

**Upper Peninsula Health Plan (UPHP) and
Upper Peninsula Health Group (UPHG)
Select Quality Measures**

Included in this document are summaries of the measures utilized for performance measurement of UPHP providers who care for UPHP member populations (Medicaid & Medicare) and Blue Cross Blue Shield of Michigan (BCBSM) Physician Group Incentive Program (PGIP) member populations.

Performance is measured by the following methods:

- **Administrative Data (UPHP and PGIP) Medical claims submitted for reimbursement:**
 - **CPT I codes** capture a service performed and are reimbursable
 - **CPT II codes** capture a value or clinical component and these codes are not associated with reimbursement. However, these codes capture very important clinical information that is utilized for performance measurement and reduces the volume of medical record requests. *(A listing of frequently used CPT II codes applicable to performance measurement can be found on the following page of this document)*
 - **ICD 10 codes** are diagnosis codes that are utilized to identify performance measurement populations based on the diagnosis code submitted, for example, a diabetes diagnosis would place a patient into the diabetes performance measure. Diagnosis codes are also used to identify past medical history such as a total hysterectomy, which would exclude a women from the cervical cancer screening measure. These are also very important when determining the health of a provider's patient population. It is important to include all diagnoses on claims submitted.
- **Medical Record Review (UPHP):** When a value or service is not identified in administrative data (claims), it is necessary to review medical records.
- **Blue Cross Blue Shield Health e-Bluesm (HEB) Tool (PGIP):** Online web based tool that allows providers to enter services and diagnoses that can be utilized to improve performance. Michigan providers can get access by going to www.bcbsm.com/providers and clicking on *Provider Secured Services*.

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What are CPT Category II Codes?

- Beneficial supplemental tracking codes that are used for performance measurement
- Are billed with a \$0.00 billable charge amount
- Are billed in the procedure code field, just as CPT Category I codes are billed
- Do not replace CPT I codes
- Codes and descriptions can be found in the Category II Codes section of the most recent CPT® manual edition

Frequently used CPT Category II Codes and Descriptions		
Comprehensive Diabetes	Blood pressure readings diastolic and systolic <i>You may also utilize these codes for the Controlling High Blood Pressure measure</i>	3074F Most recent systolic blood pressure < 130 mm Hg 3075F Most recent systolic blood pressure 130-139 mm Hg 3077F Most recent systolic blood pressure >=140 mm Hg 3078F Most recent diastolic blood pressure < 80 mm Hg 3079F Most recent diastolic blood pressure 80-89 mm Hg 3080F Most recent diastolic blood pressure >=90 mm Hg
	A1c level	3044F Most recent HbA1c level < 7% 3045F Most HbA1c level 7%-9% 3046F Most recent HbA1c level >9%
	Eye Exam	2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed 2026F Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)
	Medical Attention for Nephropathy	3060F Positive microalbuminuria test result documented and reviewed 3061F Negative microalbuminuria test result documented and reviewed 3062F Positive macroalbuminuria test result documented and reviewed 3066F Documentation of treatment for nephropathy (patient receiving dialysis, treated for ESRD, CRF, ARF, or renal insufficiency, or any visit to a nephrologist) 4010F ACE or ARB therapy prescribed or currently being taken
Care of the Older Adult (66 and over) <i>UPHP will reimburse for these codes</i>	Advance Care Planning	1157F Advance care plan or similar legal document present in medical record 1158F Advance care planning discussion in medical record
	Medication Review	1159F & 1160F Medication list documented in medical record and medications reviewed by prescriber or clinical pharmacists and documented in medical record Note: Both F Codes must be on the same claim date of service to meet numerator compliance (UPHP)
	Functional Status Assessment	1170F Functional Status Assessed
	Pain Assessment	1125F Pain severity quantified; pain present 1126F No pain present
Medication Reconciliation Post Discharge (18 years and over)	Discharge medication review	1111F Discharge Medications reconciled with current medication list in outpatient medical record <i>Effective August 2016 BCBSM Medicare Advantage PPO is incentivizing \$10 for completing</i>

This is not a complete list of CPT Category II codes - refer to the *AMA CPT Codes & Descriptions® (Category II section)* for a complete list of codes. CPT coding manuals can be purchased at the American Medical Association (AMA Store)

www.ama-assn.org/go/cpt

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Measure	Criteria
Non-Recommended Care	
<p>Non-Recommended PSA-Based Screening in Older Men</p> <p>Men ages 70 and older</p>	<p>Screened unnecessarily for prostate cancer</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Prostate cancer diagnosis Dysplasia of the prostate A PSA test during the year prior to the measurement year where laboratory data indicate an elevated result
<p>Non-Recommended Cervical Cancer Screening in Adolescent Females</p> <p>Adolescent females ages 16-20</p>	<p>Screened unnecessarily for cervical cancer</p> <p>Exclusions:</p> <ul style="list-style-type: none"> History of cervical cancer HIV Immunodeficiency
<p>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</p> <p>Adults ages 18-64</p>	<p>Diagnosis of acute bronchitis, and not dispensed an antibiotic prescription within 3 days of diagnosis</p> <p>Exclusions: Members with a diagnosis of any of the following comorbid conditions:</p> <ul style="list-style-type: none"> Emphysema COPD Cystic Fibrosis HIV Malignant neoplasm
<p>Appropriate Treatment of Children with Upper Respiratory Infections</p> <p>Children/Adolescents ages 3 mos-18 years</p>	<p>Diagnosis of Upper Respiratory Infection (URI), and not prescribed an antibiotic within 3 days of URI diagnosis</p> <p>Exclusion:</p> <ul style="list-style-type: none"> Evidence of more than one competing infectious diagnosis on claims submission
<p>Use of Imaging Studies for Low Back Pain</p> <p>Adults ages 18- 50</p>	<p>Adults who did not have an imaging study (x-ray, MRI, CT) within 28 days of the primary diagnosis of low back pain</p> <p>Exclusions: An imaging study in the presence of low back pain is considered clinically indicated in patients with a diagnosis of:</p> <ul style="list-style-type: none"> Cancer Recent trauma IV drug abuse Neurological impairment
Measure	Criteria
Prevention and Screening	
<p>Childhood Immunization</p> <p>Children who turn 2 years old during the measurement year</p> <p>Vaccines must be completed by the 2nd birthday</p>	<p>Includes the following immunizations:</p> <ul style="list-style-type: none"> 4 DTaP (do not count any before 42 days of age) 3 IPV (do not count any before 42 days of age) 1 MMR 3 HiB (do not count any before 42 days of age) 3 Hepatitis B 1 VZV, positive serology, or documented chicken pox disease before 2nd birthday 4 pneumococcal conjugate 1 Hepatitis A 2 or 3 Rotavirus vaccine (Dosage depends on the vaccine administered) (do not count any before 42 days of age) 2 Influenza with different dates of service (do not count any vaccine given prior to 6 months after birth) <p>Documentation of “immunizations are up-to-date” is <u>not</u> acceptable</p> <p>Documentation of an immunization received “at delivery” or “in the hospital” may be counted</p>

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Measure	Criteria
Prevention and Screening	
<p>Immunizations for Adolescents</p> <p>Adolescents who turn 13 years old during the measurement year</p> <p>Vaccines must be completed by the 13th birthday</p>	<p>Includes the following immunizations:</p> <ul style="list-style-type: none"> • 1 dose meningococcal (between the 11th and 13th birthdays) and • 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) • 2-dose HPV vaccine series <p>Documentation of “immunizations are up-to-date” is <u>not</u> acceptable</p> <p>Exclusion: Contraindication for a specific vaccine (i.e., anaphylactic reaction to the vaccine or its components)</p>
<p>Lead Screening in Children (Medicaid only)</p> <p>Children who turn 2 years old during the measurement year</p>	<p>At least one capillary or venous lead test by their 2nd birthday</p> <p>Documentation in the record must include <u>both</u> of the following:</p> <ul style="list-style-type: none"> • Date the test was performed • The result or finding
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Children/Adolescents 3-17 years of age, who had an outpatient visit with a PCP or OB/GYN and had evidence of the following documented:</p> <ul style="list-style-type: none"> • BMI Percentile • Counseling for Nutrition • Counseling for Physical Activity 	<p>BMI Percentile documentation must include date of the BMI and:</p> <ul style="list-style-type: none"> • BMI percentile (may be plotted on age-growth chart) <p>Weight and height must be taken during the measurement year</p> <p>Counseling for Nutrition documentation must include a note indicating the date and evidence of at least one of the following:</p> <ul style="list-style-type: none"> • Engagement in discussion of current nutrition behaviors • Checklist indicating nutrition was addressed • Counseling or referral for nutrition education • Member received educational materials on nutrition • Anticipatory guidance for nutrition • Weight or obesity counseling <p>Counseling for Physical Activity documentation includes a note indicating the date and evidence of at least one of the following:</p> <ul style="list-style-type: none"> • Engagement in discussion of current physical activity behaviors • Checklist indicating physical activity was addressed • Counseling or referral for physical activity education • Member received educational materials on physical activity • Anticipatory guidance for physical activity • Weight or obesity counseling <p>Documentation of meeting Developmental Milestones does <u>not</u> meet HEDIS® criteria for Physical Activity Counseling</p> <p>Services specific to an acute or chronic condition do <u>not</u> count toward the counseling indicators for either nutrition or physical activity</p>
<p>Adult BMI Assessment</p> <p>The percentage of adults 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year</p>	<p>For adults ages 21 and older, documentation in the medical record must include:</p> <ul style="list-style-type: none"> • Date of the BMI • Weight • BMI value <p>For adults ages 18-20, documentation of BMI percentile is necessary to meet criteria:</p> <ul style="list-style-type: none"> • BMI document as a percentile (i.e., 75th percentile) • BMI percentile plotted on an age-growth chart <p>Documentation of height and weight only does not meet HEDIS® criteria</p> <p>Exclusion: Adults with a diagnosis of pregnancy</p>

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Prevention and Screening	
Cervical Cancer Screening Women ages 21-64	A Pap test (cervical cytology) performed every 3 years for women ages 21-64 Cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years for women ages 30-64 <u>Exclusions:</u> <ul style="list-style-type: none"> • Hysterectomy with <u>no residual cervix</u> • Documentation of “<i>complete,</i>” “<i>total</i>” or “<i>radical</i>” abdominal or <i>vaginal hysterectomy</i> meets the criteria • Documentation of “<i>hysterectomy</i>” alone does not meet the criteria
Chlamydia Screening in Women Females ages 16-24, identified (implied) as sexually active by claims or pharmacy data	At least one test for chlamydia during the measurement year
Breast Cancer Screening Women ages 50-74	Women 50-74 who had a mammogram to screen for breast cancer every two years <u>Notes:</u> <ul style="list-style-type: none"> • <i>Diagnostic screenings do not count</i> • <i>Digital breast tomosynthesis meets numerator compliance</i> <u>Exclusions:</u> <ul style="list-style-type: none"> • Bilateral Mastectomy • Medicare members: 65 years and older living in a long term care facility
Colorectal Cancer Screening Adults ages 50-75	One or more of the following screenings: <ul style="list-style-type: none"> • Colonoscopy in the past 10 years • Flexible sigmoidoscopy in the past 5 years • Fecal occult blood test (FOBT) annually • FIT-DNA test in the past 3 years <u>Exclusions:</u> <ul style="list-style-type: none"> • Diagnosis of colorectal cancer or total colectomy • Medicare members: 65 years and older living in a long term care facility
Measure	Criteria
Respiratory Conditions	
Appropriate Testing of Children with Pharyngitis Children/Adolescents ages 2-18 years	Diagnosis of pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode <u>Note:</u> <i>Code all diagnosis to allow for appropriate competing infectious diagnosis exclusion</i>
Use of Spirometry Testing in the Assessment and Diagnosis of COPD Adults ages 40 and older	Diagnosis of newly active COPD and spirometry testing to confirm diagnosis
Pharmacotherapy Management of COPD Exacerbation Adults ages 40 and older	Adults discharged from an acute inpatient admission or an ED encounter with a primary diagnosis of COPD who were dispensed both: <ul style="list-style-type: none"> • A systemic corticosteroid within 14 days of the event • A bronchodilator within 30 days of the event
Medication Management for People with Asthma Children/Adolescents/Adults ages 5-64	Identified as having persistent asthma and dispensed appropriate medication that they remained on during the treatment period Two rates are reported: <ol style="list-style-type: none"> 1. Remained on asthma controller medication for at least 50% of their treatment period 2. Remained on asthma controller medication for at least 75% of their treatment period

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Cardiovascular	
<p>Statin Therapy for Patients with Cardiovascular Disease</p> <p>Males ages 21-75 and Females ages 40-75</p>	<p>Identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Received Statin Therapy: Members who were dispensed at least one <i>high or moderate-intensity</i> statin medication during the measurement year Statin Adherence 80%: Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year)
<p>Statin Therapy for Patients with Diabetes</p> <p>Adults ages 40-75</p>	<p>Identified as having diabetes and do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year Statin Adherence 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period (from prescription date through end of year)
<p>Controlling High Blood Pressure</p> <p>Adults ages 18-85</p>	<p>Diagnosis of hypertension Most recent blood pressure reading in the medical record</p> <p><i>Adequate control</i> is defined as: Ages 18-59: <140/90 Ages 60-85 with a diagnosis of diabetes: <140/90 Ages 60-85 without a diagnosis of diabetes: <150/90</p> <ul style="list-style-type: none"> If multiple readings are recorded on a single date, the lowest systolic and lowest diastolic BP on that date will be used as the representative BP. Member reported BP readings may not be used for HEDIS purposes. <p>Exclusions:</p> <ul style="list-style-type: none"> End stage renal disease (ESRD), kidney transplant or dialysis Pregnancy Non-acute inpatient admission Medicare members: 65 years of age and older living in a long term care facility
<p>Persistence of Beta-Blocker Treatment after Heart Attack</p> <p>Adults ages 18 and older</p>	<p>Hospitalized and discharged between July 1 of the prior year to June 30 of the measurement year with a diagnosis of AMI</p> <p>Persistent treatment with beta-blockers for six months after discharge</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Asthma COPD Obstructive chronic bronchitis Chronic respiratory conditions due to fumes/vapors Hypotension, Heart Block > 1 degree, or sinus bradycardia Intolerance or allergy to beta-blockers
Measure	Criteria
Musculoskeletal	
<p>Osteoporosis Management in Women who had a Fracture</p> <p>Women ages 67-85</p>	<p>Suffered a fracture and had either:</p> <ul style="list-style-type: none"> A bone mineral density (BMD) test <i>or</i> A prescription for a drug to treat osteoporosis in the six months after the fracture <p>Exclusion:</p> <ul style="list-style-type: none"> Medicare members: 65 years of age and older living in a long term care facility

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Musculoskeletal	
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Adults ages 18 and older	Diagnosis of rheumatoid arthritis and received at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) Exclusions: <ul style="list-style-type: none"> • Diagnosis of HIV <i>or</i> • Diagnosis of Pregnancy
Measure	Criteria
Diabetes	
Comprehensive Diabetes Care Adults ages 18-75 with diabetes (type 1 or type 2)	Four Measures: <ol style="list-style-type: none"> 1. HbA1c testing (most recent date and result) New! HbA1c <7.0% = control for a selected population* HbA1c < 8.0% = control HbA1c > 9.0% = poor control 2. Retinal eye exam (most recent date and result) 3. Medical attention for nephropathy (one of the following): <ul style="list-style-type: none"> • Urine nephropathy screening or monitoring test • ACE/ARB therapy • Evidence (annual documentation) of nephropathy (ESRD, CKD, kidney transplant) 4. Blood pressure (most recent date and result) BP of < 140/90 = control <p>Note: <i>Also evidence of annual LDL and statin therapy (Medicare only)</i></p> <p>Exclusions: Adults <u>without a diagnosis of diabetes</u>, but with either:</p> <ul style="list-style-type: none"> • Gestational diabetes or • Steroid-induced diabetes <p>*Members 65 years of age and older who had a CABG, PCI, IVD, thoracic aortic aneurysm, chronic heart failure, diagnosis of MI or prior MI, ESRD, CKD stage 4, dementia, blindness or amputation</p>
Measure	Criteria
Behavioral Health	
New! Depression Screening and Follow-Up for Adolescents and Adults Adolescents/Adults ages 12 years and older	Were screened for clinical depression using an age-appropriate standardized tool and if screening is positive, received follow-up care within 30 days Exclusions: <ul style="list-style-type: none"> • Bipolar disorder • Diagnosis of depression the year prior • Hospice
Use of Multiple Concurrent Antipsychotics in Children and Adolescents Children/Adolescents ages 1-17	Taking 2 or more concurrent antipsychotic medications for 90 days or more during the measurement year
Metabolic Monitoring for Children and Adolescents on Antipsychotics Children/Adolescents ages 1-17	Taking at least 2 antipsychotic prescriptions (same or different medications) on different dates during the measurement year and tested for the following: <ul style="list-style-type: none"> • At least one blood glucose or HbA1c test and • At least one LDL-C or cholesterol test
Follow-up after Hospitalization for Mental Illness Children/Adolescents/Adults ages 6 and older	Discharged from an inpatient mental health admission and one follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner Two rates are reported: <ol style="list-style-type: none"> 1. Follow-up visit within 7 days of discharge 2. Follow-up visit within 30 days of discharge

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Behavioral Health	
Adherence to Antipsychotic Medications for Individuals with Schizophrenia Adults ages 19-64	Diagnosis of schizophrenia Dispensed an antipsychotic medication and remained on the medication for at least 80% of their treatment period (days between the earliest prescription fill and the end of the year)
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications Adults ages 18-64	Diagnosis of schizophrenia or bipolar disorder Prescribed an antipsychotic medication Diabetes screening (glucose or HbA1c) test during the measurement year
Diabetes Monitoring for People with Diabetes and Schizophrenia Adults ages 18-64	Diagnoses of schizophrenia and diabetes HbA1c test during the measurement year and LDL-C test (direct or calculated) during the measurement year
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia Adults ages 18-64	Diagnoses of schizophrenia and cardiovascular disease LDL-C test (direct or calculated) during the measurement year
Antidepressant Medication Management Adults ages 18 and older	Were treated with antidepressant medication, had a diagnosis of major depression and remained on antidepressant medication treatment Two rates are reported: <ol style="list-style-type: none"> Effective acute phase: remained on an antidepressant medication for at least 84 days (12 weeks) Effective continuation phase: remained on an antidepressant medication for at least 180 days (6 months)
Follow-up Care for Children Prescribed ADHD Medication Children ages 6-12 years	An initial prescription for ADHD medication Remained on the medication Had appropriate follow up care visits Two rates are reported: <ol style="list-style-type: none"> Initiation Phase: One follow-up visit with a prescribing practitioner within 30 days Continuation and Maintenance Phase: Remained on the medication for at least 210 days and had two additional visits (one of the visits may be telehealth visit) with a practitioner within 270 days (9 months after the Initiation Phase ended)
Follow-up after Emergency Department (ED) Visit for Mental Illness Children/Adolescents/Adults 6 years and older	Two rates are reported: <ol style="list-style-type: none"> ED visits with a 30 day follow-up with any practitioner for mental illness ED visits with a 7 day follow-up with any practitioner for mental illness Exclusion: ED visits followed by admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit
Follow-up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence Adolescents/Adults ages 13 years and older	Two rates are reported: <ol style="list-style-type: none"> ED visits with a 30 day follow-up with any practitioner for alcohol or other drug dependence ED visits with a 7 day follow-up with any practitioner for alcohol or other drug dependence Exclusion: ED visits followed by admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit

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Behavioral Health																						
<p>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</p> <p>Adolescents/Adults ages 12 and older</p>	<p>Diagnosis of major depression or dysthymia</p> <p>Have a PHQ-9 or PHQ-A tool administered at least once during a four-month period</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Bipolar disorder • Personality disorder • Psychotic disorder • Autism spectrum disorder 																					
Measure	Criteria																					
Medication Management																						
<p>New! Use of Opioids at High Dosage</p> <p>Adults ages 18 and older</p>	<p>Opioid doses \geq 120 mg morphine equivalent dose (MED) based off of the Centers for Disease Control and Prevention (CDC) Morphine Milligram Equivalent (MME) Use of Opioids at High Dosage (UOD)-A conversion chart*</p> <p>Patients excluded from measure for the following:</p> <ul style="list-style-type: none"> • Utilizing a single opioid medication dispensing event • Cancer diagnosis • Sickle Cell disease diagnosis • Hospice status <table border="1" data-bbox="480 1035 1495 1278"> <thead> <tr> <th colspan="3">Opioid Medications Included in Measure</th> </tr> </thead> <tbody> <tr> <td>• Buprenorphine</td> <td>• Hydromorphone</td> <td>• Opium</td> </tr> <tr> <td>• Butorphanol</td> <td>• Levorphanol</td> <td>• Oxycodone</td> </tr> <tr> <td>• Codeine</td> <td>• Meperidine</td> <td>• Oxymorphone</td> </tr> <tr> <td>• Dihydrocodeine</td> <td>• Methadone</td> <td>• Pentazocine</td> </tr> <tr> <td>• Fentanyl</td> <td>• Morphine</td> <td>• Tapentadol</td> </tr> <tr> <td>• Hydrocodone</td> <td>• Nalbuphine</td> <td>• Tramadol</td> </tr> </tbody> </table> <p>*https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf</p>	Opioid Medications Included in Measure			• Buprenorphine	• Hydromorphone	• Opium	• Butorphanol	• Levorphanol	• Oxycodone	• Codeine	• Meperidine	• Oxymorphone	• Dihydrocodeine	• Methadone	• Pentazocine	• Fentanyl	• Morphine	• Tapentadol	• Hydrocodone	• Nalbuphine	• Tramadol
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<p>New! Use of Opioids From Multiple Providers</p> <p>Adults ages 18 and older</p>	<p>Three rates are reported:</p> <ol style="list-style-type: none"> 1. Members receiving prescriptions for opioids from \geq four prescribers 2. Members receiving prescriptions for opioids from \geq four pharmacies 3. Members receiving prescriptions for opioids from \geq four prescribers and \geq four pharmacies <p>Medications or patients excluded from the measure include:</p> <ul style="list-style-type: none"> • Patients with hospice status • Patients with $<$ 15 day supply of opiates in the measure period • Patients with a single opioid medication dispensing in measure period • Injectable agents • Single-agent and combination buprenorphine products • Opioid cough and cold products • Lonsys (fentanyl transdermal) – inpatient use only through REMS 																					

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Medication Management					
Medication Reconciliation Post Discharge Adults ages 18 and older	Medication reconciliation conducted by a prescribing practitioner, registered nurse, or clinical pharmacist within 30 days after discharge (31 total days). Documentation in the <u>outpatient medical record</u> must include evidence of one of the following and the date it was performed (<u>any</u> of the following meets the criteria): <ul style="list-style-type: none"> • The provider reconciled the current and discharge medications • Documentation of current medications with notation that references the discharge medications • Current medications with a notation that the discharge medications were reviewed • Notation that no medications were prescribed or ordered upon discharge 				
Potentially Harmful Drug-Disease Interactions in the Elderly Adults ages 67 and older	Three rates are reported: <ol style="list-style-type: none"> 1. A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRI's, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants 2. Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents 3. Chronic kidney disease and a prescription for Cox-2 Selective NSAIDs or non-aspirin NSAIDs 				
Use of High-Risk Medications in the Elderly Adults ages 66 and older	Two rates are reported: <ol style="list-style-type: none"> 1. Members who received at least one high-risk medication 2. Members who received at least two dispensing events for the same medications 				
Annual Monitoring for Patients on Persistent Medications Adults ages 18 and older	Received at least 180 days of ambulatory medication therapy during the measurement year Received the following lab tests: <table border="1"> <thead> <tr> <th>Medications</th> <th>Annual Monitoring Lab Tests</th> </tr> </thead> <tbody> <tr> <td>ACE/ARBs Diuretics</td> <td>A serum potassium test and a serum creatinine test (or a panel containing them)</td> </tr> </tbody> </table>	Medications	Annual Monitoring Lab Tests	ACE/ARBs Diuretics	A serum potassium test and a serum creatinine test (or a panel containing them)
Medications	Annual Monitoring Lab Tests				
ACE/ARBs Diuretics	A serum potassium test and a serum creatinine test (or a panel containing them)				
Measure	Criteria				
Access/Availability of Care					
New! Transitions of Care (Medicare only) Adults ages 18 and older	Four rates are reported: <ol style="list-style-type: none"> 1. Notification of inpatient admission – documentation of receipt of notification of inpatient admission on the day of admission or the following day 2. Receipt of discharge information – documentation of receipt of discharge information on the day of discharge or the following day 3. Patient engagement after inpatient discharge – documentation of patient engagement (i.e. office visits, telehealth, transitional care management services) provided 30 days after discharge 4. Medication reconciliation post-discharge – documentation of medication reconciliation on the date of discharge through 30 days after discharge 				
New! Follow-up After ED Visits for People with High-Risk Multiple Chronic Conditions (Medicare only) Adults ages 18 and older	Members with emergency department (ED) visits who have high-risk multiple chronic conditions who had a follow-up service within 7 days of the ED visit, which may include: <ul style="list-style-type: none"> • Outpatient visit • Behavioral health visit • Telephone visit • Transitional Care Management service • Complex Care Management service 				

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Measure	Criteria
Access/Availability of Care	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Children/Adolescents ages 1-17 years	A new prescription (4 month negative medication history) for an antipsychotic medication Documentation of psychosocial care as a first-line treatment Exclusions: <ul style="list-style-type: none"> At least one acute inpatient encounter, <u>or</u> at least 2 visits in an outpatient, intensive outpatient or partial hospitalization setting with A diagnosis of schizophrenia, bipolar disorder or other psychotic disorder during the measurement year
Adult Access to Preventive/Ambulatory Care Adults ages 20 and older	An ambulatory or preventive care visit: <ul style="list-style-type: none"> In the measurement year for Medicaid and Medicare members In the measurement year or the two years prior for Commercial members
Children and Adolescents' Access to PCPs Children/Adolescents age 12 months-19 years	An ambulatory or preventive care visit: <ul style="list-style-type: none"> In the measurement year for ages 12 months to 6 years In the measurement year or the two years prior for ages 7 to 19 years
Prenatal/Postpartum Care Pregnant Women	Prenatal visit within the first trimester (or within 42 days of enrollment) Postpartum visit between 21 and 56 days after delivery
Measure	Criteria
Use of Services	
Well-Child Exams Children ages 0-15 months (turned 15 months during the measurement year)	6 well-care visits (at least 2 weeks apart) with a PCP Each visit must show evidence of all of the following: <ul style="list-style-type: none"> Health and development history (physical and mental) Physical exam Health education/anticipatory guidance
Well-Child Exams Children ages 3-6 years	At least one well-care visit with a PCP during the measurement year Must show evidence of all the following: <ul style="list-style-type: none"> Health and development history (physical and mental) Physical exam Health education/anticipatory guidance
Adolescent Well-Care Visit Adolescents/Adults ages 12-21 years	At least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year Must show evidence of all the following: <ul style="list-style-type: none"> Health and development history (physical and mental) Physical exam Health education/anticipatory guidance
Measure	Criteria
Care for the Older Adult	
Medication Review Adults ages 66 years and older	Documentation must include the following: <ul style="list-style-type: none"> A medication list in the medical record and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed Notation that the member is not taking any medication and the date when it was noted <i>An outpatient visit is not required to meet criteria. A review of side effects for a single medication at the time of prescription alone is not sufficient.</i>

**Upper Peninsula Health Plan (UPHP) and
Upper Peninsula Health Group (UPHG)
Select Quality Measures**

Measure	Criteria
Care for the Older Adult	
Advance Care Planning Adults ages 66 years and older	Documented discussion about preferences for resuscitation, life-sustaining treatment and end of life care Evidence of advance care planning must include one of the following: <ul style="list-style-type: none"> • The presence of an advance care plan in the medical record • Documentation of an advance care planning discussion or initiation of the discussion with the provider <i>and</i> the date when it was discussed during the measurement year • Notation that the member previously executed an advance care plan • Conversations with relatives or friends about life-sustaining treatment and end-of-life care, documented in the medical record. Patient designation of an individual who can make decisions on behalf of the patient during the measurement year
Functional Status Assessment Adults ages 66 years and older	Documentation of a complete functional status assessment and the date it was performed Must include one of the following: <ul style="list-style-type: none"> • Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [i.e., getting in and out of chairs], using toilet, walking, continence status • Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances • Notation that at least three of the following four components were assessed: <ul style="list-style-type: none"> ○ Cognitive status ○ Ambulation status ○ Hearing, vision and speech (i.e., sensory ability) <ul style="list-style-type: none"> ▪ Note: Cranial nerve assessment notation alone does not meet criteria for sensory ability component <p><i>A functional status assessment limited to an acute or single condition, event or body system (i.e., lower back, leg) does not meet criteria for a comprehensive functional status assessment</i></p>
Pain Assessment Adults ages 66 years and older	Documentation in the medical record must include evidence of a pain assessment and the date it was performed <i>Notations for a pain assessment must include one of the following:</i> <ul style="list-style-type: none"> • Documentation that the patient was assessed for pain (which may include positive or negative findings for pain) • Result of assessment using a standardized pain assessment tool <p><i>Notation of a pain management plan alone does not meet criteria</i></p>
Measure	Criteria
Measures Collected through CAHPS Health Plan Survey	
Aspirin Use and Discussion Women ages 56-79 Men ages 46-79	Aspirin Use <ul style="list-style-type: none"> • Percentage of members who are currently taking aspirin Discussing aspirin risks and benefits <ul style="list-style-type: none"> • Percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider
Flu Vaccinations for Adults and Older Adults Adults ages 18-65 Older Adults ages 65+	Received an influenza vaccination <u>after</u> July 1

**Upper Peninsula Health Plan (UPHP) and
Upper Peninsula Health Group (UPHG)
Select Quality Measures**

Measure	Criteria
Measures Collected through CAHPS Health Plan Survey	
Medical Assistance with Smoking Cessation Current smoker/tobacco user Adults ages 18 and older	Advising smokers and tobacco users to quit <ul style="list-style-type: none"> Discussing cessation medications Discussing cessation strategies
Pneumococcal Vaccination Status for Older Adults Adults ages 65 and older	Have <u>ever</u> received a pneumococcal vaccine
Measure	Criteria
Measures Collected through Medicare Health Outcomes Survey (HOS)	
Fall Risk Management Adults ages 65 and older	Discussing Fall Risk: <ul style="list-style-type: none"> Balance or walking problems or a fall in the past 12 months Seen by a practitioner in the past 12 months Discussed falls or problems with balance or walking with current practitioner Managing Fall Risk: <ul style="list-style-type: none"> Had a fall or problems with balance or walking in the past 12 months Seen by a practitioner in the past 12 months Received fall risk intervention from their current practitioner
Management of Urinary Incontinence in Older Adults Adults ages 65 and older	Discussing Urinary Incontinence <ul style="list-style-type: none"> Reported having urine leakage in the past 6 months Discussed their urinary leakage problem with a health care provider Discussed <i>Treatment of</i> Urinary Incontinence <ul style="list-style-type: none"> Reported having urine leakage in the past 6 months Discussed treatment options for their current urine leakage problem Impact of Urinary Incontinence <ul style="list-style-type: none"> Reported having urine leakage in the past 6 months Reported that urine leakage made them change their daily activities or interfered with their sleep a lot
Osteoporosis Testing in Older Women Women ages 65-85	Reported <u>ever</u> having received a bone density test to check for osteoporosis
Physical Activity in Older Adults Adults ages 65 and older	Discussing Physical Activity <ul style="list-style-type: none"> Had a doctor's visit in the past 12 months Spoke with a doctor or other health provider about their level of exercise or physical activity Advising Physical Activity <ul style="list-style-type: none"> Had a doctor's visit in the past 12 months Received advice to start, increase or maintain their level of exercise or physical activity