CHI Saint Joseph Health Partners

Quality Measures: 2020 Anthem Medicare Advantage

All measures based on the calendar year (January 1 through December 31) unless otherwise defined in the measure.

Measure: Breast Cancer Screening

Percentage of women who had a mammogram (including digital breast tomosynthesis) during the measurement period or the prior 15 months (October 1, 2018 – December 31, 2020.

Eligible Population:
Females, Age 50 to 74 years old.

Exclusions:

- Members 66 years of age and older enrolled in an I-SNP any time during measurement year, living in a long term institutional setting, or in hospice
- Members 66 years of age and older meeting frailty* and advanced illness* requirements

Optional Exclusion: Bilateral Mastectomy or 2 unilateral mastectomies with service dates 14 days or more apart

Time Frame/Schedule for Coverage *(preventive at 100%):*

- Can be performed annually, between 11 and 13 months;
- Must be performed within the last 27 months that ends December 31, 2020.

Documentation Requirements (codes to identify screenings/tests):

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

What does not count toward closing the Breast Cancer Screening care gap?

- Counseling and patient refusals for screening mammograms

Measure: Colorectal Cancer Screening

Each eligible member receives an appropriate colorectal screening. Documentation (including date and result) of one or more of these screenings:

Eligible Population: Age 50 to 75 years old as of December 31 of measurement year.

Exclusions: Diagnosis of cancer
Total colectomy
Patients 66-75 years old who live long term in an institutional setting
AND/OR
Have frailty or advanced illness.

Time Frame/Schedule for Coverage *(preventive at 100%):*

- **Colonoscopy** once every 10 years **(elapse 119 months*)** non-high risk (G0121)
- **Colonoscopy** once every 2 years **(elapse 23 months*)** high-risk (G0105)
- **FOBT** once every year **(elapse 11 months*)** (82270 [peroxidase activity determination when patientreturns a card], 82274 [fecal hemoglobin determination], G0328)
- **Flexible Sigmoidoscopy** once every 5 years **(elapse 59 months*)** (G0104)
- **Cologuard** once every 3 years (81528) with specific criteria

Documentation Requirements (codes to identify screenings/tests):

Colonoscopy	**CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378, 45379, 45380-45393, 45398 **HCPCS:** G0105, G0121
FOBT	**CPT:** 82270, 82274 **HCPCS:** G0328 **LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
CT Colonography	**CPT:** 74261-74263
FIT-DNA	**CPT:** 81528 **HCPCS**: G0464 **LOINC**: 77353-1, 77354-9
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337-45342, 45345-45347, 45349-45350 **HCPCS:** G0104

What does not count toward closing the Colorectal Screening care gap?

- Digital Rectal exams (DRE)
- FOBT performed in an office setting or performed on a sample collected via DRE
- "no occult blood", "blood Occult +", "Heme +"
- Epi proColon, Septin 9 Gene Methylation Detection
- Documentation using verbiage "colorectal CA screening" without specific type of test and date
- Counseling and/or patient refusals on colorectal cancer screening

Measure: Adult BMI Assessment (ABA)

Medicare Health Plan Rating Measure

Eligible Population:
18-74 year old members with a BMI documented during the measurement year or the year prior to the measurement year:

- **BMI:** Date and result
- **Weight:** Date and result

Note: For patients age 18-74 on date of visit, a height, weight & BMI percentile must be recorded

Documentation requirements (codes to identify screenings/tests):

BMI:	
ICD-10-CM	Z68.1, Z68.20-Z68.39, Z68.41- Z68.45
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
UB Revenue	0510-0517, 0519-0523, 0526-0529, 0982, 0983
BMI Percentile:	
ICD-10-CM	Z68.51-Z68.54

Use ICD 10 diagnosis codes when billing claims for office visits where a BMI was done.

ICD-10	BMI Description		ICD 10	BMI Description
Z68.1	BMI 19 or less, adult		**Z68.32**	BMI 32-32.9
Z68.20	BMI 20-20.9		**Z68.33**	BMI 33-33.9
Z6821	BMI 21-21.9		**Z68.34**	BMI 34-34.9
Z68.22	BMI 22-22.9		**Z68.35**	BMI 35-35.9
Z68.23	BMI 23-23.9		**Z68.36**	BMI 36-36.9
Z68.24	BMI 24-24.9		**Z68.37**	BMI 37-37.9
Z68.25	BMI 25-25.9		**Z68.38**	BMI 38-38.9
Z68.26	BMI 26-26.9		**Z68.39**	BMI 39-39.9
Z68.27	BMI 27-27.9		**Z68.41**	BMI 40-44.9
Z68.28	BMI 28-28.9		**Z68.42**	BMI 45-49.9
Z68.29	BMI 29-29.9		**Z68.43**	BMI 50-59.9
Z68.30	BMI 30-30.9		**Z68.44**	BMI 60-69.9
Z68.31	BMI 31-31.9		**Z68.45**	BMI 70 or greater

Exclusions: Pregnancy during the measurement year or year prior to the measurement year.

Measure: Controlling High Blood Pressure (CBP)

Medicare Health Plan Rating Measure

Eligible Population:
18-85 year old members with diagnosis of hypertension

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria:

^ DIFFERENT FROM CHI MEDICAL PLAN ^

- Two visits with a diagnosis of HTN during measurement year or year prior to the measurement year. Visit types include outpatient visits, telephone encounters or online assessments.
- Members 18-59 years of age whose BP was < 140/90 mmHg
- Members 60-85 years of age with a diagnosis of diabetes whose BP was < 140/90 mmHg

Documentation requirements are the following:

- Date of diagnosis of hypertension before or on June 30 of the measurement year from a problem list, office note, SOAP note, encounter form, diagnostic report or hospital discharge summary,
  and
- Last BP reading (date & result) in the measurement year (if elevated, document all BP readings)

Documentation requirements (codes to identify screenings/tests):

Essential Hypertension:	
ICD-10-CM	I10
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

Exclusions:

- ESRD
- Kidney Transplant
- Pregnancy
- Non Acute Inpatient Stay

AND

- Members 66 years of age and older who are in Hospice, enrolled in an I-SNP or living in a long term institutional setting
- Members 66 years of age and older meeting the frailty* and advanced illness* requirements
- Members 81 years of age and older meeting the frailty* requirements

Measure: Care for Older Adults (COA)

Eligible Population:
Members 66 years and older during the measurement year

Documentation of each of the following during the measurement year:

- Advance care planning (not included in scorecard)
  - Presence of an advance care plan in the medical record
  - Documentation of an advance care planning discussion with the provider and the date when it was discussed with the member
  - Notation that the member has previously executed an advance directive (living will, Power of Attorney, healthcare proxy)
- Medication review
  - Must be done by a prescribing practitioner (physician, PA, NP) or clinical pharmacist
  - Medication list must be included within the documentation and signed by the prescribing practitioner or clinical pharmacist
  - Signed notation by prescribing practitioner that patient is not taking any medications is acceptable
- Functional status assessment

  At least ONE functional status assessment:

  1) Notation that ADLs (activities of daily living) were assessed OR at least **FIVE** of the following:
  Bathing, dressing, eating, transferring, using toilet, walking

  2) Notation that IADL (Instrumental activities of daily living) was assessed OR at least **FOUR** of the following:
  Shopping for groceries, driving or public transportation, using the phone, meal prep, housework, home repair, laundry, taking medications, handling finances

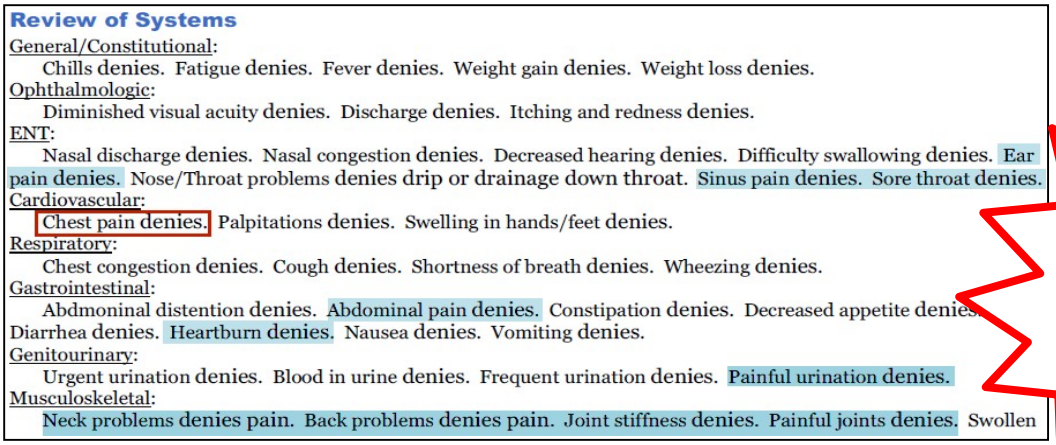
  3) Results of assessment using a standardized Functional status tool

  OR

  4) Notation that at least 3 of the 4 components below were assessed:
  - Notation of **Functional Independence** (yard work, exercise, volunteer work, etc.)
  - **Sensory Ability**: Hearing, Vision and Speech (nonverbal, speaks clearly, aphasia)– Need ALL three (includes cranial nerve assessment)

  "Neuro: cranial nerves II – XII grossly intact"
  - **Cognitive Status** (alert, oriented x3)
  - **Ambulatory Status** (gait, assistance devices, quadriplegia, motor function normal, etc.)

- Pain assessment



Review of Systems

General/Constitutional:
Chills denies. Fatigue denies. Fever denies. Weight gain denies. Weight loss denies.
Ophthalmologic:
Diminished visual acuity denies. Discharge denies. Itching and redness denies.
ENT:
Nasal discharge denies. Nasal congestion denies. Decreased hearing denies. Difficulty swallowing denies. Ear pain denies. Nose/Throat problems denies drip or drainage down throat. Sinus pain denies. Sore throat denies.
Cardiovascular:
Chest pain denies. Palpitations denies. Swelling in hands/feet denies.
Respiratory:
Chest congestion denies. Cough denies. Shortness of breath denies. Wheezing denies.
Gastrointestinal:
Abdmoninal distention denies. Abdominal pain denies. Constipation denies. Decreased appetite denies. Diarrhea denies. Heartburn denies. Nausea denies. Vomiting denies.
Genitourinary:
Urgent urination denies. Blood in urine denies. Frequent urination denies. Painful urination denies.
Musculoskeletal:
Neck problems denies pain. Back problems denies pain. Joint stiffness denies. Painful joints denies. Swollen

Documentation requirements (codes to identify assessments):

Measure	CPT Cat II Codes	Code Description
FSA	1170F	Functional status assessed
Pain Assessment	1125F	Quantified pain present
	1126F	No pain
Med Review	1160F	Review of medication by a prescribing practitioner or clinical pharmacist documented in medical record
	1159F	Medication list documented in med record
	99605	Med management by pharmacist (new patient)
	99606	Med management by pharmacist (est. patient)
	90863	Pharmacologic management performed with psychotherapy services.

- **Advance Care Planning**

CPT: 99497
CPT-CAT-II: 1123F, 1124F, 1157F, 1158F
HCPCS: S0257

- **Medication Review**

CPT: 90863, 99605, 99606
CPT-CAT-II: 1159F, 1160F
HCPCS: G8427

- **Functional Status Assessment**

CPT-CAT-II: 1170F

- **Pain Assessment**

CPT-CAT-II: 1125F, 1126F
TCM 7 Day
CPT: 99496
TCM 14 Day
CPT: 99495

Measure: Comprehensive Diabetes Care (CDC)

Medicare Health Plan Rating Measure

Eligible Population:
18-75 year old members with type 1 or type 2 diabetes

The percentage of members 18-75 with diabetes who had each of the following:

- HbA1c testing and result*
- Medical attention for nephropathy (micro/macro urine)
- ACE/ARB medication therapy with proof of dispensing in measurement year
- Retinal eye exam performed by an ophthalmologist or optometrist in measurement year or year prior

* Date and result of last screening in the measurement year

Exclusions:

Members **66 years of age and older** who meet one of these criteria:

- Enrolled in an I-SNP or long-term institutional setting
- Have frailty and advanced illness

Documentation requirements (codes to identify screenings/tests):

Outpatient Visits	**HCPCS:** G0402, G0438, G0439, G0463, T1015
Inpatient Visits	**UB Revenue:** 0118, 0128, 0138, 0148, 0158, 0190-4, 0199, 0510-23, 0524-5, 0526-29, 550-2, 0559, 0660-3, 0669
HbA1c Test	**CPT:** 83036, 83037 **CPT-CAT-II:** 3044F, 3045F, 3046F **LOINC:** 17856-6, 4548-4, 4549-2
Eye Exams	**CPT:** 67028, 67030, 67031, 67036, 67039-43, 67101, 67105, 67107-67108, 67110, 67112-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-21, 67227-28, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **CPT-CAT-II:** 2022F, 2024F, 2026F, 3072F **HCPCS:** S0620, S0621, S3000
Unilateral Eye Enucleation (with a Bilateral Modifier below)	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Bilateral Modifier	**CPT:** 50, 09950
Unilateral Eye Enucleation Left	**ICD-10-PCS:** 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ
Unilateral Eye Enucleation Right	**ICD-10-PCS:** 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ

Diabetes	**ICD-10-CM:** E10.9, E10.10-11, E10.21-22, E10.29, E10.311, E10.319, E10.321, E10.3211-E10.3213, E10.3219,E10.329-E10.3293, E10.3299, E10.331-E10.3313, E10.3319, E10.339-E10.3393, E10.3399, E10.341-3413, E10.3419, E10.349-3493, E10.3499, E10.351-3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.359-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-44, E10.49, E10.51-52, E10.59, E10.610, E10.618, E10.620-22, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-01, E11.21-22, E11.29, E11.311, E11.319, E11.321, E11.3211-E11.3213, E11.3219, E11.329, E11.3291-E11.3293, E11.3299, E11.331, E11.3311-E11.3313, E11.3319, E11.339, E11.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, E11.349, E11.3491-E11.3493, E11.3499, E11.351, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3549, E11.3549, E11.3551-E.11.3553, E11.3559, E11.37X1-E11.37X3, E11.37X9, E11.39, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.321, E13.3211-E13.3213, E13.3219, E13.329, E13.3291-E13.3293, E13.3299, E13.331, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.341, E13.3411-E13.3413, E13.3419, E13.349, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.359, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-22, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011-13, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83
Nephropathy Treatment	**CPT-CAT-II:** 3066F, 4010F **ICD-10-CM:** E08.21-E08.22, E08.29, E09.21-E09.22, E09.29, E10.21-E10.22, E10.29, E11.21-E11.22, E11.29, E13.21-22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-9, N01.0-9, N02.0-9, N03.0-9, N04.0-9, N05.0-9, N06.0-9, N07.0-9, N08, N14.0-4, N17.0-2, N17.8, N17.9, N18.1-6, N18.9, N19. N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-6, Q61.00-02, Q61.11, Q61.19, Q61.2-5, Q61.8, Q61.9, R80.0-3, R80.8, R80.9

Urine Protein Tests	**CPT:** 81000-81003, 81005, 82042-82044, 84156 **CPT-CAT-II:** 3060F, 3061F, 3062F **LOINC:** 11218-5, 12842-1, 13705-9, 13801-6, 14585-4, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 76401-9, 77158-4, 77253-3, 77254-1, 9318-7

Nephropathy measure Note: Easiest way to meet the nephropathy measure is by collecting a urine sample from the member (which must measure protein). The collection can occur with any visit.

Eye Exam Note: Document date of service, evidence the retina examined, the result and name of the eye care professional (ophthalmologist/ optometrist). A scanned eye exam report from the member's eye care professional or a copy of the complete eye exam report in the paper chart is optimal

Measure: Medication Reconciliation Post-Discharge (MRP)

The percentage of discharges from January 1 - December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed.

Any of the following meets criteria:

- Documentation of the current medications with a notation that the provider reconciled the current and discharge medications
- Documentation of the current medications with a notation that references the discharge medications
- Documentation of the member's current medications with a notation that the discharge medications were reviewed
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service
- Documentation of the current medications with evidence that the member was seen for post discharge hospital follow-up with evidence of medication reconciliation or review
- Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record (would be done by hospital)
- Notation that no medications were prescribed or ordered upon discharge

Only documentation in the outpatient medical record meets the intent of the measure, but an outpatient visit is not required. **A phone call can be done in order to reconcile the medications**.

Documentation requirements (codes to identify screenings/tests):

Medication Reconciliation	**CPT:** 99495, 99496 **CPT-CAT-II:** 1111
Inpatient Stay	**UB Revenue:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002

NOTE: A medication list must be included with ALL reviews/reconciliations. All visits must be accompanied by a prescribing practitioner's, RN's or clinical pharmacist's signature.

NOTE: This measure is not met by clicking the "med rec" button.

Example of Complaint Documentation:

Physician Post Discharge Follow up visit with Med Reconciliation
*The review/reconciliation was performed during the measurement year and conducted within 30 days of discharge.
*Prescribing provider documented hospitalization and reviewed outpatient medication list to inpatient medication list. (reconciliation)

Clinical Services Line: 1-877-543-5768
Resources Online: CHISaintJosephHealthPartners.org/for-clinical-providers/

Measure: Osteoporosis Management

Osteoporosis Management in Women who had a Fracture

Women ages 67-85 who suffered a fracture (excludes fracture of face, skull, finger and toe) and had either:

- A bone mineral density **(BMD)** test
- A **prescription for a drug to treat osteoporosis** in the six months after the fracture
- Members who had a claim/encounter for **osteoporosis therapy during the 365 days prior** to the fracture date.
- Members 66 years of age thru 80 years of age meeting the frailty and advanced illness* requirements
- Members 81 years of age and older with frailty* during the measurement year

Documentation requirements (codes to identify screenings/tests):

CPT Codes to identify BMD test:	76977; 77078; 77080-77082; 77085-77086
HCPCS codes for osteoporosis meds:	J0630; J0897; J1740; J3110; J3487- J3489; Q2051

Measure: Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

Adults age 18 and older who had:

- Diagnoses of rheumatoid arthritis
  and
- Dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)

Exclusions:

- HIV
- Pregnancy anytime during measurement year
- Members 66 years of age and older meeting the frailty* and advanced illness* requirements
- Members 81 years of age and older meeting the frailty* requirements
- Members 66 years of age and older living in a long-term institutional setting

Documentation requirements (codes to identify screenings/tests):

ICD-10 Codes for Rheumatoid Arthritis:	M05.00-M06.9

U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include, in alphabetical order: bisphosphonates: alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid, calcitonin, teriparatide, denosumab, and raloxifine .

Measure: Statin Therapy for Patients with Diabetes (SUPD)

Eligible Population: Adults ages 40-75 with a diagnosis of Type I or Type II Diabetes and who met the following criteria:

Received Statin Therapy: Members who were dispensed at least one statin medication of *any intensity* during the measurement year.

***No reporting is required by the provider for this measure. Based on pharmacy claims only.*

Measure: Statin Use in Persons with Cardiovascular Disease

Eligible Population: Males 21-75 years of age and females 40-75 years of age as of 12/31/2020 who have been diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD) during 2020.

Exclusions:

- 66 years of age and older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution during 2020
- 66 years of age and older with advanced illness during 2019 and/or 2020 AND frailty during 2020
- Diagnosis of pregnancy during 2020
- Diagnosis of in vitro fertilization in 2019 or 2020
- Diagnosis of end-stage renal disease (ESRD) or dialysis during 2019 or 2020
- Diagnosis of cirrhosis during 2019 or 2020•Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during 2020
- Hospice care

Measure: Medication Adherence for Cholesterol, Diabetes and/or Hypertension

Eligible Population: Part D beneficiaries, ages 18 years or older, who are prescribed medications for cholesterol control, diabetes and/or hypertension.

Each eligible patient should fill prescription(s) 80% of the time designated for taking the medication, for:

- cholesterol (e.g., statins)
- diabetes (In this measure, “diabetes medication” means a biguanide drug, a sulfonylurea drug, a thiazolidinedione drug, a DPP-IV inhibitor, an incretin mimetic or a meglitinide drug. Plan members who take insulin are not included.
- hypertension (e.g., angiotensin-converting enzyme [ACE] inhibitors, angiotensin receptorblockers [ARBs], direct renin inhibitors [DRIs])

***No reporting is required by the provider for this measure.* Closed by pharmacy claims only.

Measure: Readmission Rate

This measure identifies the percent of senior plan patients who were readmitted to a hospital within 30 days of being discharged, either for the same condition as their recent hospital stay or for a different reason.

***No *reporting is required by the provider for this measure.*

Measure: Persistent Condition Validation (PCV)

This measure identifies the percent of plan members with chronic conditions documented in the previous year that are recaptured by proper coding in the measurement period.

Measure: Annual Wellness Exam

This measure identifies the percent of plan members who had an annual visit in the calendar year.

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