



Physician Effectiveness and Efficiency Manual

Humana.



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I. Care Highlight® Overview

Patients today have many choices when it comes to healthcare. These choices can vary greatly in terms of effectiveness (also described as clinical quality) and efficiency (also described as cost-efficiency) of care. Patients need to consider a variety of factors when making decisions around care. Care Highlight® aims to provide Humana-covered patients and participating physicians with information on physician effectiveness and efficiency in 22 specialties and five sub-specialties (see tables A and B, Page 6) for consideration when making their healthcare decisions.

Humana recognizes the industry's focus on providing high-quality and cost-efficient care. The Care Highlight methodology for evaluating effectiveness and efficiency of care is consistent with national standards and incorporates physician feedback.

Humana displays effectiveness and/or efficiency ratings for Humana-contracted physicians on its Find a Doctor tool if the physicians meet specific criteria. Some participating physicians may not have a rating on the tool.

The primary intent of these ratings is transparency. The ratings should be used only as a guide when choosing care. Patients are encouraged to consider all relevant information and to consult with their treating physicians when selecting a specialist.

Relevant additional information could include the following:

- Decisions about treatment
- Deductibles and copayments
- Differences in costs between facilities and physicians
- Patient's condition and access to services

Provide Feedback

We appreciate your input to our programs and want to hear your ideas for improvement. To give us feedback, please visit [Humana.com/CareHighlight](https://www.humana.com/CareHighlight) and click on the **Physician Survey** link. Feedback received from this survey, along with feedback received from a consumer and employer group survey, is used for ongoing program improvement. At least annually, survey responses are aggregated and considered, along with data from physician reconsideration requests, physician and customer complaints and internal analytics, to improve the program. We use these data to evaluate our measures and methodology and improve our program.

In 2023, Care Highlight is available in these states/geographies:

AL	AR	AZ	CA	CO
CT	DC	DE	FL	GA
HI	IA	ID	IL	IN
KS	KY	LA	MA	MD
ME	MI	MN	MO	MS
MT	NC	ND	NE	NH
NJ	NM	NV	NY	OH
OK	OR	PA	PR	RI
SC	SD	TN	TX	UT
VA	VT	WA	WI	WV
WY				

Note: Commercial and Medicaid application may not be available in all areas.

II. Measurement Framework

Humana uses administrative data, including Medicare Advantage, Medicaid and commercial claim data incurred over a three-year period for efficiency and two measurement years for effectiveness, to assess physician performance. Data is validated continually to enhance accuracy.

Humana also considers non-claim-based information when assessing effectiveness and efficiency (See “Rating” section, Page 5).

Measurement Level

Humana creates effectiveness and efficiency rankings at the group specialty and individual physician levels. (Detailed explanations for both levels are included in the following sections.) Because our evaluation is based on Tax Identification Numbers (TINs), individual physicians may have multiple rankings if they practice under more than one TIN.

Geographic Areas

Geographic areas are based on the U.S. government core-based statistical areas (CBSA) or Dartmouth Atlas’ hospital referral regions (HRR). Care Highlight ratings apply only where requirements are met – when there is sufficient data volume, statistical credibility, minimum peer volume, etc.

Peer Groups

Peer groups are defined as physicians in the surrounding geographic area who, based on patients treated, practice the same specialty type or sub-specialty type. Peer-group geographic areas are based on hospital referral regions, except for oncology effectiveness, which is based on hospital referral region states. In special scenarios, custom

geographies have been defined based on market and clinical input. Physician groups with substantial patient volume in more than one geographic area may be evaluated in each geographic area. Evaluation is based on medical activities tied to all physicians in each geography, with volume and statistical credibility checks, outlined below, applied in each geography.

Frequency of Evaluation

Effectiveness and efficiency ratings are updated annually. Ratings on the Find a Doctor tool are updated annually upon completion of the physician review period.

Minimum Volume Requirements

Effectiveness

Effectiveness is measured for all physicians who have a minimum of 30 eligible cases and at least 11 different patients included as part of their evaluation. This approach ensures a sufficient volume of cases is reviewed for each physician who receives an effectiveness ranking.

Efficiency

Efficiency is measured for all physicians with a minimum of 20 episodes of care and at least 11 different patients included as part of their evaluation. An episode of care is a longitudinal linkage of claims at the patient condition level, as determined through the use of Optum™ Symmetry® Episode Treatment Groups® algorithms and methodologies. Episodes are formed using professional, surgical, inpatient, ancillary and pharmaceutical claim data.

Physician Attribution

Eligible cases and episodes of care are assigned to physicians who significantly contribute to a patient's treatment based on these attribution rules:

- For effectiveness, physicians are assigned eligible cases according to a hierarchy, starting with greatest number of visits, most recent visit, greatest paid amount and greatest charged amount.
- For efficiency, physicians are assigned episodes when they contribute to at least 30% of the patient's professional and medical/surgical costs.

Case-mix Adjustment





Because of variations in patient age, line of business, severity and the geography of patient populations among physicians, case-mix adjustments are applied to enable accurate peer comparisons. For effectiveness, comparison to peers occurs at the measure level and considers geography, specialty and line of business. For efficiency, peer comparisons are condition-specific and take into consideration product, geography, severity, condition treatment indicator and age-appropriateness.

Statistical Credibility





A 90% confidence interval around the performance index is calculated for each scored physician or physician group. Rankings (one to four hearts/badges) are assigned to physicians based on their scored position within the peer group. One icon is assigned if the physician's associated score differs statistically from his or her peers' score and is in the bottom quartile. Four icons are assigned if the physician's associated score differs statistically from his or her peers' score and is in the top quartile. Humana then assigns a rating to each physician who meets the evaluation criteria.

Rating

Effectiveness*

-  Top quartile and statistically significantly higher than peers
-  Top half, excluding highest-rated physicians or performance index greater than 1.03
-  Bottom half, excluding lowest-rated physicians or performance index less than 0.97
-  Bottom quartile and statistically significantly lower than peers

Efficiency*

-  Top quartile and statistically significantly higher than peers
-  Top half, excluding highest-rated physicians or performance index lower than 0.95
-  Bottom half, excluding lowest-rated physicians or performance index greater than 1.05
-  Bottom quartile and statistically significantly lower than peers

*Value-Based Care Arrangements

Internal Medicine and Family/General Practice groups in Humana value-based care arrangements that include downside risk (partial, full, or global risk) will receive a one-level upward adjustment to their effectiveness and/or efficiency rating(s) if they are in the top decile of their original rating level(s) based on performance index score(s). If received, this adjustment would be reflected in the overall effectiveness and/or efficiency rating(s) (Hearts and/or Badges), but would not impact the claims-based performance index score(s). Value-based care status with Humana is determined by TIN at the time of the annual rating evaluation. Lack of participation in a downside risk arrangement will not result in a lowering of a rating.

Evaluated Specialties

Specialties and sub-specialties evaluated for effectiveness and efficiency appear in tables A and B below.

Table A: Evaluated Specialties	
Allergy and Immunology	Oncology
Cardiology	Ophthalmology
Colon and Rectal Surgery	Orthopedic Surgery
Endocrinology	Pediatrics
Family/General Practice	Plastic Surgery
Gastroenterology	Psychiatry
General Surgery	Pulmonary Medicine
Internal Medicine	Rheumatology
Neurology	Thoracic Surgery
Neurosurgery	Urology
Obstetrics and Gynecology	Vascular Surgery

Table B: Evaluated Sub-specialties	
Specialty	Sub-specialty
Cardiology	Electrophysiology
	Interventional Cardiology
Ophthalmology	Cataract
	Glaucoma
	Retina
Note: For effectiveness, physicians with a sub-specialty of electrophysiology or interventional cardiology are evaluated within the cardiology specialty, and physicians with a sub-specialty of cataract, glaucoma or retina are evaluated within the ophthalmology specialty.	

III. Effectiveness of Care

Effectiveness Measurement Tools

Humana relies on Optum™ Symmetry EBM Connect® software and internal clinical measures to determine a physician group's effectiveness of care.

Optum™ Symmetry EBM Connect® software contains a robust set of evidence-based care guidelines sourced from the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare & Medicaid Services (CMS), the Healthcare Effectiveness Data and Information Set (HEDIS®), the Pharmacy Quality Alliance (PQA) and Optum proprietary measures.

The software uses administrative data sets that include information from Humana's member enrollment and medical, pharmacy, lab and vision claims. This information is used to generate output files that support physician reporting and

transparency to our stakeholders, including plan sponsors, Humana-covered patients and physicians.

EBM Connect® software is used by dozens of organizations around the country, including large and small health plans (government and commercial), healthcare decision-support vendors, disease- and care-management organizations, physician management groups and research organizations.

Humana Internal Clinical Measures

In addition to EBM Connect® software, Humana relies on internally developed clinical measures using administrative claim data. Clinical quality metrics alignment is a key component when selecting quality measures for physician

performance at Humana. All internal clinical measures are based on evidence supported by credible organizations and internal review. Examples of these organizations include the National Committee for Quality Assurance (NCQA), PQA, American Medical Association's Physician Consortium for Performance Improvement, professional medical societies, government agencies and other national experts. Humana strives to use measures that are endorsed by the National Quality Forum (NQF) and supported by credible stewards. In the absence of NQF endorsement and stewardship, measures are tested for validity and reliability in a manner consistent with the NQF process.

Our oncology assessment includes another type of Humana internal clinical measure, one that uses cancer treatment protocol compliance scores based on clinical authorization data provided by external vendors.

Methodology Used for Effectiveness of Care Compliance Rates

Humana evaluates the effectiveness of care compliance rates for all physicians who treat Humana patients and practice at least one of the specialty types in tables A and B (Page 6). Physicians are evaluated annually using a 24-month measurement period. Evaluations are based on claim and administrative data from Humana. Data includes medical, pharmacy, lab and vision claims incurred during the period.

Humana ranks physicians for effectiveness only when it has a sufficient volume of eligible cases for

the physician/group and data from at least five peers per specialty.

Effectiveness is measured for all evaluated physician groups at the group level when an adequate data sample is available. This is done by comparing each physician group's compliance rate to the overall peer group rate for each applicable specialty. When a physician actively practices with multiple medical groups, the physician's claims are evaluated separately, by legal entity, to allow a comprehensive analysis.

The overall expected compliance rate is a composite value calculated for each physician. It is the sum of the expected compliance rate for each measure and is derived by multiplying the peer compliance rate by the weight of the measure based on the physician's volume for each given measure.

The expected compliance rate is used to calculate the physician's effectiveness performance index.

The effectiveness performance index of each physician is relevant to the measures assigned to the physician and calculated by dividing the actual compliance rate by the expected compliance rate.

For example, an effectiveness performance index of 1.15 indicates a physician's compliance to the effectiveness measures is 15% higher than peer compliance for comparable eligible cases. Likewise, an effectiveness performance index of 0.95 indicates a physician's compliance to the effectiveness measures is 5% lower than peer compliance for comparable eligible cases.

IV. Efficiency of Care

Efficiency Measurement Tools

Efficiency of care is determined using Optum™ Symmetry® Episode Treatment Groups®, a widely recognized tool that employs algorithms and methodologies that create longitudinal episodes of care at the patient level, based on professional, surgical, inpatient, ancillary and pharmaceutical claim data. This comprehensive linkage of claims enables a thorough examination of a physician group's practice patterns of treatment for a specific patient with a defined medical condition, such as asthma or hypertension. Cost-efficiency of individual physicians and physician groups is evaluated using an episode-of-care based methodology.

Methodology Used for Efficiency

To evaluate physician groups for efficiency, Humana compares costs for claim-based episodes of care to the expected cost for episodes of care

based on the experience of the peer group and risk-adjusted for the patient's condition severity and the physician case-mix for each specialty.

When a physician practices with multiple medical groups, the physician's claims are evaluated separately, by legal entity, to enable a comprehensive analysis.

Completed patient episodes are assigned to physicians who significantly contribute to the patient's treatment. This may include physician-submitted claims for office visits, laboratory/pathology services, diagnostic tests and medical and surgical procedures. All prevalent and clinically relevant conditions, which are reviewed by clinicians for each applicable specialty, are included in the evaluation process. Humana ranks physicians for efficiency only when it has a sufficient volume of eligible cases for the group (See "Minimum Volume Requirements," Measurement Framework, Page 4).

V. Uses of Results

Uses of effectiveness and efficiency results

- **Find a Doctor Tool** – Physician ratings are shared on Humana’s Find a Doctor tool.
- **Care Decision Insights’ Referral Insights** – Effectiveness and efficiency information is shared with primary care physicians (PCPs) about specialists to whom they have referred Humana-covered patients.
- **Network Assessment** – Continued participation in Humana networks is evaluated for physicians who do not meet effectiveness and/or efficiency standards.

Humana Find a Doctor Tool

Users of Humana’s Find a Doctor tool have access to physician effectiveness and efficiency ratings. Individual physicians’ ratings are derived from – and are the same as – their group’s ratings.

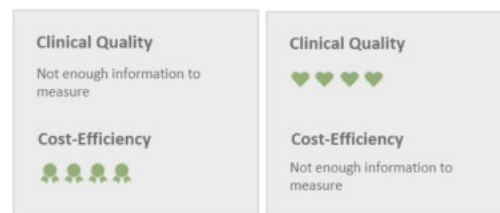
Ratings appear in Find a Doctor as symbols – hearts for effectiveness and badges for efficiency – and search results are ordered by highest to lowest ratings within the selected search area. The highest possible ratings are four hearts for effectiveness and four badges for efficiency.

Sub-specialty ratings for efficiency are displayed at sub-specialty level on Find a Doctor when directory requirements (including, but not limited to, credentialing) are met. Otherwise, those ratings are displayed at the higher level of specialization. For effectiveness, physicians with a sub-specialty of electrophysiology or interventional cardiology are evaluated within the cardiology

specialty, and physicians with a sub-specialty of cataract, glaucoma or retina are evaluated within the ophthalmology specialty.

Humana displays ratings only for specialties that have applicable effectiveness measures. When only effectiveness ratings or only efficiency ratings are available for a group, Humana still displays ratings for the component meeting the evaluation and statistical criteria outlined in the Measurement Framework (Page 4).

If a group satisfies the criteria needed for effectiveness but not for efficiency, Humana displays the effectiveness rating along with a note for efficiency indicating there is “Not enough information to measure.” Similarly, if a group satisfies the criteria needed for efficiency but not for effectiveness, Humana displays the efficiency rating along with a note for effectiveness indicating there is “Not enough information to measure.”







Care Decision Insights’ Referral Insights





Care Decision Insights (CDI) is a physician-focused initiative that uses evidence-based and cost analytics to help support improvement in care for Humana-covered patients. Referral Insights (RI) is a component of Humana’s CDI strategy. Humana shares effectiveness and efficiency information with PCPs in select markets about specialists to whom they have referred Humana-covered

patients. This information is available at the physician group and individual physician level. Referral Insights includes detailed effectiveness and efficiency information for 12 specialties (cardiology, endocrinology, general surgery, gastroenterology, neurology, oncology, ophthalmology, orthopedic surgery, pulmonary medicine, rheumatology, urology and vascular surgery). Humana is collaborating with several scheduling solutions to include physician ratings. In the event physicians choose one of these scheduling applications/solutions, physician ratings may be included in the display. Physicians may receive one of the following ratings:

Effectiveness*

-  Top quartile and statistically significantly higher than peers
-  Top half, excluding highest-rated physicians or performance index greater than 1.03
-  Bottom half, excluding lowest-rated physicians or performance index less than 0.97
-  Bottom quartile and statistically significantly lower than peers

Efficiency*

-  Top quartile and statistically significantly higher than peers
-  Top half, excluding highest-rated physicians or performance index lower than 0.95
-  Bottom half, excluding lowest-rated physicians or performance index greater than 1.05
-  Bottom quartile and statistically significantly lower than peers

*See the footnote in the "Rating" section above

Network Assessment

Physician effectiveness and efficiency rankings are among the factors considered when determining physician participation in Humana networks. Humana also considers participation in the American Board of Internal Medicine Practice Improvement Modules, as well as participation and achievement in the National Committee for Quality Assurance (NCQA) Physician Recognition Programs.

VI. Physician Notifications and Feedback

Care Highlight® 60-day Review Period

At least 60 days before their effectiveness and efficiency results are posted as ratings in the Find a Doctor tool, physicians are notified in writing about how to access their results and ratings, how to obtain a full explanation of the results, and, should they wish to do so, how to request reconsideration of their ratings.

The reconsideration request process is as follows.

- Humana sends its 60-calendar day notice informing physicians they can access their rating information on Availity.com. Humana mails this notice in the first week of January. Physicians can access results at Availity.com.
- Upon logging into Availity, physicians have access to their clinical quality and cost-efficiency reports, information about how to request a full explanation of their ratings, instructions for requesting a reconsideration, and a Reconsideration Request form.
- Physicians can submit clarifications (e.g., additional information on group TINs) or questions through Availity using the Clarification/ Reconsideration Request form.
- Physicians wishing to request reconsideration of their ratings must submit a Reconsideration Request to Humana within 30 days of the date of initial notification so that Humana can conduct a full review prior to posting the ratings. (Physicians can continue submitting requests outside that window, but the request may not be adjudicated prior to the public display of ratings.) With

the form, physicians can submit any information or documentation they would like in order to support their request.

- A panel of representatives (including Humana medical directors, members of our analytics staff and representatives from network management) review all reconsideration requests and supporting documents submitted by the physician. Where applicable and in accordance with state-specific laws and regulations, the panel will be comprised of external clinicians. Additional information can be found in the Panel Notice letter that is mailed to physicians who request a reconsideration.
- After reviewing all information submitted by the physician, the review panel makes a final decision to uphold or rescind the rating. The requesting physician is notified of the decision within 30 days of Humana's receipt of the Reconsideration Request.
- If the decision is to rescind, under the following two circumstances, Humana will reevaluate a requesting physician's ratings:
 1. Documentation submitted by the physician group for review by the panel reflects actual higher adherence to the clinical quality measures across the evaluated patient population (affecting effectiveness ratings);
 2. Or, documentation submitted by the physician group for review by the panel indicates unique factors to be considered in attributing a patient to the physician group (affecting

efficiency and/ or effectiveness ratings).

The requesting physician is notified of the outcome of the reevaluation within 14 days of the date of the panel. Updated results will be made available to the physician group in Availity and will be reflected on Find a Doctor where applicable.

Group-level ratings are displayed on Find a Doctor for groups and individual physicians.

Additional Information and Considerations for Reconsideration

There may be situations where additional information could be relevant to a physician's reconsideration evaluation. For example:

- Unique service – The physician performs a unique, essential service.
- Unique treatment setting – The physician provides care in a unique setting.
- Specialty considerations – The physician has been evaluated under the incorrect specialty.

Important Notes about Care Highlight

Care Highlight is intended for informational purposes only. The information it offers should be one of many factors patients consider when selecting a PCP or specialist; for example, patients may consult with their physicians when selecting specialists or changing PCPs. Physician ratings have a risk of error, another reason why patients should consider other factors when selecting a physician. Please visit [Humana.com/CareHighlight](https://www.humana.com/CareHighlight) for more information about our program and methodologies.

Care Highlight is not intended to endorse certain physicians or healthcare professionals. Humana does not provide healthcare services and does not practice medicine; physicians are solely responsible for medical treatments provided. Ratings do not guarantee the quality of healthcare services provided or the outcome of healthcare services. Patient out-of-pocket costs are determined by the specific services they receive and their plan coverage details.

Ratings that state “not enough information to measure” do not indicate that the rated physician does not provide quality services. All physicians rated have met certain minimum requirements. Patients have access to all physicians in the Humana network regardless of whether a physician has received a Care Highlight rating.

Complaints

Physicians can register complaints about Care Highlight by calling **800-626-2741**, Monday – Friday, 8 a.m. – 8 p.m. Eastern time, or by submitting an email to PPM@humana.com.

Interested in more information?

This document is meant to provide a general overview of Care Highlight®. If you would like additional information or clarification on any issue discussed herein, please contact Humana at PPM@humana.com.

VII. Appendix: Effectiveness Measures

Measure Title	Measure Description	Specialties
Asthma Care: Regular Follow-up Visits	Patient(s) who had an ambulatory visit for asthma care in last 12 reported months	Allergy and Immunology
Asthma Presumed Uncontrolled or Partly Controlled – Use of Inhaled Corticosteroid or Acceptable Alternative	Adult(s) with presumed uncontrolled or partly controlled asthma using an inhaled corticosteroid or acceptable alternative (leukotriene modifiers)	Allergy and Immunology
Asthma Presumed Uncontrolled or Partly Controlled: Use of Inhaled Corticosteroid or Acceptable Alternative – Pediatrics	Pediatric patient(s) with presumed uncontrolled or partly controlled asthma using an inhaled corticosteroid or acceptable alternative	Allergy & Immunology
Asthma Medication Ratio (AMR)	Patient(s) with an asthma medication ratio ≥ 0.50 during the report period	Allergy and Immunology, Pulmonary Medicine
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**	Patient(s) 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis	Allergy & Immunology, Pulmonary Medicine
Cancer Treatment Protocol Compliance	Patient(s) with cancer for whom the physician's chemotherapy treatment protocol demonstrates compliance with national, local and other recognized compendia and published standards of care; and represents the most effective and least toxic choice	Oncology
Controlling Blood Pressure	Patient(s) 18 - 85 years with hypertension with most recent documented blood pressure less than 140/90 mm Hg	Cardiology, Endocrinology, Family/General Practice, Internal Medicine, Obstetrics & Gynecology
Statin Therapy for Patients with Cardiovascular Disease (SPC) – Treatment	Patient(s) with cardiovascular disease who received a high or moderate-intensity statin medication	Cardiology, Thoracic Surgery, Vascular Surgery
Statin Therapy for Patients with Cardiovascular Disease (SPC) – Adherence	Patient(s) with cardiovascular disease taking statin medications who adhered to the prescribed statin medication regimen (proportion of days covered) at least 80 percent of the time during the treatment period	Cardiology
Persistence of Beta-blocker Treatment after a Heart Attack (PBH)	Patient(s) hospitalized with an acute myocardial infarction (AMI) persistently taking a beta-blocker for six months after discharge	Cardiology
Congestive Heart Failure – Patient(s) Currently Taking ACE-inhibitor or Acceptable Alternative	Patient(s) currently taking an ACE inhibitor or acceptable alternative: Patient filled a prescription for one of the following: <ul style="list-style-type: none"> • ACE-inhibitor containing medication; OR • Angiotensin receptor blocker (ARB) containing medication; OR • Hydralazine containing medication; OR • Nitrate (oral and transdermal only) containing medication 	Cardiology
Hypertension (HTN) – Annual Monitoring for Serum Potassium	Patient(s) taking an ACE-inhibitor, angiotensin receptor blocker (ARB), diuretic or aldosterone receptor antagonist-containing medication who had a serum potassium screen in last 12 reported months	Cardiology, Family/General Practice, Internal Medicine

Measure Title	Measure Description	Specialties
Hypertension (HTN) – Annual Monitoring for Serum Creatinine	Patient(s) with hypertension who had a serum creatinine screen in last 12 reported months	Cardiology, Family/General Practice, Internal Medicine
Chronic Obstructive Pulmonary Disease – Medication Compliance	Patient(s) compliant with prescribed long-acting antimuscarinic agent (minimum compliance 80 percent)	Pulmonary Medicine
Chronic Obstructive Pulmonary Disease – Hospitalization	Patient(s) who did not have a COPD related hospitalization in last 12 reported months	Pulmonary Medicine
Pharmacotherapy Management of COPD Exacerbation (PCE) – Systemic Corticosteroid	Patient(s) 40 years of age and older with COPD exacerbation who received a systemic corticosteroid within 14 days of a hospital or emergency department discharge	Family/General Practice, Internal Medicine, Pulmonary Medicine
Pharmacotherapy Management of COPD Exacerbation (PCE) – Bronchodilator	Patient(s) 40 years of age and older with COPD exacerbation who received a bronchodilator within 30 days of a hospital or emergency department discharge	Family/General Practice, Internal Medicine, Pulmonary Medicine
Kidney Health Evaluation for Patients With Diabetes (KED)**	Patient(s) 18 - 85 years with diabetes that had kidney health evaluation in last 12 reported months	Family/General Practice, Internal Medicine
Comprehensive Diabetes Care (CDC) – HbA1c poor control (>9.0%)	Patient(s) 18 – 75 years of age with evidence of poor diabetic control, defined as the most recent HbA1c result value greater than 9.0%	Endocrinology, Internal Medicine
Comprehensive Diabetes Care (CDC) – HbA1c Testing Once a Year	Patient(s) 18 – 75 years of age who had an HbA1c test in last 12 reported months	Endocrinology, Family/General Practice, Obstetrics & Gynecology
Comprehensive Diabetes Care (CDC) – Medical Attention For Nephropathy	Patient(s) 18 – 75 years of age with diabetes who had annual screening for nephropathy or evidence of nephropathy	Endocrinology
Statin Therapy for Patients with Diabetes (SPD) – Treatment	Patient(s) 40 – 75 years of age with diabetes who received a statin medication	Endocrinology
Statin Therapy for Patients with Diabetes (SPD) – Adherence	Patient(s) with diabetes taking statin medications who adhered to the prescribed statin medication regimen (proportion of days covered) at least 80 percent during the treatment period	Endocrinology
Medication Adherence for Diabetes Medications	Patient(s) compliant with all prescribed diabetes medications (minimum compliance 80%)	Endocrinology
Osteoporosis Management in Women Who Had a Fracture (OMW)	Percentage of women 67 to 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture	Family/General Practice, Internal Medicine, Obstetrics & Gynecology, Orthopedic Surgery
Use of Imaging Studies for Low Back Pain (LBP)	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	Neurosurgery
Neuroimaging for Patients with Primary Headache – Overuse	Adult(s) with a computerized axial tomography (CT) or magnetic resonance imaging (MRI) study of the head that was not medically indicated	Neurology
Imaging for Transient Ischemic Attack or Ischemic Stroke (Timeliness)	Patient(s) with a recent acute cerebral ischemic event who had a head computerized axial tomography (CT) scan or magnetic resonance imaging (MRI) test soon after the acute event (episode start date through seven days	Neurology

Measure Title	Measure Description	Specialties
Antipsychotic Use in Persons with Dementia	Percentage of individuals 65 years of age and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition	Neurology, Psychiatry
Recent Hospitalization for an Acute Cerebral Ischemic Event – Physician Visit within 30 days of Hospital Discharge	Patient(s) with a recent hospitalization for an acute cerebral ischemic event who had any provider visit within 30 days of hospital discharge	Neurology
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient(s) 18 years of age and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery that would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power intraocular lens dislocation, retinal detachment or wound dehiscence	Ophthalmology
Primary Open-Angle Glaucoma (POAG) – Optic Nerve Evaluation	Patient(s) aged 18 and older with a diagnosis of primary open-angle glaucoma (POAG) who had an optic nerve head evaluation during one or more office visits within 12 months	Ophthalmology
Prenatal and Postpartum Care (PPC)	Percentage of deliveries of live births during the measurement period for which 1) Women received a prenatal visit in the first trimester (excluding bundled prenatal services); and 2) Women received postpartum care (excluding bundled postpartum services)	Obstetrics & Gynecology
Pregnancy Management	Percentage of women who had an HbsAg testing	Obstetrics & Gynecology
Nulliparous C-section Birth Rate	Percentage of cesarean live deliveries for nulliparous females between ages 8 and 65	Obstetrics & Gynecology
Overall C-section rate	Percentage of cesarean live deliveries for females between ages 8 and 65	Obstetrics & Gynecology
Preterm Birth Rate	Percentage of total live deliveries for females between ages 8 and 65 who are pre-term (25 to 36 weeks of gestation)	Obstetrics & Gynecology
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Patient(s) 20 years of age and older who had a preventive or ambulatory care visit during the last 12 months of the report period	Family/General Practice, Internal Medicine
Avoidable Hospitalization	Patient(s) 18 years of age or older who had an acute inpatient admission or observation stay for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection within the measurement year	Family/General Practice, Internal Medicine
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	Patient(s) with a diagnosis of acute bronchitis that did not have a prescription for an antibiotic on or three days after the initiating visit	Family/General Practice, Internal Medicine
Follow-Up After Emergency Department Visit for Patients with Multiple Chronic Conditions (FMC)	Patient(s) 18 years and older with an ED visit and multiple high-risk chronic conditions that had a follow-up visit within 7 days	Family/General Practice, Internal Medicine
Transitions of Care (TRC)	Patient(s) 18 years of age and older who had patient engagement within 30 days after discharge	Family/General Practice, Internal Medicine

Measure Title	Measure Description	Specialties
Well-Child Visits in the First 30 Months of Life (W30)	1. Patient(s) who had six or more well-child visits with a PCP during the first 15 months of life 2. Patient(s) age 30 months who had two well-child visits with a PCP between ages 15 months and 30 months	Family/General Practice, Pediatrics
Child and Adolescent Well-Care Visits (WCV)	Patient(s) 3 – 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Family/General Practice, Pediatrics
Appropriate Testing for Pharyngitis (CWP)	Percentage of members 3 years of age and older with a diagnosis of pharyngitis who were dispensed an antibiotic and received a group A streptococcus test for the episode	Pediatrics
Developmental Screening in the First Three Years of Life	Children 1– 3 years of age at the end of the report period who were screened for risk of developmental, behavioral and social delays using a standardized tool	Pediatrics
Childhood Immunization Status (CIS)	Patient(s) 2 years old at the end of the report period who had 1) four diphtheria, tetanus and acellular pertussis (DTaP); 2) three polio (IPV); 3) one measles, mumps and rubella (MMR); 4) three haemophilus influenza type B (HiB); 5) three hepatitis B (HepB), 6) one chicken pox (VZV); 7) four pneumococcal conjugate (PCV); 8) one hepatitis A (HepA); 9) two or three rotavirus (RV); 10) and two influenza (flu) vaccines by their second birthday	Pediatrics
Immunizations for Adolescents (IMA)	Patient(s) 13 years old at the end of the report period who had three HPV vaccinations at least 14 days apart, or two HPV vaccinations at least 146 days apart between their ninth and 13th birthdays	Pediatrics
Antidepressant Medication Management (AMM)	Patient(s) with major depression who started an antidepressant medication and remained on treatment for at least 12 weeks (effective acute phase treatment)	Family/General Practice, Internal Medicine, Obstetrics & Gynecology, Psychiatry
Antidepressant Medication Management (AMM)	Patient(s) with major depression who started an antidepressant medication and remained on treatment for at least six months (effective continuation phase treatment)	Family/General Practice, Internal Medicine, Obstetrics & Gynecology, Psychiatry
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Patient(s) with schizophrenia or schizoaffective disorder who were dispensed and remained on antipsychotic medication for at least 80 percent of the time during the treatment period	Psychiatry
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	Patient(s) with cardiovascular disease and schizophrenia or schizoaffective disorder who had a LDL-C test during the report period	Psychiatry
Depression – SSRI Compliance	Patient(s) compliant with prescribed selective serotonin reuptake inhibitor (minimum compliance 80 percent)	Psychiatry
Depression – Annual Visit	Patient(s) 18 years of age or older taking a medication for depression treatment that had an annual provider visit	Psychiatry
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	Patient(s) with schizophrenia or schizoaffective disorder and diabetes who had a HbA1c and LDL-C test during the report period	Psychiatry
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Patient(s) with an outpatient, intensive outpatient or partial hospitalization follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription	Pediatrics, Psychiatry

Measure Title	Measure Description	Specialties
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Patient(s) 13 years and older with an emergency department visit for alcohol and other drug abuse or dependence who had a follow-up visit within 30 days	Psychiatry
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Patient(s) six years of age or older with an emergency depart visit for mental illness or intentional self-harm who had a follow-up visit within 30 days	Psychiatry
Follow-Up After Hospitalization for Mental Illness (FUH)	Patient(s) hospitalized for mental illness or intentional self-harm that had a follow-up encounter with a mental health practitioner within 30 days after discharge	Psychiatry
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)*	Patient(s) age 18 years or older with a new episode of alcohol or drug (AOD) abuse or dependence who initiated treatment within 14 days of the diagnosis	Family/General Practice, Psychiatry
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Patient(s) 1 - 17 years who had two or more antipsychotic medications and had blood glucose and cholesterol testing during the report period	Psychiatry
Rheumatoid Arthritis Patients Taking Hydroxychloroquine – Eye Exam in Last 12 Months	Patient(s) with rheumatoid arthritis taking hydroxychloroquine who had an eye exam in the last 12 reported months	Rheumatology
Disease Modifying Antirheumatic Drug Therapy for Rheumatoid Arthritis (ART)*	Patient(s) 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying antirheumatic drug (DMARD)	Rheumatology
Colorectal Cancer Screening (COL)	Patient(s) 50 – 75 years of age who had appropriate screening for colorectal cancer	Family/General Practice, Gastroenterology, Internal Medicine
Colonoscopy Interval for Patients with History of Adenomatous Polyps – Avoidance of Inappropriate Use	Patient(s) receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, which had an interval of three or more years since their last colonoscopy (Inappropriate use)	Gastroenterology
Inflammatory Bowel Disease – Ulcerative Colitis or Crohn's Colitis – Colonoscopy Interval	Patient(s) 18 years of age and older with ulcerative colitis or Crohn's colitis who had a colonoscopy in last 24 reported months	Gastroenterology
Cervical Cancer Screening (CCS)	Percentage of women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria: *Women 21 – 64 years of age who had cervical cytology performed every three years *Women 30 – 64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years	Family/General Practice, Internal Medicine, Obstetrics & Gynecology
Breast Cancer Screening (BCS)	Patient(s) 52 – 74 years of age who had a screening mammogram in last 27 reported months	Family/General Practice, Internal Medicine, Obstetrics & Gynecology
Chlamydia Screening in Women (CHL)	Percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	Family / General Practice, Obstetrics & Gynecology
Prostate Cancer Surveillance	Patient(s) with prostate cancer who had a prostate-specific antigen test in last 12 reported months	Urology
Nonrecommended PSA-based Screening in Older Men (PSA)	Percentage of men 70 years or older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening	Urology

Measure Title	Measure Description	Specialties
Plan All-cause Readmissions (PCR)	Unplanned hospital readmission within 30 days of principal procedure	Colon and Rectal Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, Plastic Surgery, Thoracic Surgery, Vascular Surgery
Hospital Admission after Hospital Outpatient Surgery	Patient(s) who had outpatient same-day surgeries performed in the hospital outpatient setting who did not have 1) an inpatient admission directly after surgery [typically unexpected for the surgeries/ procedures included in the measure]; or 2) an unplanned hospital visit [emergency department visit, observation stay, or unplanned inpatient admission] occurring after discharge and within seven days of the surgical procedure	Colon and Rectal Surgery, General Surgery, Neurosurgery, Plastic Surgery, Vascular Surgery
Complications within 90 Days Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Patient(s) 65 and older who experienced complications 90 days post-index admission for elective THA and/or TKA. Complications included in this measure: acute myocardial infarction, pneumonia, sepsis/septicemia/shock, surgical site bleeding, pulmonary embolism, death, mechanical complications, periprosthetic joint infection/wound infection	Orthopedic Surgery
Complications within 90 Days of Principal Procedure	Patient(s) aged 18 years and older who experienced complications that were not present on admission, but occurred within 90-days post-index admission. Specified complications list includes acute myocardial infarction, cardiac arrest, pneumonia, sepsis/septicemia/shock, surgical site/wound infection, surgical wound disruption, unplanned reintubation, intraoperative /postoperative bleeding, pulmonary embolism, deep venous thrombosis, progressive renal insufficiency or acute renal failure, urinary tract infection, postoperative stroke	Colon and Rectal Surgery, General Surgery, Neurosurgery, Thoracic Surgery, Vascular Surgery
Complications within 90 Days of Principal Procedure	Patient(s) aged 18 years and older who experienced complications that were not present on admission, but occurred within 90-days post index admission. Specified complications list includes acute myocardial infarction, pneumonia, sepsis/septicemia/shock, surgical site/wound infection, surgical wound disruption, intraoperative/ postoperative bleeding, pulmonary embolism, deep venous thrombosis, progressive renal insufficiency or acute renal failure, urinary tract infection, postoperative stroke and mechanical complication of breast prosthesis and implant	Plastic Surgery
Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate	In-hospital deaths for patients ages 18 and older who had abdominal aortic aneurysm (AAA) repair	Vascular Surgery

* Measures are evaluated for measure year 2020 only.

** Measures are evaluated for measure year 2021 only.