



# HIGHMARK TRUE PERFORMANCE LITE 2021

## Physician Masthead Measure Guide

**Release Date: March 2021**

Highmark claims are analyzed for inclusion and exclusion for each of the Program metrics based upon the metric specifications. Both primary and secondary Highmark coverage for the Commercial and Medicare Advantage populations may be included depending on the particular metric. However, if Highmark is listed as the secondary plan, and the primary plan pays the claim at 100%, Highmark may not receive the claim. Data from claims not received cannot be considered for inclusion in the program metrics. Additionally, the quality metrics in the Program may be reviewed and updated annually to align with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations. Please refer to the Program Manual for accurate measure listings.

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The Quality metrics may be reviewed and updated annually to align with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations.  
Please refer to your Program manual for accurate measure listing.

## 2021 Highmark True Performance Lite Physician Masthead Measure Guide

### Table of Contents

**Masthead Measure Guide** – Provides the program quality measure list detail and web links to the measure developer technical specifications and datasets. This document is searchable by using the 'control find' function to search for a specific measure. Each measure has a Developer Reference key (CMS, HEDIS, NCQA, NQF, PQA, QRS, etc.). See the **Masthead Measure Guide Web Links** to locate additional information including **free** and **for purchase** measure technical specifications and datasets. See also **Masthead Measure User Reference** for details on how to use this document and developer technical specifications and datasets.

**Masthead Measure Guide and Description of Column Headings**

- **Quality Measure Name/Description** – Measure name and short description of measure.
- **Highmark or Star Measure Number** – Measure numbers defined by Highmark or CMS Star. Primary sort is by Highmark measure QN number in ascending order. See **Masthead Measure Web Links** in this document to get additional information on CMS.
- **Developer Reference** – Displays developer or steward that maintains the quality measure: CMS, HEDIS, NCQA, NQF, PQA and QRS. See Web Link page for links to developer web sites for detailed technical specifications for measures. Measures can have more than one reference acronym.
- **Numerator** – Description of criteria that determines if the case is compliant based on the technical specifications.
- **Denominator** – Description of the population included in the measure.
- **Exclusion** – Criteria that eliminates a case from the numerator or denominator population.
- **Notes** – Special notes that apply to the measure.
- **CPT II** – American Medical Association (AMA) Current Procedural Terminology (CPT) Category II codes are used to facilitate data collection about the quality of care of rendered services and test results that support performance measures. Gray in the column denotes that CPT II codes do not apply. A check '√' denotes that a CPT II code is required for compliance or 'X' denotes CPT II code is optional for compliance.
- **CQF Eligible** – Clinical Quality Feedback (CQF) – This function allows the provider to submit documented clinical information in the member's medical record to supplement what does not appear in Highmark claim's data. Additional CQF information is contained in the document 'Clinical Quality Feedback Supplemental Guide' available on the Provider Program Portal on NaviNet.

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**Masthead Measure Guide Web links** – Provides web addresses to developer technical specifications and/or detailed diagnosis and procedure codes for measures. The web links are listed in alphabetical order by reference acronym.

- **CMS** – Centers for Medicare and Medicaid Services: **Free Technical specifications and PQA medication tables** for quality measures.
- **HEDIS** – Healthcare Effectiveness Data and Information Set: **Purchase** full technical measure specs and diagnosis and procedure code datasets. **Some reporting logic used by NCQA HEDIS (and its licensed vendors) is leveraged by Highmark to result the Program and may not be included in the Masthead Measure Guide documentation due to the complexity of calculations or proprietary limitations.**
- **NCQA** – National Council on Quality Assurance: **Free QRS specs and datasets**, updates for HEDIS and QRS, and National Drug Code (NDC) information.
- **NQF** – National Quality Forum: **Free info on quality measure** standards, reports and endorsements.
- **PQA** – Pharmacy Quality Alliance: Measure descriptions only. **See CMS for technical specifications and medication tables** on pharmacy quality measures.
- **QRS** – Quality Rating System: **Free measure specifications and datasets** for 20 True Performance measures are on the NCQA web site.

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**Highmark Mastheads** – QN27 Screening for Future Falls Risk and QN51 Annual Wellness and Initial Preventive exam

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Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required <sup>v</sup> Optional X	CQF Eligible <sup>1</sup>
<p><b>Comprehensive Diabetes Care: Medical Attention for Nephropathy:</b> The percentage of diabetic members age 18 - 75 who had medical attention for nephropathy.</p>	QN02.3 C14	HEDIS® MY2021 (CDC) CMS 2020 NQF #62 QRS	Members with evidence of nephropathy or received a nephropathy screening test in the measurement period.	<p>Attributed members age 18 - 75 who met pharmacy or claim/encounter criteria during the measurement period or the year prior, and who were enrolled in the plan at the end of the measurement period.</p> <p>Continuous Enrollment - during the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.</p>	<p>Exclude Medicare Advantage members age 66 and older as of January 1 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 - 80 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from denominator those members who did not have a diagnosis of diabetes, in any setting, during the measurement period or the year prior to the measurement period <b>and</b> who had a diagnosis of polycystic ovarian syndrome or gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period, or members in hospice.</p> <p>Also exclude members enrolled in palliative care.</p>	Excluded members must not have a claim/encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	X	v
<p><b>Comprehensive Diabetes Care: Eye Exam (retinal) performed:</b> The percentage of diabetic members age 18 - 75 who received an eye screening for diabetic retinal disease.</p>	QN02.4 C13	HEDIS® MY2021 (CDC) CMS 2020 NQF #55 QRS	Members with a retinal or dilated eye exam by an eye care professional in the measurement period; a negative retinal or dilated eye exam in the year prior; or bilateral eye enucleation any time during the member's history through December 31 of the measurement period.	<p>Attributed members age 18 - 75 who met pharmacy or claim/encounter criteria during the measurement period or the year prior, and who were enrolled in the plan at the end of the measurement period.</p> <p>Continuous Enrollment - during the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.</p>	<p>Exclude Medicare Advantage members age 66 and older as of January 1 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 - 80 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from denominator those members who did not have a diagnosis of diabetes, in any setting, during the measurement period or the year prior to the measurement period and who had a diagnosis of polycystic ovarian syndrome or gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period, or members in hospice.</p> <p>Also exclude members enrolled in palliative care.</p>	Excluded members must not have a claim/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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<b>Adolescent Well-Care Visits:</b> The percentage of members age 12 - 21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.	QN05	HEDIS® 2020 (AWC)	Members with at least one comprehensive well-care visit with a PCP or an OB/GYN in the measurement period.	Attributed members age 12 - 21 as of the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude from the denominator those members in hospice.	The well-care visit does not have to be with the attributed physician and services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.		v
<b>Breast Cancer Screening:</b> The percentage of female members age 50 - 74 years who had a mammogram to screen for breast cancer.	QN08 C01	HEDIS® MY2021 (BCS) CMS 2020 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.  Continuous Enrollment - October 1 two years prior to the measurement period through December 31 of the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days for each full calendar year of continuous enrollment.	Exclude Medicare Advantage members age 66 and older as of January 1 of the measurement period who are:  Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.  Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.  Exclude from denominator those who had a bilateral mastectomy any time during member's history through December 31 of measurement period, or members in hospice.  Also exclude members enrolled in palliative care.	Member age difference in description and denominator is due to required member continuous enrollment for the measurement period and the 15 months prior.  This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs, because they are not appropriate methods for primary breast cancer screening.		v
<b>Colorectal Cancer Screening:</b> The percentage of members age 50 - 75 who had appropriate screening for colorectal cancer.	QN09 C02	HEDIS® MY2021 (COL) CMS 2020 NQF #34 QRS	Members with one or more screenings for colorectal cancer:  FOBT during the measurement period, 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 or CT colonography during the measurement period or 4 years prior to the measurement period or FIT-DNA during the measurement period or 2 years prior to the measurement period.	Attributed members age 51 - 75 as of the last date of the measurement period.  Continuous Enrollment - The measurement period and the year prior to the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.	Exclude Medicare Advantage members age 66 and older as of January 1 of the measurement period who are:  Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.  Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during 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 through December 31 of measurement period, or members in hospice.  Also exclude members enrolled in palliative care.	Member age difference in description and denominator is due to required member continuous enrollment 1 year prior to the measurement period.		v



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<b>Well-Child Visits in Third, Fourth, Fifth and Sixth Years of Life:</b> The percentage of members age 3 - 6 who had one or more well-child visits with a PCP during the measurement period. <i>This measure follows HEDIS 2020 specifications.</i>	QN13	HEDIS® 2020 (W34) NQF #1516 QRS	Members with at least one well-child visit with a PCP in the measurement period.	Attributed members age 3 - 6 as of the last date of the measurement period.  Continuous Enrollment - In the Measurement period.  Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during continuous enrollment period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator members in hospice.	The well-child visit must occur with a PCP, but the PCP does not have to be assigned practitioner to the child. Well-child preventive services count toward the measure, regardless of the primary intent of the visit but, services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.		v
<b>Screening for Future Fall Risk:</b> The percentage of Medicare Advantage members 65 years and older who were screened for future fall risk at least once during the measurement period.	QN27 HOS1	NQF #0101	Medicare Advantage members who were screened for future fall risk at least once during measurement period.	Attributed Medicare Advantage members aged 65 years and older who had a visit with an eligible provider in the measurement period.  Continuous enrollment during the measurement period.  No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude those with documentation of medical reason(s) for not screening for fall risk (i.e., patient is not ambulatory).  Exclude those members in hospice.	Refer to the individual masthead for further details on this measure.	v	
<b>Comprehensive Diabetes Care: HbA1c Control (≤ 9.0%):</b> The percentage of members age 18 - 75 with diabetes (type 1 or type 2) whose most recent Hemoglobin A1c is ≤9.0%.	QN36 C15	HEDIS® MY2021 (portion of CDC) CMS 2019 NQF #59	Diabetic members whose HbA1c level is ≤ 9.0% 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 claim/encounter criteria during the measurement period or the year prior, and who were enrolled in the plan at the end of the measurement period.  Continuous Enrollment - during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude Medicare Advantage members age 66 and older as of January 1 of the measurement period who are:  Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.  Exclude members 66 - 80 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.  Exclude from denominator those members who did not have a diagnosis of diabetes, in any setting, during the measurement period or the year prior to the measurement period and who had a diagnosis of polycystic ovarian syndrome or gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period, or members in hospice.  Also exclude members enrolled in palliative care.	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



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<p><b>Medication Adherence for Diabetes Medication:</b> 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, meglitinide or SGLT2 inhibitors.</p>	<p>QN39 D10</p>	<p>CMS 2020 PQA 2018 NQF #541 QRS</p>	<p>Members with a proportion of days covered (PDC) at 80 percent or over across the classes of diabetes medication(s) in the measurement period.</p>	<p>Attributed members 18 and older with at least two fills of medication(s) across any of the drug classes in the measurement period.</p> <p>Continuous Enrollment - First continuous enrollment period encountered for the member.</p> <p>Allowable gaps - None</p>	<p>Exclude those without Highmark pharmacy benefits or members who have one or more prescriptions for insulin in the treatment period. or members with ESRD or members in hospice.</p>	<p>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.</p> <p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C &amp; D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.</p>		
<p><b>Medication Adherence for Hypertension: Renin Angiotensin System Antagonists (RASA):</b> 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.</p>	<p>QN40 D11</p>	<p>CMS 2020 PQA 2018 NQF #541 QRS</p>	<p>Members with a proportion of days covered (PDC) at 80 percent or over for RAS antagonist medication(s) in the measurement period.</p>	<p>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.</p> <p>Continuous Enrollment - First continuous enrollment period encountered for the member.</p> <p>Allowable gaps - None</p>	<p>Exclude from the denominator those without pharmacy benefits through Highmark, or members with ESRD or members in hospice or members that received one or more prescriptions for sacubitril/valsartan anytime during the measurement period.</p>	<p>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.</p> <p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C &amp; D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.</p>		



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<p><b>Medication Adherence for Cholesterol (Statins):</b> 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.</p>	QN41 D12	CMS 2020 PQA 2018 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.	<p>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.</p> <p>Continuous Enrollment - First continuous enrollment period encountered for the member.</p> <p>Allowable gaps - None</p>	<p>Exclude from the denominator those without Highmark pharmacy benefits</p> <p>members with ESRD</p> <p>members in hospice.</p>	<p>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.</p> <p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C &amp; D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.</p>		
<p><b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of female Medicare Advantage 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.</p>	QN43 C12	HEDIS® MY2020 (OMW) CMS 2020 NQF #53	Members with appropriate testing or treatment for osteoporosis after a fracture in the measurement period.	<p>Attributed female Medicare Advantage 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.</p> <p>Continuous Enrollment - 12 months (1 year) before the Index Episode Start Date (IESD) through 180 days (6 months) after the IESD.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the continuous enrollment period.</p>	<p>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</p> <p>Exclude Medicare Advantage members age 67 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 67 - 80 years of age and older as of December 31 of the measurement year with Frailty and advanced illness during the measurement period.</p> <p>Exclude members 81 years of age and older as of December 31 of the measurement year with frailty during the measurement year.</p> <p>or</p> <p>those without Highmark pharmacy benefits</p> <p>or</p> <p>those members in hospice.</p> <p>Also exclude members enrolled in palliative care.</p>	<p>Fractures of finger, toe, face and skull are not included in this measure. If the member had more than one fracture, include only the first fracture.</p> <p>ED or observation visits (OBS) that result in an inpatient stay are not included when the ED/OBS date of service and the admission date for the inpatient stay are one calendar day apart or less.</p> <p>HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to resulting upon programming updates</p>		v



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<b>Annual Wellness and Initial Preventive Physical Exam Rate:</b> The percentage of Medicare Advantage members age 65 and older who had an annual wellness or initial preventive physical exam during the measurement period.	QN51	Highmark	Medicare Advantage members with an annual wellness or initial preventive physical exam during the measurement period.	Attributed Medicare Advantage members age 65 years and older during the measurement period.	None	None		
<b>Statin Therapy for Patients With Cardiovascular Disease:</b> 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 (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the measurement period.	QN64 C21	HEDIS® MY2021 (SPC) CMS 2020	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  Continuous Enrollment - The measurement period and the year prior to the measurement period. Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.	Exclude Medicare Advantage members age 66 and older as of January 1 of the measurement period who are:  Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.  Exclude members 66 - 80 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.  Exclude from the denominator those female members with pregnancy. Also, include member's with In vitro fertilization, ESRD, and cirrhosis in the measurement period or year prior  Exclude members dispensed at least one prescription for clomiphene during the measurement period or the year prior or, those members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period  Also exclude members in hospice and those members without Highmark pharmacy benefits.  Also exclude members enrolled in palliative care.	HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to resulting upon programming updates.		
<b>Statin Use in Persons with Diabetes:</b> The percentage of members age 40 - 75 who were dispensed a medication for diabetes that receive a statin medication during the measurement period.  <i>This measure is profiled for adults and scored for seniors for 2021.</i>	QN69 D14	CMS 2020 PQA 2019 (SUPD)	Members who received a prescription fill for a statin or statin combination during the measurement period.	Attributed members age 41 – 75 years who were dispensed two or more prescription fills for a hypoglycemic agent (Oral Hypoglycemic, Insulin, and Incretin Mimetics) during the measurement period.  The index prescription for the first hypoglycemic medication must occur at least 90 days prior to the end of the measurement period for denominator inclusion.  Continuous Enrollment - continuously enrolled during the measurement period.  Allowable gaps - none	Exclude from the denominator members in hospice, and members with ESRD.  Also exclude members with rhabdomyolysis or myopathy; members with a diagnosis of pregnancy, lactation, or fertility; members with a diagnosis of pre-diabetes or Polycystic Ovarian Syndrome (POS).  Also exclude members without Highmark pharmacy benefits.	CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See CMS on the web link page in this document.  PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are updated and will be applied to resulting upon programming updates  Members that turn 76 during the measurement period require a part D statin fill prior to turning 76 for health plan compliance.		





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Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required <sup>v</sup> Optional X	CQF Eligible <sup>1</sup>
<b>Lead Screening in Children:</b> The percentage of children 2 years of age who had one or more capillary or venous lead level blood tests for lead poisoning by their second birthday.	QN75	HEDIS® MY2021 (LSC)	At least one lead capillary or venous blood test on or before the child's second birthday.	Children who turn 2 during the measurement period.	Exclude members in hospice.			v
<b>Controlling High Blood Pressure:</b> Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm HG) during the measurement period.	QN76	HEDIS® MY2021 (CBP)	A representative systolic BP < 140 mm Hg and a representative diastolic BP of < 90 mm Hg.	Members who had at least two visits on different dates of service with a diagnosis of hypertension in <b>the first 6 months of the measurement period or the year prior to the measurement period</b> (count services that occur over this time frame). Visit type need not be the same for the two visits.  Continuous Enrollment - continuously enrolled during the measurement period.  Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who meet either of the following:  Enrolled in an Institutional SNP (I-SNP) anytime during the measurement period. OR Living long-term in an institution anytime during the measurement period.  Exclude members 81 years of age and older as of December 31 of the measurement period (all product lines) with Frailty during the measurement period.  Exclude Members 66-80 years of age and older as of December 31 of the measurement period (all product lines) with Frailty and Advanced Illness during the measurement period. Also exclude members in hospice.  Exclude all members with end stage renal disease (ESRD) or kidney transplant during the measurement period, also exclude female members with a diagnosis of pregnancy during the measurement period.  Exclude members who had a non-acute inpatient admission during the measurement period.  Also exclude members enrolled in palliative care.	The numerator should include the most recent BP reading during the measurement period (as long as it occurred after the second diagnosis of hypertension). If no BP is recorded during the measurement period, assume that member is "not controlled".  Do not include BP readings: Taken during an acute inpatient stay  Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.  Taken by the member with a non-digital device such as a manual blood pressure cuff and a stethoscope.  Important note: both codes - 1 for systolic and 1 for diastolic value must be entered on claim for numerator compliance. The CQF can only accept submissions for nursing service and specialist visits for this measure. In these circumstances, three codes are needed for numerator compliance: systolic value, diastolic value, and nursing/specialist visit. Please contact your CTC for further instructions.	v	v
<b>Transitions of Care: Medication Reconciliation Post Discharge:</b> The percentage of discharges from January 1-December 1 of the measurement period for Medicare Advantage members 65 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).	QN91	HEDIS® MY2021 (TRC)	Members with a medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 total days).	Attributed members who were at least age 18 or older as of the beginning of the measurement period and had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.  Continuous Enrollment - Date of discharge through 30 days after discharge (31 total days).  Allowable Gaps - None	Exclude from the denominator members who are in hospice.  If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge. Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year.	If a member remains in an acute setting through December 1 of the measurement year, a discharge is not included in the measure for this member, but the organization must have a method for identifying the member's status for the remainder of the measurement year, and may not assume the member remained admitted based only on the absence of a discharge before December 1. If the organization is unable to confirm the member remained in the acute or nonacute care setting through December 1, disregard the readmission or direct transfer and use the initial discharge date.  Medication reconciliation does not require the member to be present.	X	v



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Provider Program Portal on NaviNet

<sup>1</sup>Clinical Quality Feedback Supplemental Guide

Gray shading in columns CPTII and CQF indicates not applicable for the measure.

Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required Optional X	CQF Eligible <sup>1</sup>
<p><b>Transitions of Care: Patient Engagement After Inpatient Discharge:</b> The percentage of discharges from January 1-December 1 of the measurement period for Medicare Advantage members 65 years of age and older for whom documentation of patient engagement (ex - office visits, visits to the home, telehealth) is provided within 30 days after discharge.</p> <p><i>This measure is Profiled/Informational for 2021</i></p>	QN92	HEDIS® MY2021 (TRC)	<p>Members with documentation of patient engagement (e.g., office visits, visits to the home) provided within 30 days after discharge.</p>	<p>Attributed members who were at least age 18 or older as of the beginning of the measurement period and had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.</p> <p>Continuous Enrollment - Date of discharge through 30 days after discharge (31 total days).</p> <p>Allowable Gaps - None</p>	<p>Exclude from the denominator members who are in hospice.</p> <p>If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge. Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year.</p>	<p>If a member remains in an acute setting through December 1 of the measurement year, a discharge is not included in the measure for this member, but the organization must have a method for identifying the member's status for the remainder of the measurement year, and may not assume the member remained admitted based only on the absence of a discharge before December 1. If the organization is unable to confirm the member remained in the acute or nonacute care setting through December 1, disregard the readmission or direct transfer and use the initial discharge date.</p>		√
<p><b>Follow Up After ED Visit for People with Multiple Chronic Conditions:</b> The percentage of emergency department (ED) visits for Medicare Advantage members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p> <p><i>This measure is Profiled/Informational for 2021</i></p>	QN93	HEDIS® MY2021 (FMC)	<p>A follow-up service visit within 7 days after the ED visit.</p>	<p>Attributed Medicare Advantage members who had an ED visit for an eligible chronic condition on or between January 1 and December 24 of the measurement period where the member was 18 years and older on the date of the visit. The denominator for this measure is based on ED visits, not members.</p> <p>Continuous Enrollment - 365 days prior to the ED visit through 7 days after the ED visit.</p> <p>Allowable gaps: No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit.</p>	<p>Exclude ED visits that result in an inpatient stay</p> <p>Also exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.</p>	<p>Eligible chronic conditions include - COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, and stroke and ischemic attack.</p>		√

## 2021 Highmark True Performance Lite Physician Masthead Measure Guide

Steward/ Reference	Web Links
<p><b>CMS - Centers for Medicare and Medicaid Services</b></p> <p>1. <b>Star</b> link provides a page to download technical specifications for STAR measures. See download link on this page for zip file '2021 Star Ratings Technical Notes' for technical specifications.</p> <p>2. <b>CMS measures with NCQA/HEDIS</b> as source, see links below under HEDIS and NCQA for purchasing 2021 HEDIS documentation and datasets. Can also download free CMS QRS datasets on the NCQA/HEDIS site for some measures to obtain diagnosis and procedure codes for ICD 9 and ICD 10.</p> <p>3. <b>CMS PQA drug related measures</b> see the zip file on this web page for '2021 Part C and D Medicare Star Rating Data" which contains the PQA medication tables for those measures.</p>	<p><a href="http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html">CMS Star - http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html</a></p>
<p><b>HEDIS and NCQA - Healthcare Effectiveness Data and Information Set and National Council on Quality Assurance - Some reporting logic used by NCQA HEDIS (and its licensed vendors) is leveraged by Highmark to result the Program and may not be included in the Masthead Measure Guide documentation due to the complexity of calculations or proprietary limitations.</b></p> <p>1. <b>Home</b> link provides up to date news at NCQA.</p> <p>2. <b>Specification Updates</b> link provides information and additional links on 2021 Technical specification updates for HEDIS, QRS, and NDC (National Drug Code) information.</p> <p>3. <b>Create NCQA login account</b> Click this link first to create an NCQA account to purchase and download full HEDIS or order free QRS datasets.</p> <p>4. <b>Purchase full HEDIS technical specifications and datasets or order Free QRS datasets</b> link provides information to purchase HEDIS technical documentation and datasets or order free 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 technical specifications and datasets or order free QRS datasets, NCQA will send an email to allow electronic downloads.</p>	<p><a href="http://www.ncqa.org/HomePage.aspx">Home - http://www.ncqa.org/HomePage.aspx</a></p> <p><a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2020">Specification 2021 Updates - http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2020</a></p> <p><a href="https://store.ncqa.org/index.php/customer/account/login/referer/aHR0cDovL3N0b3JlLm5jcWEub3JnL2luZGV4LnBocC9jYXRhbG9nL3Byb2R1Y3Qvdmllldy9pZC8yMzI3L3MvMjAxNi1xdWFsaXR5LXJhdGluZy1zeXN0ZW0tcXJzLWVhZGlzLXZhbHVlXNldC1kaXJlY3Rvcnkv/">Create NCQA login account - https://store.ncqa.org/index.php/customer/account/login/referer/aHR0cDovL3N0b3JlLm5jcWEub3JnL2luZGV4LnBocC9jYXRhbG9nL3Byb2R1Y3Qvdmllldy9pZC8yMzI3L3MvMjAxNi1xdWFsaXR5LXJhdGluZy1zeXN0ZW0tcXJzLWVhZGlzLXZhbHVlXNldC1kaXJlY3Rvcnkv/</a></p> <p><a href="http://store.ncqa.org/index.php/performance-measurement.html">Purchase Full HEDIS and technical specs -http://store.ncqa.org/index.php/performance-measurement.html</a></p> <p><a href="http://store.ncqa.org/index.php/catalog/product/view/id/3643/s/2020-quality-rating-system-qrs-hedis-value-set-directory/">Download Free QRS HEDIS Dataset -http://store.ncqa.org/index.php/catalog/product/view/id/3643/s/2020-quality-rating-system-qrs-hedis-value-set-directory/</a></p>
<p><b>NQF - National Quality Forum</b></p> <p>1. <b>The NQF</b> link displays the Quality Positioning System (QPS) measure inquiry page that defaults to 'NQF endorsed' measures.</p> <p>2. <b>Enter NQF number</b> with 4 digits in the measure search box. For example 24 is entered '0024'.</p> <p>3. <b>If an NQF number is not found</b>, change the radio button from 'NQF endorsed' to 'All' or 'Not Endorsed' to find a measure.</p> <p>4. <b>NQF does not supply diagnosis and procedure codes for a measure. See the NCQA and HEDIS above</b> to download Free QRS specs and datasets or purchase full HEDIS specs and datasets</p> <p>5. <b>Only measure descriptions and NQF reports are available at this web site.</b> NQF measure documents have developer links for technical specifications and/or diagnosis and procedure codes for measures.</p>	<p><a href="http://www.qualityforum.org/Qps/QpsTool.aspx">NQF - QPS Measures - http://www.qualityforum.org/Qps/QpsTool.aspx</a></p>
<p><b>PQA - Pharmacy Quality Alliance</b></p> <p><b>PQA measure list</b> link provides descriptions of PQA measures drug measures. PQA Drug tables are included in the CMS zip file 'Star' link above.</p>	<p><a href="https://www.pqaalliance.org/pqa-measures">PQA measure list - https://www.pqaalliance.org/pqa-measures</a></p>
<p><b>QRS - Quality Rating System for Plans</b></p> <p>1. <b>QRS Technical Specs</b> Link provides the document published by CMS dated September 2020 for 2020 QRS measures.</p> <p>2. <b>Updates QRS measures</b> provides links to 2020 Technical Specification Update to QRS measures.</p> <p>3. <b>Download QRS HEDIS Dataset</b> provides a link to order a free excel dataset of QRS measure diagnoses and procedures codes and a technical specification manual. Click link 'Order 2021 Quality Rating system (QRS) HEDIS Value Set Directory' to order datasets.</p> <p>4. <b>You must create a login account for NCQA first before trying to order info. See Create NCQA login account link above</b> in the HEDIS and NCQA section. Add items to the 'Cart' and follow instructions to order. <b>After ordering Free QRS datasets</b> or paying for the full HEDIS technical specifications and datasets, NCQA will send an email to allow electronic QRS or HEDIS downloads of information.</p>	<p><a href="https://www.cms.gov/files/document/2021-qrs-measure-technical-specifications.pdf">QRS technical specifications - https://www.cms.gov/files/document/2021-qrs-measure-technical-specifications.pdf</a></p> <p><a href="https://www.ncqa.org/wp-content/uploads/2019/09/2020-HEDIS-for-the-Quality-Rating-System-Technical-Update.pdf">Updates QRS measures - https://www.ncqa.org/wp-content/uploads/2019/09/2020-HEDIS-for-the-Quality-Rating-System-Technical-Update.pdf</a></p> <p><a href="http://store.ncqa.org/index.php/catalog/product/view/id/2479/s/2017-quality-rating-system-qrs-hedis-value-set-directory/">Download QRS HEDIS Dataset - http://store.ncqa.org/index.php/catalog/product/view/id/2479/s/2017-quality-rating-system-qrs-hedis-value-set-directory/</a></p>
<p><b>Highmark</b></p>	<p>Mastheads for Highmark modified or created measures will be attached to the masthead measure guide.</p>

<sup>1</sup>Additional guidance on using Steward/Reference information and Web Links can be found in the 'Masthead Measure User Reference'. Please note that measure developers can change link addresses at any time which could make a link in this document disabled.



**QN27: Screening for Future Fall Risk**

(Revised 3/2018)

Source: NQF #0101

**Description:** Percentage of Medicare Advantage members aged 65 and older who were screened for future fall risk during the measurement period.

Denominator Description	Denominator Table(s)
All attributed members aged 65 years and older who had a visit with an eligible provider in the measurement period.	Table QN27.3 for visits

<b>Continuous Enrollment</b>	Continuous enrollment during the measurement year.
<b>Allowable Gap</b>	No more than one gap of up to 45 days in enrollment each year.

**Table QN27.3: Codes to Identify Visit**

CPT®	HCPCS
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99387, 99397, 99401, 99402, 99403, 99404	G0402, G0438, G0439

Denominator Exclusion Description	Exclusion Table(s)
Exclude those: - with documentation of medical reason(s) for not screening for fall risk (i.e., patient is not ambulatory)	Table QN27.4 for exclusions

**Table QN27.4: Codes to Identify Denominator Exclusion**

CPT® Category II
1100F-1P, 1101F-1P – Patient not screened for future fall risk for medical reasons



## QN27: Screening for Future Fall Risk

Numerator Description	Numerator Table(s)
Patients who were screened for future fall risk at least once during the measurement period. A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force. Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year	Table QN27.1 for falls risk assessment

**Table QN27.1: Codes to Identify Fall Risk Assessment**

CPT® Category II
1100F- Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year 1101F – Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year

Numerator Exclusion Description	Exclusion Table(s)
Not specifying reason(s) for not assessing for fall risk	Table QN27.2 for codes not accepted for the numerator

**Table QN27.2: Codes to Identify Numerator Exclusion**

CPT® Category II
1100F-8P, 1101F-8P – Patient not screened for future fall risk, reason not otherwise specified



**QN51: Annual Wellness and Initial Preventive Physical Exam Rate****Source: Highmark**

**Description:** Percentage of Medicare Advantage members who had an annual wellness or initial preventive physical exam during the measurement period.

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

<b>Continuous Enrollment</b>	Continuous enrollment during the measurement year.
<b>Allowable Gap</b>	One gap of up to 45 days during the enrollment year.
<b>Anchor Date</b>	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 an annual wellness or initial preventive physical exam during the measurement period.	Table QN51A for Annual Wellness Visit Or Table QN51B for IPPE

**Table QN51A Codes to Identify Annual Wellness Visit**

HCPCS
G0438, G0439, G0468

**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.

