



MEDICARE ADVANTAGE INCENTIVE PROGRAM

Calendar Year 2016

Medicare Advantage Incentive Program Masthead Measure Guide

Release: March 2016

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The Quality metrics may be reviewed and updated annually to stay in step with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations.



2016 Medicare Advantage Incentive Program Masthead Measure Guide

Quality Measure Name/Description	STAR Measure Number	Developer Reference	Numerator	Denominator	Exclusion	Notes	CPTII Required v Optional X	CQF Eligible ¹
Breast Cancer Screening: The percentage of female members age 50 - 74 years who had a mammogram to screen for breast cancer.	C01	HEDIS® 2016 (BCS) NQF#2372 QRS	Members with one or more mammograms in the measurement period or the 15 months prior.	Attributed female members age 52 - 74 as of the last date of the measurement period.	Exclude from denominator those who had a bilateral mastectomy.	Member age difference in description and denominator is due to required member continuous enrollment for the measurement year and the 15 months prior.		v
Colorectal Cancer Screening: The percentage of members age 50 - 75 who had appropriate screening for colorectal cancer.	C02	HEDIS® 2016 (COL) NQF #34 QRS	Members with one or more screenings for colorectal cancer: FOBT during the measurement year, flexible sigmoidoscopy in the measurement period or the four years prior to the measurement period or Colonoscopy in the measurement period or the nine years prior to the measurement period.	Attributed members age 51 - 75 as of the last date of the measurement period.	Exclude from denominator members with a diagnosis of colorectal cancer or with evidence of a total colectomy any time in their history.	Member age difference in description and denominator is due to required member continuous enrollment 1 year prior to the measurement period. Regardless of FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned. FOBT tests performed in an office setting or on a sample collected via a digital rectal exam (DRE) do not meet criteria.		v
Adult BMI Assessment: The percentage of members age 18 - 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement period or the year prior to the measurement period.	C07	HEDIS® 2016 (ABA) QRS	Members age 20 years and older on the date of service, with a BMI documented in the measurement period or the year prior. Members younger than age 20 years on the date of service, with a BMI percentile during the measurement period or the year prior to the measurement period.	Attributed members age 18 - 74 who had an outpatient visit in the measurement period or year prior to the measurement period.	Exclude from denominator those who have a diagnosis of pregnancy in the measurement period or the year prior.	For members age 20 years and older on the date of service include in documentation weight and BMI value and for members younger than 20 years on the date of service include in documentation height, weight and BMI percentile.		v
Osteoporosis Management in Women Who Had a Fracture: The percentage of female members age 67 - 85 who suffered a fracture 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.	C12	HEDIS® 2016 (OMW) CMS 2016 NQF #53	Members with appropriate testing or treatment for osteoporosis after a fracture in the measurement period.	Attributed female members age 67 - 85 by the end of the measurement period and who suffered a fracture identified by an outpatient, observation, ED, nonacute inpatient or acute inpatient encounter in the measurement period.	Exclude from the denominator those with a BMD test during the 730 days (24 months) prior to the Index episode start date or a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the index episode start date or who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the index episode start date or without drug benefit coverage with Highmark.	None		v
Comprehensive Diabetes Care: Eye Exam (retinal) performed - The percentage of diabetic members age 18 - 75 who received an eye screening for diabetic retinal disease.	C13	HEDIS® 2016 (CDC) NQF #55 QRS	Members with a retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal or dilated eye exam in the year prior.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	X	v
Comprehensive Diabetes Care: Medical Attention for Nephropathy: The percentage of diabetic members age 18 - 75 who had medical attention for nephropathy.	C14	HEDIS® 2016 (CDC) NQF #62 QRS	Members with evidence of nephropathy or received a nephropathy screening test in the measurement period.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	X	v





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Comprehensive Diabetes Care: HbA1c Control (≤9%): The percentage of members age 18 - 75 with diabetes (type 1 or type 2) whose most recent Hemoglobin A1c is ≤9.0%.	C15	HEDIS® 2016 (portion of CDC) NQF #59	Diabetic members whose HbA1c level is ≤ 9 indicates better performance. Because this measure is reported as an inverted rate, diabetic members whose most recent HbA1c level is >9.0%, OR the test is missing a result, OR an HbA1c test was not done in the measurement period is used to calculate the numerator.	Attributed members age 18 - 75 who met pharmacy or face-to-face encounter criteria during the measurement period and who were enrolled in the plan at the end of the measurement period.	Exclude from denominator those with a diagnosis of gestational or steroid-induced diabetes in the measurement period or the year prior to the measurement period.	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period. The measure is reported as an inverted rate [1-(numerator/denominator)]. A higher rate indicates better performance (i.e., high rates of control indicate better care).	v	v
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis: The percentage of members age 18 and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	C17	HEDIS® 2016 (ART) NQF #54	Members with at least one ambulatory prescription dispensed for a DMARD in the measurement period.	Attributed members age 18 and older as of the last day of the measurement period with two of the following with different dates of service on or between the first day of the measurement period and 32 days prior to the last day of the measurement period: an outpatient visit with any diagnosis of rheumatoid arthritis or a nonacute inpatient discharge with any diagnosis of rheumatoid arthritis. Visit type need not be the same for the two visits.	Exclude from denominator those with a diagnosis of HIV, or with a diagnosis of pregnancy any time during the measurement period, or members without pharmacy drug benefits through Highmark.	None		v
All-Cause Readmissions: For members age 18 and older, the number of acute inpatient stays during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days over the predicted probability of an acute readmission. (Displayed as a ratio)	C19	HEDIS® 2016 (PCR) CMS 2016 NQF #1768 QRS	Members with an unplanned acute inpatient stay for any diagnosis with an inpatient admission date within 30 days of a previous inpatient Index Discharge Date in the measurement period.	Attributed members age 18 or older with acute inpatient discharge stays on or between the first day of the measurement period and 31 days prior to the last day of the measurement period.	Exclude from denominator those with hospital stays where the Index Admission Date is the same as the Index Discharge Date or inpatient stays with 'Died' discharge status or with a principal diagnosis of pregnancy, or a principal diagnosis for a condition originating in the perinatal period or if the admission date of the first planned hospital stay is within 30 days and includes a principal diagnosis of maintenance chemotherapy or principal diagnosis of rehabilitation or an organ transplant or potentially planned procedure without a principal acute diagnosis.	Includes acute admissions to behavioral healthcare facilities and for acute-to acute transfers, the original admission date is the Index Admission Date, but the transfer's discharge date is the Index Discharge Date.		
Annual Wellness and Initial Preventive Physical Exam Rate: The percentage of members age 65 and older who had an Annual Wellness Visit or Initial Preventive Physical Exam during the measurement year.	C51	Highmark	Members with an Annual Wellness Visit or the Initial Preventive Physical Exam in the measurement period.	Attributed members age 65 years and older in the measurement period.	None	None		
Medication Adherence for Diabetes Medication: The percentage of members age 18 and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The six classes of diabetes medication include: biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetic, or meglitinide.	D12	CMS PQA 2016 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over across the classes of diabetes medications in the measurement period.	Attributed members age 18 and older with at least two fills of medication(s) across any of the drug classes in the measurement period.	Exclude those without pharmacy benefits through Highmark and patients who have one or more prescriptions for insulin in the treatment period.	Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.		





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Medication Adherence for Hypertension: Renin Angiotensin System Antagonists (RASA): The percentage of members age 18 and older with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Blood pressure medication includes: ACE (angiotensin converting enzyme) Inhibitor, ARB (angiotensin receptor blocker), or a direct renin inhibitor.	D13	CMS PQA 2016 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over for RAS antagonist medications in the measurement period.	Attributed members age 18 and older with at least two fills of either the same medication or medication(s) in the drug classes in the measurement period.	Exclude from the denominator those without pharmacy benefits through Highmark.	Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.		
Medication Adherence for Cholesterol (Statins): The percentage of members age 18 and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	D14	CMS PQA 2016 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over for statin cholesterol medication(s) in the measurement period.	Attributed members age 18 and older with at least two fills of either the same medication or medication(s) in the drug classes in the measurement period.	Exclude from the denominator those without pharmacy benefits through Highmark.	Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.		
MTM Program Completion Rate for CMR: The percentage of members age 18 and older enrolled in the Medication Therapy Management (MTM) program who received a Comprehensive Medication Review (CMR) during the measurement period.	D15	CMS 2016	Members received a CMR at any time during their period of MTM enrollment in the measurement period.	Attributed members who were at least age 18 or older as of the beginning of the measurement period and who were enrolled in the MTM program for at least 60 days during the measurement period.	Exclude from the denominator those members who are in hospice.	CMR must be completed by Highmark's CMS approved Vendor.		
Statin Therapy for Patients With Cardiovascular Disease: The percentage of male members age 21 - 75 and female members age 40 - 75 during the measurement period, who were identified as having clinical atherosclerotic cardiovascular disease and were dispensed at least one high or moderate-intensity statin medication during the measurement period.	DMC20	HEDIS® 2016 (SPC)	Members with at least one dispensing event for a high or moderate-intensity statin medication in the measurement period.	Attributed male members age 21 - 75 and females age 40 - 75 identified by event during the year prior to the measurement period who were: -discharged from an inpatient setting with myocardial infarction OR -had a CABG, PCI or other revascularization procedure in any setting. OR by Diagnosis as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement period and the year prior to the measurement period. Criteria need not be the same across both years: - at least one outpatient visit with an IVD diagnosis OR - at least one acute inpatient encounter with an IVD diagnosis	Exclude from the denominator those members with pregnancy, In vitro fertilization, ESRD, and cirrhosis the measurement period or year prior OR Dispensed at least one prescription for clomiphene during the measurement year or the year prior OR Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period	None		





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<p>Medication Management for People With Asthma: The percentage of members age 18 – 85 during the measurement period who were identified as having persistent asthma and were dispensed appropriate medications that they remained on in the treatment period.</p>	DMC21	HEDIS® 2016 (MMA) NQF #1799 QRS	Members that remained on an asthma controller medication during their treatment period. The rate is the number of members who achieved a proportion of days covered of at least 75% for their asthma controller medications in the measurement period.	Attributed members age 18 - 85 identified as having persistent asthma who met at least one of the following criteria during both the measurement period and the 12 months prior to the measurement period: at least one ED visit or one acute inpatient encounter with a principal diagnosis of asthma, or four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events, or four asthma medication dispensing events. Criteria need not be the same across both years.	Exclude from the denominator those members who had a diagnosis for emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis or acute respiratory failure during the member's history through the last day of the measurement period or who had no asthma controller medications dispensed during the measurement period or those without Highmark pharmacy benefits.	Members identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor.		v
<p>Statin Therapy for Patients With Diabetes: The percentage of members age 40 - 75 during the measurement period with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement period.</p>	DMC22	HEDIS® 2016 (SPD)	Members with at least one dispensing event for a statin medication of any intensity in the measurement period.	Attributed members age 40 - 75 with diabetes who do not have clinical atherosclerotic cardiovascular disease in the measurement period.	Exclude from the denominator members with cardiovascular disease by event during the year prior to the measurement period who were: -discharged from an inpatient setting with myocardial infarction OR -had a CABG, PCI or other revascularization procedure in any setting. OR -by Diagnosis as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement period and the year prior to the measurement period. Criteria need not be the same across both years: - at least one outpatient visit with an IVD diagnosis OR - at least one acute inpatient encounter with an IVD diagnosis OR - Pregnancy, In vitro fertilization, ESRD, cirrhosis or dispensed at least one prescription for clomiphene in the measurement period or year prior OR - Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period.	None		

[Provider Program Portal On Navinet](#)

¹Clinical Quality Feedback Supplemental Guide

Gray Shading in columns CPTII and CQF indicates Not applicable for the measure





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Steward/ Reference	Web Links
<p>CMS - Centers for Medicare and Medicaid Services</p> <p>1. Stars link provides a page to download technical specifications for STARS measures. See download link on this page for zip file '2016 Part C & D STAR ratings data V10_06_2015' for technical specifications.</p> <p>2. CMS measures with NCQA/HEDIS as source, see links below under HEDIS and NCQA for purchasing 2016 HEDIS documentation and datasets or download free QRS datasets if measure is also QRS to obtain diagnosis and procedure cod datasets.</p> <p>3. CMS PQA drug related measures see the zip file on this web page for '2016 Part C and D Medicare Star Rating Data V10_06_2015' which contains the PQA medication tables for those measures.</p>	<p>Stars - http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html</p>
<p>HEDIS and NCQA - Healthcare Effectiveness Data and Information Set and National Council on Quality Assurance</p> <p>1. Home link provides up to date news at NCQA.</p> <p>2. Specification Update link provides information and additional links on 2016 Technical measure changes and documentation for HEDIS, QRS, and National Drug Code information.</p> <p>3. Create NCQA login account Click this link to create an NCQA account first to purchase and download full HEDIS or free QRS datasets.</p> <p>4. Purchase full HEDIS tech specs and datasets or Free QRS datasets - link provides information to purchase HEDIS technical documentation and datasets or download for free the QRS datasets for individual diagnosis and procedure codes. You must create a login account for NCQA first. Add items to the 'Cart' and follow instructions to purchase. After purchase of HEDIS or free QRS datasets, NCQA will send an email to allow electronic downloads</p>	<p>Home - http://www.ncqa.org/HomePage.aspx</p> <p>Specification Updates - http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016.aspx</p> <p>Create NCQA login account - https://store.ncqa.org/index.php/customer/account/login/referer/aHR0cDovL3N0b3JlLm5icWEub3JnL2luZGV4LnBocC9jYXRhbG9nL3Byb2R1Y3Qvdmllcy9pZC8yMzI3L3MvMjAxNi1xdWVsaXR5LXJhdGluZy1zeXN0ZW0tcXJzLWhlZGZlLXZhbHVlLXNldC1kaXJlY3Rvcnk/</p> <p>Purchase Full HEDIS and technical specs or Free QRS datasets - http://store.ncqa.org/index.php/performance-measurement.html</p>
<p>NQF - National Quality Forum</p> <p>1. The NQF link displays the Quality Positioning System (QPS) measure inquiry page that defaults to 'NQF endorsed' measures.</p> <p>2. Enter NQF number with 4 digits in the measure search box. For example 24 is entered '0024'.</p> <p>3. If an NQF number is not found, change the radio button from 'NQF endorsed' to 'All' or 'Not Endorsed' to find a measure.</p> <p>4. NQF does not supply diagnosis and procedure codes for a measure. See the NCQA and HEDIS above to download Free QRS specs and datasets or purchase full HEDIS specs and datasets</p> <p>5. Only measure descriptions and NQF reports are available at this web site. NQF measure documents have developer links for technical specifications and/or diagnosis and procedure codes for measures.</p>	<p>NQF - QPS Measures - http://www.qualityforum.org/Qps/QpsTool.aspx</p>
<p>PQA - Pharmacy Quality Alliance</p> <p>PQA measure list link provides descriptions of PQA measures and technical specifications for PQA drug related measures. Additional information can be found on PQA measures in the CMS zip file Stars link above.</p>	<p>PQA measure list - http://pqaalliance.org/measures/default.asp</p>
<p>QRS - Quality Rating System for Plans</p> <p>1. QRS Technical Specs Link provides the document published by CMS for 2016 QRS measures.</p> <p>2. Updates QRS measures provides links to 2016 changes to QRS measures.</p> <p>3. Download QRS HEDIS Dataset link provides a free excel dataset of QRS measure diagnoses and procedures codes and a technical specification manual. The QRS download link is at the bottom of the web page.</p> <p>4. You must create a login account for NCQA first before trying to download info. See Create NCQA login account link above in the HEDIS and NCQA section. Add items to the 'Cart' and follow instructions to purchase. After purchasing Free QRS specs and datasets or paying for the full HEDIS specs and datasets, NCQA will send an email to allow electronic QRS or HEDIS downloads of information.</p>	<p>QRS Technical specs - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf</p> <p>Updates QRS measures - http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016.aspx</p> <p>Download QRS HEDIS Dataset - http://store.ncqa.org/index.php/performance-measurement.html</p>
<p>Highmark</p>	<p>Mastheads for Highmark modified or created measures will be attached to the masthead measure guide.</p>



2016 Medicare Advantage Incentive Program Measure

(Revised 1/2016)

C51: Annual Wellness and Initial Preventive Physical Exam Rate

Source: Highmark

Description: Percentage of Medicare Advantage members who had the Annual Wellness Visit or Initial Preventive Physical Exam (IPPE) during the measurement year.

Denominator Description	Denominator Table(s)
All Medicare Advantage members age 65 years and older	N/A

Continuous Enrollment	Continuous enrollment during the measurement year.
Allowable Gap	One gap of up to 45 days during the enrollment year.
Anchor Date	Must be enrolled in the plan at the end of the year.

Denominator Exclusion Description	Exclusion Table(s)
No exclusions	N/A

Numerator Description	Numerator Table(s)
Patients who completed the Annual Wellness Visit or the IPPE during the measurement year	Table QN51A for Annual Wellness Visit Or Table QN51B for IPPE

Table QN51A Codes to Identify Annual Wellness Visit

HCPCS
G0438, G0439

Table QN51B Codes to Identify Initial Preventive Physical Exam (IPPE)

HCPCS
G0402

Patients can complete the annual wellness visit **after the first 12 months** of enrollment in Medicare Part B.
 Patients can complete the Initial Preventive Physical Examination (IPPE) **during the first 12 months** of enrollment in Medicare Part B.

