

## BCBS ACO Quality Metrics Details- 2020

### #1: BREAST CANCER SCREENING

**DESCRIPTION:** The percentage of women 50 to 74 years old who had a mammogram to screen for breast cancer

**RATIONALE:**

- HEDIS
- Plan required to report
- Requested by employer groups

#### RATE CALCULATION

NUMERATOR	DENOMINATOR
One or more mammograms during the 27 months prior to the end of the measurement year	Women 52 to 74 years old as of December 31 of the measurement year

#### BCBSIL ENROLLMENT CRITERIA

October 1 two years prior to the measurement year through December 31 of the measurement year with an allowed gap up to 45 days per calendar year

#### EXCLUSIONS

Women who had a bilateral mastectomy; women who had a unilateral mastectomy with a bilateral modifier; women who had two unilateral mastectomies with service dates 14 days or more apart; members with at least one hospice claim or encounter during the measurement year.

### #2: CERVICAL CANCER SCREENING

**DESCRIPTION:** The percentage of women 21 to 64 years old who were screened for cervical cancer

**RATIONALE:**

- HEDIS
- Plan required to report
- Requested by employer groups

#### RATE CALCULATION

NUMERATOR	DENOMINATOR
Women 24 to 64 years old who had cervical cytology performed in the three years prior to the end of the measurement year <b>OR</b> Women 30 to 64 years old who had cervical cytology/human papillomavirus (HPV) co-testing performed in the five years prior to the end of the measurement year	Women 24 to 64 years old as of December 31 of the measurement year

#### BCBSIL ENROLLMENT CRITERIA

The measurement year and two years prior to the measurement year with no more than one gap of up to 45 days each year of continuous enrollment

#### EXCLUSIONS

Women who had a hysterectomy with no residual cervix; cervical agenesis or acquired absence of cervix; members with at least one hospice claim or encounter during the measurement year

### #3: COLORECTAL CANCER SCREENING

**DESCRIPTION:** The percentage of members 50 to 75 years old who had appropriate screening for colorectal cancer

**RATIONALE:**

- HEDIS
- Plan required to report
- Requested by employer groups

#### RATE CALCULATION

NUMERATOR	DENOMINATOR
<p>One or more screenings for colorectal cancer:</p> <ul style="list-style-type: none"><li>▪ Fecal occult blood test (FOBT) or during the measurement year</li><li>▪ Flexible sigmoidoscopy or CT colonography during the measurement year or the four years prior to the measurement year</li><li>▪ Colonoscopy during the measurement year or the nine years prior to the measurement year</li><li>▪ FIT-DNA test during the measurement year or the two years prior to the measurement year</li></ul>	<p>Members 51 to 75 years old as of December 31 of the measurement year</p>

#### BCBSIL ENROLLMENT CRITERIA

The measurement year and the year prior to the measurement year with no gaps more than 45 days during each year

#### EXCLUSIONS

Members with a diagnosis of colorectal cancer or total colectomy; members with at least one hospice claim or encounter during the measurement year.

#### #4: CHILDHOOD IMMUNIZATION STATUS (MMR only)

**DESCRIPTION:** The percentage of children two years old who had one measles, mumps and rubella (MMR) immunization

**RATIONALE:**

- HEDIS
- Plan required to report
- Requested by employer groups

#### RATE CALCULATION

NUMERATOR	DENOMINATOR
Evidence of the antigen or combination vaccine <i>OR</i> Documented history of the illness <i>OR</i> A seropositive test result for each antigen	Children who turn two years old during the measurement year

#### BCBSIL ENROLLMENT CRITERIA

12 months prior to the child's second birthday with no more than 45 days gap in coverage

#### EXCLUSIONS

Children who had a contraindication for a specific vaccine by the second birthday; ; children with a diagnosis of HIV Type 2; members with at least one hospice claim or encounter during the measurement year

#### #5: COMPREHENSIVE DIABETES CARE – HbA1c TEST (ANNUAL)

**DESCRIPTION:** Percentage of members 18 to 75 years old with diabetes mellitus who had an HbA1c test

**RATIONALE:**

- HEDIS
- High prevalence of diabetes in population

#### RATE CALCULATION

NUMERATOR	DENOMINATOR
HbA1C test during measurement year	Number of eligible members 18 to 75 years old as December 31 of the measurement year with diagnosis of type 1 or type 2 diabetes based on claims or pharmacy data BCBSIL receives from its pharmacy benefit manager

#### INCLUSION CRITERIA

Members who meet the age requirement in the measurement year and meet at least one of the following during the measurement year or the year prior to the measurement year

- At least one ambulatory prescription for insulin or an oral hypoglycemic/ anti-hyperglycemic drug
- At least two face-to-face encounters *with different dates of service* in an ambulatory setting, emergency room, observation setting or non-acute inpatient setting with a diagnosis of diabetes
- At least one face-to-face encounter in an inpatient setting with a diagnosis of diabetes

#### EXCLUSIONS

Members who do not have a diagnosis of diabetes in any setting during the measurement year or year prior *and* who had a diagnosis of gestational or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year; members with at least one hospice claim or encounter during the measurement year.

## #6: COMPREHENSIVE DIABETES CARE – HbA1c CONTROL (<8.0%)

**DESCRIPTION:** Percentage of members 18 to 75 years old with diabetes mellitus with most recent HbA1c <8%

### **RATIONALE:**

- HEDIS
- CMS ACO
- High prevalence of diabetes in population

### **RATE CALCULATION**

<b>NUMERATOR</b>	<b>DENOMINATOR</b>
<i>Most recent</i> HbA1C result during the measurement year <8%	Number of eligible members 18 to 75 years old as of December 31 of the measurement year with diagnosis of type 1 or type 2 diabetes based on claims or pharmacy data BCBSIL receives from its pharmacy benefit manager

### **INCLUSION CRITERIA**

Members who meet the age requirement in the measurement year and meet at least one of the following during the measurement year or the year prior to the measurement year

- At least one ambulatory prescription for insulin or an oral hypoglycemic/ anti-hyperglycemic drug
- At least two face-to-face encounters *with different dates of service* in an ambulatory setting, emergency room, observation setting or non-acute inpatient setting with a diagnosis of diabetes
- At least one face-to-face encounter in an inpatient setting with a diagnosis of diabetes

### **EXCLUSIONS**

Members who do not have a diagnosis of diabetes in any setting during the measurement year or year prior *and* who had a diagnosis of gestational or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year; members with at least one hospice claim or encounter during the measurement year.

**#7: COMPREHENSIVE DIABETES CARE – BLOOD PRESSURE CONTROL (< 140/90 mm Hg)**

**DESCRIPTION:** Percentage of members 18 to 75 years old with diabetes mellitus whose most recent blood pressure during the measurement year was <140/90 mm Hg

**RATIONALE:**

- HEDIS
- CMS ACO
- High prevalence of diabetes in population

**RATE CALCULATION**

NUMERATOR	DENOMINATOR
<i>Most recent</i> blood pressure level (taken during the measurement year during a non-emergency outpatient visit or a non-acute inpatient encounter) is <140/90 mm Hg	Number of eligible members 18 to 75 years old as December 31 of the measurement year with diagnosis of type 1 or type 2 diabetes based on claims or pharmacy data BCBSIL receives from its pharmacy benefit manager

**INCLUSION CRITERIA**

Members who meet the age requirement in the measurement year and meet at least one of the following during the measurement year or the year prior to the measurement year

- At least one ambulatory prescription for insulin or an oral hypoglycemic/ anti-hyperglycemic drug
- At least two face-to-face encounters *with different dates of service* in an ambulatory setting, emergency room, observation setting or non-acute inpatient setting with a diagnosis of diabetes
- At least one face-to-face encounter in an inpatient setting with a diagnosis of diabetes

**EXCLUSIONS**

Members who do not have a diagnosis of diabetes in any setting during the measurement year or year prior *and* who had a diagnosis of gestational or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year; members with at least one hospice claim or encounter during the measurement year.

## #8: MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (75%)

**DESCRIPTION:** The percentage of members, five to 85 years old during the measurement year, who were identified as having persistent asthma and who were dispensed appropriate medications they remained on during the treatment period

### RATIONALE:

- NCQA
- For persistent asthmatics, consistent use of asthma controller medications may improve asthma control

### RATE CALCULATION

NUMERATOR	DENOMINATOR
The number of members who filled prescriptions for asthma controller medication that covered at least 75 percent of the days from the first controller medication prescription during the measurement year through the last day of the measurement year	Members with persistent asthma who are five to 85 years old as of December 31 of the measurement year

### BCBSIL ENROLLMENT CRITERIA

The measurement year and the year prior to the measurement year with no more than one 45-day gap in coverage each year; must have pharmacy benefit during the measurement year

### EXCLUSIONS

Members who had a diagnosis from any of the following at any time during the member's history through December 31 of the measurement year:

- Emphysema, chronic obstructive pulmonary disease (COPD), obstructive chronic bronchitis
- Chronic respiratory conditions due to fumes/vapors
- Cystic fibrosis
- Acute respiratory failure
- Members who had no asthma controller medications dispensed during the measurement year
- Members with at least one hospice claim or encounter during the measurement year

## #9: PLAN ALL-CAUSE READMISSIONS (ACTUAL TO EXPECTED)

**DESCRIPTION:** For members 18 to 64 years old, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days of the member's discharge and the predicted probability of an acute readmission

### RATIONALE:

- Readmissions are costly and sometimes preventable
- Readmissions can indicate quality concerns or opportunities for improved coordination of post discharge care

### RATE CALCULATION

NUMERATOR	DENOMINATOR
Number of HEDIS-defined Index Hospital Admissions with a readmission within 30 days of the index discharge date	All acute inpatient stays for members 18 to 64 years old (as of the discharge date) with a discharge date on or between January 1 and December 1 of the measurement year; include acute admissions to behavioral healthcare facilities

### BCBSIL ENROLLMENT CRITERIA

365 days prior to the index discharge date through 30 days after the index discharge date with no more than 45 days gap in coverage

### EXCLUSIONS

- Planned re-admissions within 30 days (maintenance chemotherapy, principal diagnosis of rehabilitation, organ transplant, potentially planned procedure without an principal acute diagnosis)
- Stays for the following reasons:
  - Inpatient stays with discharges for death
  - Acute inpatient discharge with a principal diagnosis for pregnancy

### ADDITIONAL INFORMATION

Data are reported for the following indicators:

- 1) Count of index hospital stays (denominator)
- 2) Count of 30-day readmissions (numerator)

From these data, the ratio of the actual readmission rate to the expected readmissions rate is calculated

**#10: AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS**

**DESCRIPTION:** The percentage of members 18 to 64 years old with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

**RATIONALE:**

- HEDIS
- Acute care
- Antibiotic overuse

**RATE CALCULATION**

NUMERATOR	DENOMINATOR
Dispensed a prescription for antibiotic medication on or three days after the index episode start date	All members, 18 years old as of the beginning of the year prior to the measurement year to 64 years old as December 31 of the measurement year, who had an outpatient or emergency department encounter with a diagnosis of acute bronchitis

**BCBSIL ENROLLMENT CRITERIA**

One year prior to episode date through seven days after episode date; no more than one gap in coverage up to 45 days; must have pharmacy benefit during measurement year; negative history is checked to exclude some members from the denominator

**INCLUSION CRITERIA**

Members who meet the denominator criteria with none of the diagnostic codes that describe comorbid conditions (such as tuberculosis, tracheostomy, lung abscess, pneumothorax, etc.) during the 12-month period prior to the encounter, no prescription for an antibiotic medication filled 30 days prior to the encounter or active on the episode date, and none of the specified competing diagnoses during the period from 30 days prior to the encounter to seven days after the encounter

The earliest episode date between January 1 and December 24 of the measurement year that meets all criteria is the index episode start date

**EXCLUSIONS**

Members with at least one hospice claim or encounter during the measurement year



## #11: USE OF IMAGING STUDIES FOR LOW BACK PAIN

**DESCRIPTION:** The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis

### RATIONALE:

- HEDIS
- Imaging for low back is high utilization/high cost factor
- Unnecessary imaging exposes members to unnecessary radiation

### RATE CALCULATION

NUMERATOR	DENOMINATOR
An imaging study with a diagnosis of low back pain conducted on the index episode start date or in 28 days following the index episode start date	All members, 18 years old as of January 1 of the measurement period to 50 years old as of December 31 of the measurement period, who had an outpatient or emergency department encounter with a principal diagnosis of uncomplicated low back pain

### BCBSIL ENROLLMENT CRITERIA

180 days (six months) prior to the index episode start date through 28 days after the index episode start date without gaps

### INCLUSION CRITERIA

Members, 18 years old as of the beginning of the measurement year to 50 years as of the end of the measurement year, who had:

- At least one outpatient or emergency department encounter with a principal diagnosis of low back pain during the intake period
- No low back pain diagnosis during the six-month (180-day) period prior to the first low back pain encounter
- Had no diagnosis for which an imaging study in the presence of low back pain is clinically indicated

The intake period is from the beginning of the measurement year to 28 days prior to the end of the measurement year

### EXCLUSIONS

Members who had a diagnosis of cancer at any time during the member's history through 28 days after the episode start date; recent trauma; intravenous drug abuse or neurological impairment; any trauma during the 3 months prior to the episode start date through 28 days after the episode start date; diagnosis of HIV, spinal infection, or neurological impairment; kidney or other organ transplant; prolonged use of corticosteroids; members with at least one hospice claim or encounter during the measurement year

**#12: APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION**

**DESCRIPTION:** The percentage of children three months to 18 years old who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription

**RATIONALE:**

- HEDIS
- Acute care
- Pediatric population
- Antibiotic overuse

**RATE CALCULATION**

NUMERATOR	DENOMINATOR
Dispensed a prescription for antibiotic medication on or three days after the index episode start date	All children three months to 18 years old as of July 1 of the year prior to the measurement year to 18 years old of June 30 of the measurement year with a URI

**BCBSIL ENROLLMENT CRITERIA**

30 days prior to the index episode start date through three days after the index episode start date

**INCLUSION CRITERIA**

- Children, three months to 18 years old during the intake period, who had a URI encounter with:
- No other diagnosis present on the same date of service, in any setting
  - No antibiotic medication prescribed or refilled within 30 days prior to the encounter or still active on the date of the encounter
  - No specified competing diagnosis on or within three days following the encounter

The intake period is from six months prior to the beginning of the measurement year to six months prior to the end of the measurement year. The earliest episode during the intake period is the index episode start date.

**EXCLUSIONS**

Members with at least one hospice claim or encounter during the measurement year

### #13: APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

**DESCRIPTION:** The percentage of children two to 18 years old who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode

**RATIONALE:**

- HEDIS
- Acute care
- Pediatric population
- Antibiotic overuse

#### RATE CALCULATION

NUMERATOR	DENOMINATOR
A group A streptococcus test in the seven-day period from three days prior to the index episode start date through three days after the index episode start date	Children two years old as of July 1 of the year prior to the measurement year to 18 years old as of June 30 of the measurement year who were diagnosed with pharyngitis and dispensed an antibiotic

#### BCBSIL ENROLLMENT CRITERIA

30 days prior to the index episode start date through three days after the index episode start date

#### INCLUSION CRITERIA

Children, two to 18 years old during the intake period, who had a pharyngitis encounter with:

- No other diagnosis present on the same date of service, in any setting
- An antibiotic prescribed within three days of the encounter
- No antibiotic medication prescribed or refilled within 30 days prior to the encounter or still active on the date of the encounter

The intake period is from six months **prior** to the beginning of the measurement year to six months **prior** to the end of the measurement year. The earliest episode during the intake period is the index episode start date.

#### EXCLUSIONS

Members with at least one hospice claim or encounter during the measurement year