

Quality measures^a for measurement year 2017

Measure	Description	Eligible members
<p>Childhood immunizations</p>	<p>Children who turned 2 during the measurement year (2017) and who were identified as having each of the following:</p> <ul style="list-style-type: none"> • four DTaP on or before the 2nd birthday; • three IPV on or before the 2nd birthday; • three H influenza type B (HiB) on or before the 2nd birthday; • one MMR on or before the 2nd birthday; • two or three rotavirus, depending on the vaccine type, on or before the 2nd birthday: <ul style="list-style-type: none"> – two doses of Rotarix[®]; OR – one dose of Rotarix[®] and two doses of RotaTeq[®]; OR – three doses of RotaTeq[®]. <p><i>Note:</i> For DTaP, IPV, or HiB, a vaccination administered from birth to age 42 days cannot be counted.</p>	<p>Continuously enrolled members who turned 2 during the measurement year (2017)</p>

Measure	Description	Eligible members
Adolescent immunizations	Meningococcal Adolescents who turned 13 during the measurement year (2017) and who were identified as receiving one dose of the meningococcal vaccine on or between the member's 11th and 13th birthdays.	Continuously enrolled members who turned 13 during the measurement year (2017)
	Tdap Adolescents who turned 13 during the measurement year (2017) and who were identified as receiving one dose of Tdap (tetanus, diphtheria toxoids, and acellular pertussis) between the member's 10th and 13th birthdays.	Continuously enrolled members who turned 13 during the measurement year (2017)
	HPV Adolescents who turned 13 during the measurement year (2017) and who were identified as receiving two doses of the HPV (human papillomavirus) vaccine on or between the member's 9th and 13th birthdays.	Continuously enrolled members who turned 13 during the measurement year (2017)
Well-care visits	Well-child visits in the first 15 months of life^b Children who were 15 months old during the measurement year (2017) and who had six well-child visits during their first 15 months of life. Each well-child visit should include the following: a physical exam, a health history, a physical developmental history, a mental developmental history, and health education/anticipatory guidance.	Continuously enrolled members from 31 days through 15 months who were 15 months old as of December 31 of the measurement year (2017)
	Well-child visits in the third, fourth, fifth, and sixth years of life^c Children who were 3 through 6 as of December 31 of the measurement year (2017) and who had one well-child visit during the measurement year (2017). The well-child visit should include the following: a physical exam, a health history, a physical developmental history, a mental developmental history, and health education/anticipatory guidance.	Continuously enrolled members who were 3 through 6 as of December 31 of the measurement year (2017)

Measure	Description	Eligible members
Well-care visits (continued)	Adolescent well-care visits^c Members who were 12 through 21 as of December 31 of the measurement year (2017) and who had one well-care visit during the measurement year (2017). The well-care visit should include the following: a physical exam, a health history, a physical developmental history, a mental developmental history, and health education/anticipatory guidance.	Continuously enrolled members who were 12 through 21 as of December 31 of the measurement year (2017)
Cancer screenings	Breast cancer screening Women 50 through 74 who had a mammogram during the measurement year (2017) or the year prior to the measurement year (2016).	Continuously enrolled women who were 52 through 74 as of December 31 of the measurement year (2017)
	Cervical cancer screening Women 21 through 64 who received one or more Pap tests during the measurement year (2017) or the two years prior to the measurement year (2016 and 2015). Women 30 through 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed on the same date of service during the measurement year (2017) or the four years prior to the measurement year (2016, 2015, 2014, 2013).	Continuously enrolled women who were 24 through 64 as of December 31 of the measurement year (2017)

Measure	Description	Eligible members
Cancer screenings (continued)	<p>Colorectal cancer screening</p> <p>Members 51 through 75 who had appropriate screening for colorectal cancer using any one of the following criteria:</p> <ul style="list-style-type: none"> • fecal occult blood test (FOBT) or fecal immunochemical test (FIT) during the measurement year (2017) (CPT[®] code 82270 or 82274 or HCPCS code G0328 only); OR • flexible sigmoidoscopy during the measurement year (2017) or four years prior (2016, 2015, 2014, 2013); OR • colonoscopy during the measurement year (2017) or nine years prior (2016, 2015, 2014, 2013, 2012, 2011, 2010, 2009, 2008). <p>An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.</p>	<p>Continuously enrolled members who were 51 through 75 as of December 31 of the measurement year (2017)</p>

Measure	Description	Eligible members
Diabetic care	<p>Members who were 18 through 75 with diabetes (type 1 or type 2) and had each of the following performed:</p> <ul style="list-style-type: none"> • hemoglobin A1c (HbA1c) testing in the measurement year (2017); • HbA1c control (HbA1c < 8.0%) in the measurement year (2017); • dilated retinal eye examination in the measurement year (2017) or in the year prior to the measurement year (2016) by an ophthalmologist or optometrist; • nephropathy screening documentation in the measurement year (2017) of any of the following will meet this criteria: <ul style="list-style-type: none"> – urine for albumin or protein; OR – a visit to a nephrologist; OR – a renal transplant; OR – evidence of ACE/ARB therapy; OR – chart notes addressing any of the following: <ul style="list-style-type: none"> ○ diabetic nephropathy ○ renal insufficiency ○ proteinuria ○ albuminuria ○ end-stage renal disease ○ chronic kidney disease ○ chronic renal failure ○ acute renal failure ○ dialysis, hemodialysis, or peritoneal dialysis ○ renal dysfunction 	<p>Continuously enrolled members who were 18 through 75 as of December 31 of the measurement year (2017) who were identified as diabetics through pharmacy data and claims/encounter data in the measurement year (2017) or the year prior to the measurement year (2016)</p>

Measure	Description	Eligible members
Acute care	<p>Use of spirometry testing in the assessment and diagnosis of COPD^d</p> <p>Members who were 40 and older who were identified as having either a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD through claims for outpatient, emergency room (ER), or acute inpatient visits on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017) and who received appropriate spirometry testing to confirm the diagnosis.</p>	<p>Continuously enrolled members who were 42^e and older as of December 31 of the measurement year (2017) who had either a new diagnosis of COPD or newly active COPD in an outpatient, ER, or acute inpatient visit who were continuously enrolled for two years prior through six months after the earliest eligible COPD diagnosis date in the time frame, and who had no outpatient, ER, or acute inpatient visits with a COPD diagnosis during the two years prior to the new diagnosis</p>
	<p>Appropriate testing for children with pharyngitis (HMO and local PPO only)</p> <p>Members 3 through 18 who were identified as having a diagnosis of pharyngitis through claims for outpatient or ER visits on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017), who were dispensed an antibiotic, and who received a group A streptococcus (strep) test for the episode within the seven-day period from three days prior to the diagnosis date through three days after the diagnosis date.</p>	<p>Continuously enrolled members who were 3 as of July 1 of the year prior to the measurement year (2016) through 18 as of June 30 of the measurement year (2017) who were identified through outpatient or ER visit claims as having a diagnosis of pharyngitis, who were continuously enrolled from 30 days prior to the diagnosis date through three days after the diagnosis date, and who met the following criteria:</p> <ul style="list-style-type: none"> • no diagnosis other than pharyngitis on the diagnosis date; • prescribed an antibiotic for the pharyngitis episode on or within three days after the diagnosis date; • no active antibiotic prescription or any new antibiotic dispensed within the 30 days prior to the diagnosis date.

Measure	Description	Eligible members
<p>Acute care (continued)</p>	<p>Avoidance of antibiotic treatment in adults with acute bronchitis</p> <p>Members 18 through 64 who were identified as having a diagnosis of acute bronchitis through claims for outpatient or ER visits between January 1 through December 24 of the measurement year (2017) and who were <i>not</i> dispensed an antibiotic prescription.</p>	<p>Continuously enrolled members who were 18 as of January 1 of the measurement year (2017) through 64 as of December 31 of the measurement year (2017), who were identified through outpatient and ER visit claims as having a diagnosis of acute bronchitis, who were continuously enrolled for one year prior to the diagnosis date through seven days after the diagnosis date, and who met all of the following criteria:</p> <ul style="list-style-type: none"> • no active antibiotic prescription or any new antibiotic dispensed within the 30 days prior to the diagnosis date; • no other upper respiratory or other infectious disease that required antibiotics within the 30 days prior to the diagnosis date through seven days after the diagnosis date; • none of the following co-morbid conditions in the 12 months prior to the diagnosis date: <ul style="list-style-type: none"> – bronchiectasis – chronic bronchitis – COPD – cystic fibrosis – emphysema – extrinsic allergic alveolitis – HIV disease – HIV, asymptomatic – immunity disorders – malignant neoplasms – other respiratory system diseases – pneumoconiosis and other lung disease due to external agent – tuberculosis

Measure	Description	Eligible members
<p>Acute care (continued)</p>	<p>Appropriate treatment for children with upper respiratory infection (HMO and local PPO only)</p> <p>Members 3 months through 18 years who were identified through claims for outpatient or ER visits as having a diagnosis only of upper respiratory infection (URI), acute nasopharyngitis, or common cold on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017) and who were <i>not</i> dispensed an antibiotic.</p>	<p>Continuously enrolled members who were 3 months as of July 1 of the year prior to the measurement year (2016) through 18 years as of June 30 of the measurement year (2017) who were identified through outpatient or ER visit claims as having a diagnosis of URI, who were continually enrolled from 30 days prior to the diagnosis date through three days after the diagnosis date, and who met the following criteria:</p> <ul style="list-style-type: none"> • no diagnosis other than URI on the diagnosis date; • no active antibiotic prescription or any new antibiotic dispensed within the 30 days prior to the diagnosis date; • no claims/encounters with the following “competing diagnoses” either on the URI diagnosis date or the three days after: <ul style="list-style-type: none"> – acne – acute lymphadenitis – acute pharyngitis – acute sinusitis – acute tonsillitis – bacterial infection, unspecified – cellulitis, mastoiditis, other bone infection – chlamydia – chronic sinusitis – cystitis or urinary tract infection (UTI) – gonococcal infections and venereal diseases (VD)

Measure	Description	Eligible members
Acute care (continued)		<ul style="list-style-type: none"> – impetigo – infection of the kidneys – infection of the pharynx, larynx, tonsils, or adenoids – inflammatory diseases (female reproductive organs) – intestinal infection – Lyme disease or other arthropod-borne disease – otitis media – pertussis – pneumonia – prostatitis – skin staph infection – syphilis
Chronic care	<p>Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis</p> <p>Members who were 18 and older who had a diagnosis of rheumatoid arthritis through claims for two different face-to-face encounters in an outpatient or non-acute inpatient setting on or between January 1 and November 30 of the measurement year (2017) and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug.</p>	<p>Continuously enrolled members who were 18 and older as of December 31 of the measurement year (2017) who were identified as having a diagnosis of rheumatoid arthritis in two separate encounters in an outpatient or non-acute inpatient setting, who did not have a diagnosis of pregnancy in the measurement year (2017), and who did not have a diagnosis of HIV at any time prior to December 31 of the measurement year (2017)</p>

Measure	Description	Eligible members
Chronic care (continued)	Persistence of beta-blocker treatment after a heart attack Members who were 18 and older who were hospitalized with a diagnosis of acute myocardial infarction (AMI), discharged alive on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017) and who received persistent beta-blocker treatment for six months after discharge.	Continuously enrolled members who were 18 and older as of December 31 of the measurement year (2017) who were discharged alive from an acute inpatient setting with an AMI on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017), through 179 days after discharge. If there is more than one episode of AMI during the time frame, only the initial episode discharge date is used.
	Medication management for people with asthma (HMO and local PPO only) Members 5 through 85 for commercial and 18 through 85 for Medicare Advantage who were identified as having persistent asthma by having a record of receiving asthma medications or receiving medical services with an asthma diagnosis in the measurement year (2017) and the year prior to the measurement year (2016) and who remained on an asthma controller medication for at least 75 percent of their treatment period.	Continuously enrolled members who were 5 through 85 for commercial and 18 through 85 for Medicare Advantage as of December 31 of the measurement year (2017) who were identified as having persistent asthma in the measurement year (2017) and the year prior to the measurement year (2016)

Measure	Description	Eligible members
Chronic care (continued)	Osteoporosis management in women who had a fracture^d Women who were 67 through 85 who had a diagnosis of a fracture on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017) and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.	Continuously enrolled women who were 67 through 85 as of December 31 of the measurement year (2017) who had a diagnosis of fracture (excluding pathological fractures or fractures of the fingers, toes, face, or skull) on or between July 1 of the year prior to the measurement year (2016) and June 30 of the measurement year (2017), who had no prior diagnosis of fracture in the two months prior to the fracture date, who did not have a BMD test in the 24 months prior to the date of the fracture, and who did not receive any osteoporosis treatment during the 12 months prior to the date of the fracture

Note: The Focus Measures for measurement year 2017 are highlighted in blue.

^aQuality measures are based on Healthcare Effectiveness data and Information Set (HEDIS) and are used as the baseline measurement for performance measure frequency of preventive health services. Note, however, that members' benefits vary based on product line, group, or contract. Preventive health services benefits coverage for members for most of the quality measures may be more frequent than HEDIS measurements. Individual member benefits should be verified.

^bFifteen months of life is defined as the patient's first birthday plus 90 days.

^cA visit counts as an encounter if the documentation includes the proper CPT[®] or ICD preventive care codes.

^dThis measure is not included in the PPO component of the QPM score program.

^eEligible members must be 40 or older at the start of the two-year look back period.

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