitis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Avoidance of antibiotic treatment in adults with acute bronchitis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Avoidance of antibiotics for common cold	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Avoidance of x-ray, MRI and CT scan for low back pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓				✓	✓		
<b>Asthma</b>																					
Use of appropriate medication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓							✓
<b>COPD</b>																					
Hospitalization for chronic obstructive pulmonary disorder (COPD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
Use of spirometry testing in the assessment and diagnosis of COPD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓							✓
<b>Depression</b>																					
Antidepressant medication (12 weeks)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓				
Antidepressant medication (6 months)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓				
<b>Diabetes</b>																					
Blood sugar (HBA1c) test	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓						
Eye exam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓						
Kidney disease screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓						
<b>Heart disease</b>																					
Cholesterol-lowering medication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓								
<b>Access to care</b>																					
Adult access to preventive/ambulatory care												No provider attribution									
Child and adolescent access to primary care												regional results only									



## 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



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	Unlisted preventive medicine service
99499	Unlisted evaluation and management service

## Appendix C: Technical Specifications

### *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	
	Perindopril Erbumine		Y
Quinapril HCL	Accupril	Y	
	Quinapril		Y
Quinapril / Hydrochlorothiazide	Accuretic	Y	
	Quinapril / Hydrochlorothiazide		Y
	Quinaretic		Y
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	
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	
	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		
		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	