



Quality Measures: 2020 Anthem Commercial Enhanced Personal Health Care (EPHC) Plan

****Note**—Measurement period for this plan is April 1, 2020 through March 31, 2021

Section 1: Measures for Children

Measure: Appropriate Testing for Children with Pharyngitis

Eligible Population: Children ages 3-18 who were diagnosed with pharyngitis, dispensed an antibiotic and had a test for group A streptococcus for the episode.

Compliance with the measure:

- Diagnosis of pharyngitis
- Prescribed an antibiotic, AND
- Received a group A strep test in the 7 day period from 3 days prior to, through 3 days after, the prescription date.

Codes to identify Pharyngitis:

Description	Codes
ICD-10	J02.0; J02.8-J02.9; J03.00-J03.01; J03.80-J03.81; J03.90-J03.91

Measure: Appropriate Treatment of Children with Upper Respiratory Infections

Eligible Population: Children ages 3 months through 18 years who were diagnosed with Upper Respiratory Infection (URI) and not prescribed an antibiotic within 3 days of the URI diagnosis.

Codes to identify URI:

Description	Codes
ICD-10	J00; J06.0; J06.9

Compliance with the Measure:

- Diagnosis of URI *and*
- **NOT** prescribed an antibiotic within 3 days of URI diagnosis

Clinical Services Line: 1-877-543-5768

Resources Online: CHISaintJosephHealthPartners.org/for-clinical-providers/

Measure: Childhood Immunization Status: MMR

Eligible Population: Children age 2 during the measurement period

Compliance with the measure: Eligible children who had one measles, mumps, rubella (MMR) between their 1st and 2nd birthdays.

Exclusions: History of anaphylactic reaction to immunizations, malignant neoplasm of lymphatic tissue, HIV or other disorders of the immune system.

Codes for MMR:

Description	Codes
ICD-10-CM	ICD-10-CM: B05.0-4, B05.81, B05.89, B05.9 ICD-10-CM: B26.0-3, B26.81-85, B26.89, B26.9 ICD-10-CM: B06.00-02, B06.09, B06.81-82, B06.89, B06.9
CVX	Mumps CVX: 07 Measles/Rubella CVX: 04 Rubella CVX: 06 Measles, Mumps and Rubella CVX: 03, 94
CPT	MMR: 90707, 90710 Measles: 90705 Measles: 05 Measles and Rubella CPT: 90708 Mumps CPT: 90704 Rubella CPT: 90706 Rubella Antibody CPT: 86762
LOINC:	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0

Measure: Childhood Immunization Status: VZV

Eligible Population: Children who have reached age 2 years

Compliance with the measure: Eligible children who have had at least one VZV (chicken pox) shot by their 2nd birthday

Exclusions: History of anaphylactic reaction to immunizations, malignant neoplasm of lymphatic tissue, HIV or other disorders of the immune system.

Codes for Varicella Zoster (VZV):

Description	Codes
ICD-10-CM	B01.0, B01.11-12, B01.2, B01.81, B01.89, B01.9, B02.0-1, B02.21-24, B02.29-34, B02.39, B02.7-9
CVX	21, 94
CPT	90710, 90716

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Measure: Well-Child Visits Ages 3 - 6 Years Old

Eligible Population: Children between the ages of 3 – 6 years old.

Compliance with the measure: Children ages 3 – 6 years old who have had one or more well-child visits during the measurement period.

Section 2: Measures for Children & Adults

Measure: Asthma Medication Ratio

Eligible Population: Members 5-64 who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period.

Total controller medication dispenses divided by Total asthma medication dispenses

Exclusions: Must be documented in medical record/coding:

- COPD
- Emphysema
- Obstructive chronic bronchitis (interstitial emphysema, compensatory emphysema), cystic fibrosis, acute respiratory failure, chronic respiratory conditions due to fumes/vapors

Codes to identify Persistent Asthma:

Description	Codes
ICD-10	J45.20-J45.22; J45.30-J45.32; J45.40-J45.42; J45.50-J45.52; J45.901-J45.902; J45.909; J45.990-J45.991; J45.998

Measure: Chlamydia Screening

Eligible Population: Females ages 16-24 identified through claims as being sexually active.

Compliance with the measure: At least one medical claim with a chlamydia test procedure claim OR at least one lab result for chlamydia test.

Codes for Chlamydia Screening:

Description	Codes
ICD-10	Z11.3
CPT	87110, 87270, 87320, 87490, 87491, 87492, 87810

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Measure: Potentially Avoidable ED visits

Measure identifies members who visited the ED with a diagnosis that could likely have been treated in an ambulatory care setting.

Exclusions: ED visit that results in an inpatient admission and those with a patient reason for visit considered potentially avoidable.

Numerator: ED visits identified by the presence of UB revenue codes. Potentially avoidable emergency room visits are identified by primary ICD-10 diagnosis codes.

Denominator: The count of eligible members for each month of eligibility for the designated time period.

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Section 3: Measures for Adults

Measure: [Appropriate Treatment for Adult Bronchitis](#)

Eligible Population: ages 20-64 who had 1 claim of acute bronchitis who were **not** dispensed an antibiotic prescription in the 3 days after diagnosis.

Exclusions: Antibiotic prescription during the 30 days before, HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, disorders of the immune system or comorbid conditions or competing diagnosis of pharyngitis. ED visit that turned into an inpatient admission.

*The measure is reported as **an inverted rate**. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).*

Codes to identify screenings/tests for treatment of Bronchitis:

Description	Codes
Acute Bronchitis:	
ICD-10	J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9
Outpatient Visit:	
CPT	99201–99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456
HCPCS	G0402, G0438, G0439, G0463, T1015

Measure: [Breast Cancer Screening](#)

Eligible Population: Women ages 52-74 with no claims for a bilateral or unilateral mastectomy or breast cancer.

Compliance with the measure: Mammogram or Digital breast tomosynthesis in the 27 months before the end of the measurement period.

Codes to identify screenings/tests:

Description	Codes
CPT	77055, 77056, 77057, 77061-77063, 77065-77067
HCPCS	G0202, G0204, G0206 UB Rev Codes 0401, 0403

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Measure: Cervical Cancer Screening

Eligible Population: Female members between the ages of 24 and 64.

Compliance with the measure:

- Females 21-64 – At least one claim for cervical cytology in the past 3 years or who had cervical cytology/HPV co-testing performed in the last 5 years.
- Females 30-64 – At least one claim for cervical cytology AND at least one claim for HPV tests less than 4 days apart in the past 5 years.
 - For example, if service date for cervical cytology was Dec. 1 of the measurement period, the HPV test must include a service date on or between Dec. 1 and Dec. 5

Codes to identify screenings/tests for Cervical Cytology:

Description	Codes
CPT	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
Exclusions – Absence of Cervix	ICD-10-CM: Q51.5, Z90.710, Z90.712 ICD-10-PCS: OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ CPT: 51925, 56308, 57540, 57545, 57550, 57555-57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552- 58554, 58570-58573, 58951, 58953, 58954, 58956, 59135
UB Revenue	0923
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Codes to identify screenings/tests for HPV:

Description	Codes
CPT	87620-87622, 87624-87625
HCPCS	G0476
LOINC	21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694- 0, 77379-6, 77399-4, 77400-0

Measure: Cholesterol Medication Adherence

Eligible Population: 18 years of age and older as of Jan 1 who meet days of covered threshold of 80% for statins during the measurement period in the following manner:

- At least 2 prescription claims for statins dispensed in the 365 days before the end of the Measurement Period, **AND**
- The first fill 91-365 days before the end of the Measurement Period, **AND**
- Member eligibility from the first fill to the end of the Measurement Period, with no more than 1 gap of no more than 30 days
- Proxy for Rx eligible for 3rd party Member
- No claims for End Stage Renal Disease during the Measurement Period

Anthem will determine the score based on claims.

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Measure: Diabetes Care: HbA1c Testing

Eligible Population: Persons with Type I or Type II Diabetes, ages 18-75 who had one HbA1c test during the measurement period shown by a claim OR a lab result. Must have 2 claims with a diagnosis of diabetes in any setting in the past 2 years.

Exclusions: 66 and older with a diagnosis of frailty AND 2 outpatient, ED or non-acute inpatient visits with an advanced illness diagnosis OR a dementia dispensed medication.

Codes to identify screenings/tests:

Description	Codes
CPT	83036-7, 3044F, 3045F, 3046F
LOINC	4548-4, 4549-2, 17856-6

Measure: Diabetes Care: Urine Protein Screening

Eligible Population: Persons with Type I or Type II diabetes, ages 18-75 who had one nephropathy screening or evidence of medical attention for existing nephropathy. Must have at least 2 claims with a diagnosis of diabetes within the last 2 years in any setting and at least one prescription for insulin or an oral hypoglycemic.

Compliance with the measure:

- Urine protein screenings
- Nephropathy diagnosis/treatment
- ESRD, Stage 4 CKD, Kidney transplant
- ACE/ARB claim
- Outpatient visit with a nephrologist

Codes to identify screenings/tests:

Description	Codes
CPT	81000 – 81005, 82042 – 82044, 84156
CPT II	3060F – 3062F
	Nephropathy diagnosis
	Prescription for an ACE or ARB during the measurement year

Common chart deficiencies:

- Incomplete information from consultants in the PCP charts.
- Incomplete information related to yearly lab testing and results.

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Measure: Use of Imaging for Lower Back Pain

Eligible Population: Members 19-50 with a claim for low back pain

Exclusions: those with malignant neoplasm, drug abuse, neurologic impairment, major organ transplant, HIV, prolonged use of corticosteroids, spinal infection, IV drug abuse or trauma.

Compliance with the measure: Members in the eligible population who have **no claims** for imaging studies (x-ray, MRI, CT) within 28 days of the low back pain diagnosis.

- A **higher score** indicates **appropriate treatment** of low back pain

Codes to identify screenings/tests for Uncomplicated Low Back Pain:

Description	Codes
ICD-10	M47.26-M47.28; M47.816-M47.818; M47.896-M47.898; M48.06-M48.08; M51.16-M51.17; M51.26-M51.27; M51.36-M51.37; M51.86-M51.87

Measure: Brand Formulary Compliance Rate

Eligible Population: Overall percentage of brand prescriptions filled as formulary based on the prescriptions filled by attributed members with Anthem drug benefits.

Numerator: Total number of brand formulary prescriptions filled for the population for the time period.

Denominator: Total number of brand prescriptions filled for the population for the designated time period.

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