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For use with patient-centered primary care program only
Revised 3/21/2013
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## Acute and Chronic Care Management Measures

### Sub-composite: Medication Adherence

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</table>
| **Proportion of Days Covered (PDC): Oral Diabetes** | This measure identifies patients with at least two prescriptions for diabetic oral agents in the measurement year who have at least 80% days covered (PDC) since the first prescription of an oral diabetic agent during the year. | **Numerator** Patients in the denominator with at least 80% days covered for an oral diabetic Rx since the first prescription for the drug during the last 365 days  
**Denominator** Patients who have at least two prescriptions for an oral diabetic drug during the last 365 days | **Numerator** >=80% days covered (PDC) for Diabetic Oral Agents (removing overlapping days for Rx) from index event to end of measurement year  
**Denominator**  
- >=2 Rx claims for diabetic oral agents from end of measurement year-365 to end of measurement year, saving earliest instance as index event (IE);  
- Rx eligibility from index event to end of measurement year using HEDIS gap method, <=1 gap <=45 days max;  
- >=18yo  
- No Rx claims for 'Insulin' from index event to end of measurement year | CMS Part D Specifications 2012 |
| **Proportion of Days Covered (PDC): Hypertension (ACE or ARB)** | This measure identifies patients with at least two prescriptions for an ACE/ARB in the measurement year who have at least 80% days covered (PDC) since the first prescription of an ACE/ARB during the year. | **Numerator** Patients in the denominator with at least 80% days covered for an ACE/ARB since the first prescription for the drug during the last 365 days  
**Denominator** Patients who have at least two prescriptions for an ACE/ARB during the last 365 days | **Numerator** >=80 days covered (PDC) for ACE/ARB (removing overlapping days) from index event to end of measurement year  
**Denominator**  
- >=2 Rx claims for ACE/ARB from end of measurement year-365 to end of measurement year, saving earliest instance as index event (IE);  
- Rx eligibility from index event to end of measurement year using HEDIS gap method, <=1 gap <=45 days max;  
- >=18yo | CMS Part D Specifications 2012 |
| **Proportion of Days Covered (PDC): Cholesterol (Statins)** | This measure identifies patients with at least two prescriptions for a Statin in the measurement year who have at least 80% days covered (PDC) since the first prescription of a Statin during the year. | **Numerator** Patients in the denominator with at least 80% days covered for a Statin since the first prescription for the drug during the last 365 days  
**Denominator** Patients who have at least two prescriptions for a Statin during the last 365 days | **Numerator** >=80% days covered (PDC) for Statins (removing overlapping days) from index event to end of measurement year  
**Denominator**  
- >=2 Rx claims for Statins from end of measurement year-365 to end of measurement year, saving earliest instance as index event (IE);  
- Rx eligibility from index event to end of measurement year using HEDIS gap method, <=1 gap <=45 days max;  
- >=18yo | CMS Part D Specifications 2012 |
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<tr>
<td><strong>Diabetes: LDL-C Screening</strong></td>
<td>This measure identifies patients between 18 and 75 years old who have diabetes and who had an LDL-C level checked during the measurement year.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who had an LDL-C level checked during the measurement year&lt;br&gt;&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients with diabetes diagnosed during the measurement year or the year prior to the measurement year</td>
<td>- ≥1 lab claim for a LDL-C test during the measurement year&lt;br&gt;- Age 18–75 years as of the end of the measurement year&lt;br&gt;- AND meet NCQA/HEDIS criteria for diabetes diagnosis, identified during the measurement year or the year prior&lt;br&gt;- AND have service eligibility during the measurement year&lt;br&gt;- AND exclude members who meet NCQA/HEDIS criteria for diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes during the measure year or year prior</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<tr>
<td><strong>Diabetes: Urine Protein Screening</strong></td>
<td>This measure identifies patients between 18 and 75 years old who have diabetes and at least one nephropathy screening; or who had evidence of medical attention for existing nephropathy (diagnosis or treatment of nephropathy), who are taking ACE-I/ARBs, or who have had at least one visit with a nephrologist.</td>
<td><strong>Numerator</strong>&lt;br&gt;The number of patients from the denominator who during the measurement year had at least one test for nephropathy screening; or who had evidence of medical attention for existing nephropathy (diagnosis or treatment of nephropathy), who are taking ACE-I/ARBs, or who have had at least one visit with a nephrologist&lt;br&gt;&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients with diabetes diagnosed during the measurement year or the year prior to the measurement year</td>
<td>- Any one of the following during the measurement year:&lt;br&gt;- ≥1 lab procedure for a urine microalbumin or macroalbumin test&lt;br&gt;- ≥1 procedure or diagnosis for treatment for nephropathy (including dialysis)&lt;br&gt;- ≥1 outpatient visit with a nephrologists specialist&lt;br&gt;- ≥1 Rx claim for ACE Inhibitors/ARBS&lt;br&gt;- Age of 18–75 years as of the end of the measurement year&lt;br&gt;- AND meet NCQA/HEDIS criteria for diabetes diagnosis, identified during the measurement year or the year prior&lt;br&gt;- AND have service eligibility during the measurement year&lt;br&gt;- AND exclude members who meet NCQA/HEDIS criteria for diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes during the measure year or year prior</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<tr>
<td><strong>Diabetes: HbA1c Testing</strong></td>
<td>This measure identifies patients between 18 and 75 years old who have diabetes and who had at least 1 HbA1c test during the measurement year.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who had at least one serum HbA1c test during the measurement year&lt;br&gt;&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients with diabetes diagnosed during the measurement year or the year prior to the measurement year</td>
<td>- ≥1 claim for a HbA1c test during the measurement year&lt;br&gt;- Age of 18–75 years as of the end of the measurement year&lt;br&gt;- AND meet NCQA/HEDIS criteria for diabetes diagnosis, identified during the measurement year or the year prior&lt;br&gt;- AND have service eligibility during the measurement year&lt;br&gt;- AND exclude members who meet NCQA/HEDIS criteria for diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes during the measure year or year prior</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<td>Diabetes: Eye Exam</td>
<td>This measure identifies patients between 18 and 75 years old who have diabetes and who had a retinal eye exam from an optometrist or ophthalmologist in the last 2 years.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who received a retinal eye exam from an optometrist or ophthalmologist in the last 730 days.&lt;br&gt;&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients with diabetes diagnosed during the measurement year or the year prior to the measurement year.</td>
<td>Note: HEDIS specifications only count retinal eye exams from the previous year if the results were negative, but due to data limitations this measure was loosened to accept all eye exams from the previous year regardless of result.&lt;br&gt;&lt;br&gt;<strong>Numerator</strong>&lt;br&gt;≥1 claim for an eye exam as specified by HEDIS in the last 730 days; some of these services are required to be from an optometrist or ophthalmologist depending on the code used&lt;br&gt;&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;• Age of 18–75 years as of the end of the measurement year&lt;br&gt;• AND meet NCQA/HEDIS criteria for diabetes diagnosis, identified during the measurement year or the year prior&lt;br&gt;• AND have service eligibility during the measurement year&lt;br&gt;• AND exclude members who meet NCQA/HEDIS criteria for diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes during the measure year or year prior</td>
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### Sub-composite: Annual Monitoring for Persistent Medications

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<tbody>
<tr>
<td><strong>Annual Monitoring for Patients on Persistent Medications: Digoxin</strong></td>
<td>This measure identifies patients age 18 or older who had at least a 50% medication possession ratio (MPR) for digoxin during the measurement year who had at least 1 serum potassium and either a serum creatinine or a blood urea nitrogen (BUN) therapeutic monitoring test during the measurement year.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who had at least one serum potassium and either a serum creatinine or a BUN test during the measurement year&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients who had at least a 50% MPR for digoxin during the measurement year</td>
<td>- ≥1 claims for a lab panel test during the measurement year&lt;br&gt;- OR BOTH ≥1 claims for a serum potassium test AND ≥1 claims for serum creatinine test in the measurement year&lt;br&gt;- OR BOTH ≥1 claims for a serum potassium test AND ≥1 claims for BUN test during the measurement year</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<tr>
<td><strong>Annual Monitoring for Patients on Persistent Medications: ACE/ARB</strong></td>
<td>This measure identifies patients age 18 or older who received at least a 50% medication possession ratio (MPR) for ACE inhibitors or ARBs during the measurement year who had at least one serum potassium and either a serum creatinine or a blood urea nitrogen (BUN) test during the measurement year.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who had at least one serum potassium and either a serum creatinine or a BUN test during the measurement year&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients who had at least a 50% MPR for ACE inhibitors or ARBs during the measurement year</td>
<td>- ≥1 claims for a lab panel test during the measurement year&lt;br&gt;- OR BOTH ≥1 claims for a serum potassium test AND ≥1 claims for serum creatinine test in the measurement year&lt;br&gt;- OR BOTH ≥1 claims for a serum potassium test AND ≥1 claims for BUN test during the measurement year</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<tr>
<td><strong>Annual Monitoring for Patients on Persistent Medications: Diuretics</strong></td>
<td>This measure identifies patients age 18 or older who had at least a 50% medication possession ratio (MPR) for diuretics during the measurement year who had at least one serum potassium and either a serum creatinine or a blood urea nitrogen (BUN) therapeutic monitoring test during the measurement year.</td>
<td><strong>Numerator</strong> Patients in the denominator who had at least one serum potassium and either a serum creatinine or a BUN therapeutic monitoring test during the measurement year</td>
<td><strong>Numerator</strong>  - ≥1 claims for a lab panel test during the measurement year  - OR BOTH ≥1 claims for a serum potassium test AND ≥1 claims for serum creatinine test in the measurement year  - OR BOTH ≥1 claims for a serum potassium test AND ≥1 claims for BUN test during the measurement year  <strong>Denominator</strong> Patients who had at least a 50% MPR for diuretics during the measurement year</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
</tr>
<tr>
<td><strong>Annual Monitoring for Patients on Persistent Medications: Anticonvulsants</strong></td>
<td>This measure identifies patients age 18 or older who had at least a 50% medication possession ratio (MPR) for anticonvulsants during the measurement year who had at least one serum drug measurement (for the prescribed drug) during the measurement year.</td>
<td><strong>Numerator</strong> Patients in the denominator who had at least one serum drug measurement (for the prescribed drug) during the measurement year</td>
<td><strong>Numerator</strong>  - ≥1 claims for a serum drug level for each anticonvulsant Rx meeting the 50% MPR requirement during the measurement year  <strong>Denominator</strong> Patients who had at least a 50% MPR for anticonvulsants during the measurement year</td>
<td><strong>Denominator</strong>  - Age ≥18 years as of the end of the measurement year  - AND have service and Rx eligibility during the measurement year (HEDIS criteria)  - AND continuous Rx use of diuretics for at least 50% during the last year  - AND no inpatient hospitalizations during the measurement year</td>
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<td>Appropriate Testing for Children with Pharyngitis</td>
<td>This measure identifies children 2–18 years of age who were diagnosed with pharyngitis prior to or during the measurement year, dispensed an antibiotic, and had a test for group A streptococcus for the episode.</td>
<td>Numerator Patients in the denominator who had a test for group A streptococcus (strep) for the episode of pharyngitis. Denominator Children age 2 to 18 who were diagnosed with pharyngitis and dispensed an antibiotic within six months prior to the measurement year or during the first 6 months of the measurement year.</td>
<td>Numerator • ≥1 lab claim for a group A strept test from three days before to three days after the date of onset of pharyngitis. Denominator • At least 2 years old 18 months prior to the end of the measurement year AND less than 18 years old 6 months prior to the end of the measurement year. • AND at least one medical claim for pharyngitis as a solitary primary diagnosis between 30 and 365 days prior to the end of the measurement year, excluding claims preceded by an ER visit within two days. • Save earliest claim as pharyngitis onset date. • AND have no Rx claims for an URI antibiotic during the period of 30 days prior to pharyngitis onset date but not including the onset date. • AND have service and Rx eligibility from 30 days before to 3 days after date of onset of pharyngitis. • AND have active Rx for an URI antibiotic from 0 to 3 days after pharyngitis onset date.</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
</tr>
<tr>
<td>Appropriate Treatment for Children with Upper Respiratory Infection</td>
<td>This measure identifies children age 3 months to 18 years who were diagnosed with an upper respiratory infection (URI) who did not receive an antibiotic prescription within three days after diagnosis.</td>
<td>Numerator Patients in the denominator who did not receive an antibiotic prescription within three days after the diagnosis of URI. Denominator Children age 3 months old as of 18 months prior to the end of the measurement year to 18 years old 6 months prior to the end of the measurement year who were diagnosed with URI between 545 and 180 days prior to the end of the measurement year.</td>
<td>Numerator • No claims for a URI antibiotic within three days of the URI episode date. Denominator • At least 3 months old 18 months prior to the end of the measurement year AND less than 18 years old 6 months prior to the end of the measurement year. • AND meet criteria for URI according to HEDIS; must be a primary solitary diagnosis for URI, excluding claims preceded by an ER visit within two days. • AND the URI episode date occurs between 545 and 184 days prior to the end of the measurement year. • AND have member and Rx eligibility 30 days prior to three days after the URI episode date. • AND no Rx claims for an antibiotic between one and 30 days prior to date of onset of URI. • AND no active days supply for an antibiotic on the date of onset of URI. • AND no claims for a competing diagnosis based on HEDIS criteria on the URI episode date or three days following the URI episode date.</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<td>Osteoporosis Management in Women Who Had a Fracture</td>
<td>This measure identifies women age 67 or older who suffered a bone fracture and had either a bone mineral density (BMD) test or a prescription for a drug to treat or prevent osteoporosis during the six months after the date of fracture.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who had either a bone mineral density test or a prescription for a drug to treat or prevent osteoporosis in the 6 months after the date of fracture&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Women who are 67 years or older who suffered a bone fracture during the 6 months prior to the measurement year or during the first 6 months of the measurement year</td>
<td><strong>Numerator</strong>&lt;br&gt;≥1 claim for osteoporosis drugs from within 180 days following the index episode of bone fracture&lt;br&gt;OR at least 1 claim for a BMD test within 180 days of the index episode of bone fracture&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;At least 67 years old as of the end of the measurement year&lt;br&gt;AND Female&lt;br&gt;AND had a claim for bone fracture during the six months prior to the measurement year through the first six months of the measurement year, with the earliest date of bone fracture diagnosis being the index episode&lt;br&gt;AND no claims for bone fracture 60 days prior to the index episode&lt;br&gt;AND had service and Rx eligibility between 12 months prior and six months after the index episode&lt;br&gt;AND have no claims for a BMD test or a prescription for a drug to treat or prevent osteoporosis during the 365 days prior to the index episode</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
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<td>Heart Failure: Beta-Blocker Therapy</td>
<td>This measure identifies patients with heart failure who are taking a beta blocker.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator who are taking a beta blocker as of the last month of the measurement year&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Patients 18 years or older who have been diagnosed with heart failure any time in the past</td>
<td><strong>Numerator</strong>&lt;br&gt;≥1 Rx claim for “Beta blockers” in the last 30 days of the measure year&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Age ≥18 years old&lt;br&gt;≥4 diagnosis for “CHF” in the measure year or the 2 prior years&lt;br&gt;AND any one of the following:&lt;br&gt;All of the following:&lt;br&gt;≥1 Rx claim for “ARB-ACEI” in the last 30 days of the measure year&lt;br&gt;AND ≥1 Rx claim for either “Diuretics/Loop diuretics” or “Digoxin” in the last 30 days of the measure year&lt;br&gt;≥1 Rx claim for “Hydralazine” or “Nitrates” in the last 30 days of the measure year&lt;br&gt;≥1 Rx claim for “Bidil” in the last 30 days of the measure year&lt;br&gt;AND does not meet criteria for “Beta blocker Contraindication_NQF_PMH_PQP” (contraindications include aortic stenosis, cocaine abuse, pulmonary hypertension treatment, asthma, COPD, PAD medications, bradycardia, hypotension, and heart block without a pacemaker)&lt;br&gt;AND does not meet criteria for “Heart transplant_NQF_PMH_PQP”</td>
<td>ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation. 2005;112:e154-e2355&lt;br&gt;Improved compliance with quality measures at hospital discharge with a computerized physician order entry system. Am Heart J. 2006 Mar;151(3):643-53</td>
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<td>CAD: ACE Inhibitor/Angiotensin Receptor Blocker (ARB) Therapy</td>
<td>This measure identifies patients with ST elevation MI (STEMI), or non-ST elevation MI (NSTEMI) plus a history of hypertension, HF, and/or diabetes prior to the measurement year who were taking an ACEI or an ARB during the measurement year.</td>
<td><strong>Numerator</strong>&lt;br&gt;Patients in the denominator with at least 1 prescription claim for an ACEI or an ARB during the measurement year</td>
<td><strong>Numerator</strong>&lt;br&gt;≥1 Rx claim for an ACE/ARB medication during the measurement year</td>
<td><strong>Denominator</strong>&lt;br&gt;Age ≥18 years as of the end of the measurement year</td>
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| Persistence of Beta-Blocker Treatment After a Heart Attack | This measure identifies patients ages 18 or older who were hospitalized for AMI and discharged from the hospital between July 1 of the year prior to the measurement year and June 30 of the measurement year who have been taking a beta blocker consistently for at least six months post discharge. | **Numerator**  
Patients in the denominator who have ≥135 days’ supply of a beta blocker medication in the six months post AMI discharge  
**Denominator**  
Patients hospitalized and discharged with an AMI between July 1 of the year prior to the measurement year and June 30 of the measurement year, who do not have a contraindication to beta blockers (contraindications include: history of asthma or use of asthma medications, hypotension, 2nd- or 3rd-degree heart block or sinus bradycardia with no history of pacemaker, or COPD) | **Numerator**  
• ≥135 days’ supply of a beta blocker medication during the 6 months following date of discharge of AMI  
**Denominator**  
• Age ≥18 years as of the end of the measurement year  
• AND meet criteria for Resolution Health’s AMI Rule (Acute MI_PQP)  
• AND date of discharge of AMI between 180 and 545 days prior to end of the measurement year  
• AND have no absolute contraindications for beta blockers, based on “Beta-Blocker_Contraindication_HEDIS_PQP” rule. These include diagnoses for asthma, COPD, heart block >1 degree, hypotension, and sinus bradycardia, and Rx codes for asthma medications.  
• AND have Rx eligibility during the six months following the AMI episode date | National Committee for Quality Assurance. HEDIS 2012 Measures. Vol. 2. Washington, DC: National Committee for Quality Assurance; 2011. |
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| LDL-C Screening for Patients with Cardiovascular Conditions | This measure identifies patients 18–75 years old discharged alive for acute myocardial infarction (AMI), coronary bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) from Month 1 to Month 11 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during or in the year prior to the measurement year, who had a LDL-C check during the measurement year. | **Numerator** Patients in the denominator who had a LDL-C test within the measurement year  
**Denominator** Patients with CHD diagnosed prior to the measurement year  
**Numerator**  
- ≥1 claim for a LDL-C test during the measurement year  
**Denominator**  
- Age 18–75 years as of the end of the measurement year  
- AND meets HEDIS criteria for having been discharged alive for AMI, CABG, or PTCA from Month 1 to Month 11 of the year prior to the measurement year  
- OR meets HEDIS criteria for diagnosis of ischemic vascular disease (IVD) during the measurement year and in the year prior to the measurement year  
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| Arthritis: Disease Modifying Anti-rheumatic Drug (DMARD) Therapy in RA | This measure identifies patients with a diagnosis of RA and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year. | **Numerator**  
Patients in the denominator who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year  
**Denominator**  
Patients ≥18 years old with two face-to-face physician encounters with different dates of service in an outpatient or non-acute inpatient setting during the first 11 months of the measurement year with any diagnosis of rheumatoid arthritis (RA). Excludes patients diagnosed with HIV or who were pregnant during the measurement year | **Numerator**  
≥1 Rx claim for “DMARD” during the measurement year  
**Denominator**  
- Age ≥18 years old as of the end of the measurement year  
- AND ≥2 medical claims for face-to-face physician encounters with different dates of service in an outpatient or non-acute inpatient setting, with a diagnosis of rheumatoid arthritis based on HEDIS criteria, during the first 11 months of the measurement year  
- AND no medical claims for HIV or pregnancy during the measurement year  
| Use of Appropriate Medications for People with Asthma                 | This measure identifies patients age 5 to 56 during the measurement year who have persistent asthma and who were appropriately prescribed medication during the measurement year. | **Numerator**  
Patients in the denominator who have at least 1 claim for an asthma controller medication  
**Denominator**  
Patients who meet HEDIS criteria for persistent asthma during or prior to the measurement year with pharmacy benefits during the measurement year. Excludes members with any history of emphysema, COPD, cystic fibrosis, and acute respiratory failure | **Numerator**  
≥1 Rx claim for “HEDIS-defined asthma controller medication” during the measurement year  
**Denominator**  
- Age ≥5 and ≤56 as of end of measurement year  
- AND meet criteria for “Persistent Asthma HEDIS” rule  
- AND have service eligibility the year prior to and during the measurement year  
- AND have Rx eligibility during the measurement year  
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Numerator/Denominator</th>
<th>Technical Specifications</th>
<th>Measure Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Episode of Depression: Effective Acute Phase Treatment</strong></td>
<td>This measure identifies patients with newly diagnosed depressions who started an antidepressant, and who were maintained on medication for the recommended 12 weeks of acute phase treatment.</td>
<td><strong>Numerator</strong> Patients in the denominator who were maintained on antidepressant therapy for at least 84 days in the 114-day period following start of antidepressant</td>
<td><strong>Numerator</strong> - Continuously on antidepressant therapy for at least 84 days in the 114-day period following start of treatment with an antidepressant</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Denominator</strong> Patients with depression, diagnosed between end of measurement period - 609 days to end of measurement period - 245 days, who started on medication for depression from 30 days before to 14 days after the depression diagnosis date</td>
<td><strong>Denominator</strong> - Age ≥ 18 years as of end of measurement period – 245 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- AND meet criteria for NCQA/HEDIS criteria for major depression, where the date of onset is between end of measurement period - 609 days to end of measurement period – 245 days</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- AND no diagnosis of major depression in the 120 days prior to the onset date</td>
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<td></td>
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<td></td>
<td>- AND new treatment with an antidepressant from 30 days before to 14 days after date of onset of depression</td>
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<td></td>
<td>- AND have member and Rx eligibility between 120 days before and 114 days after beginning treatment with Rx for antidepressant</td>
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<td>- AND no mental health services carve-out</td>
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<td>- AND</td>
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<tr>
<td><strong>New Episode of Depression: Effective Continuation Phase Treatment</strong></td>
<td>This measure identifies patients with newly diagnosed depression who were started on an antidepressant, and who remained on medication for at least 180 days of a 231-day period following the start of an antidepressant.</td>
<td><strong>Numerator</strong> Patients in the denominator who remained on medication for at least 180 days of a 231-day period following the start of an antidepressant</td>
<td><strong>Numerator</strong> - ≥ 1 antidepressant Rx continuously for 180 days of a 231-day period following start of treatment with an antidepressant</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Denominator</strong> Patients with depression, diagnosed between end of measurement period - 609 days to end of measurement period - 245 days, who started on medication for depression at least 180 days prior to the end of the measurement year</td>
<td><strong>Denominator</strong> - Age ≥ 18 years as of end of measurement period – 245 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- AND meet criteria for NCQA/HEDIS criteria for major depression, where the date of onset is between end of measurement period - 609 days to end of measurement period – 245 days</td>
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<td>- AND no diagnosis of major depression in the 120 days prior to the onset date</td>
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<td>- AND new treatment with an antidepressant from 30 days before to 14 days after date of onset of depression</td>
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<td></td>
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<td></td>
<td>- AND have member and Rx eligibility between 120 days before and 231 days after start of antidepressant therapy</td>
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<td></td>
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<td></td>
<td>- AND no mental health services carve-out</td>
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</tbody>
</table>


## Preventive Measures

### Sub-composite: Pediatric Prevention

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Numerator/Denominator</th>
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</tr>
</thead>
</table>
| **Childhood Immunization Status: MMR** | This measure identifies the percentage of children 2 years of age who had one measles, mumps, and rubella (MMR) vaccination on or before their second birthday. | **Numerator**  
Patients in the denominator who have had at least one MMR vaccination on or before the child’s second birthday  
**Denominator**  
Enrolled children who turn 2 years of age during the measurement year, excluding children with history of anaphylactic reaction to immunizations, lymphoreticular cancer, HIV, other immunodeficiencies, leukemia, or multiple myeloma | **Numerator**  
- Any ONE of the following from DOB to DOB+730:  
  - >=1 claim for Measles OR Mumps OR Rubella vaccinations  
  - >=1 claim for MMR vaccination  
  - >=1 claim for each of Measles AND Mumps AND Rubella vaccinations  
  - >=1 claim for each of Measles & Rubella AND Mumps vaccinations  
**Denominator**  
- Age between 2y0d and 3y0d old as of end of measurement period (save DOB as start date)  
- AND have medical eligibility between DOB and DOB + 730, with <=1 gap of no more than 45 days  
- AND no claims for any of the following anytime in the past:  
  - Anaphylactic reaction to immunization  
  - Lymphoreticular cancer  
  - HIV  
  - Other immunodeficiencies  
  - Leukemia  
| **Childhood Immunization Status: VZV** | This measure identifies the percentage of children 2 years of age who had one chicken pox (VZV) vaccination on or before their second birthday. | **Numerator**  
Patients in the denominator who have had at least one VZV vaccination on or before the child’s second birthday  
**Denominator**  
Enrolled children who turn 2 years of age during the measurement year, excluding children with history of anaphylactic reaction to immunizations, lymphoreticular cancer, HIV, other immunodeficiencies, leukemia, or multiple myeloma | **Numerator**  
- >=1 claims for VZV vaccination from DOB to DOB + 730  
**Denominator**  
- Age between 2yrs and 3yrs old as of end of measurement period (save DOB as start date)  
- AND have medical eligibility between DOB and DOB + 730, with <=1 gap of no more than 45 days  
- AND no claims for any of the following anytime in the past:  
  - Anaphylactic reaction to immunization  
  - Lymphoreticular cancer  
  - HIV  
  - Other immunodeficiencies  
  - Leukemia  
<table>
<thead>
<tr>
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</thead>
</table>
| Pediatric Visits Ages 0-1 Year Old  | This measure identifies infants who have had at least 5 office visits during their first year of life. | **Numerator**
Patients in the denominator who have had ≥5 office visits  
**Denominator**
Children who turn 1 year old during the measurement year | **Numerator**
• ≥5 claims for pediatric office visits from date of birth to date of birth + 365 days  
**Denominator**
• Date of birth must occur during the year prior to the start of the measurement year  
• AND have medical service eligibility between Date of Birth and Date of Birth + 365 days | American Academy of Pediatrics and Bright Futures. Recommendations for Preventive Pediatric Health Care. 2008, American Academy of Pediatrics. |
| (RHI Proprietary)                   |                                                                             |                                                                                       |                                                                                           |                                                                                                |
| Pediatric Visits Ages 3-11 Years    | This measure identifies children whose 4th through 11th birthdays occur during the measurement year who have ≥1 office visit during the measurement year. | **Numerator**
Patients in the denominator who have had ≥1 office visit during the measurement year  
**Denominator**
Children who are at least 3 years old and less than 11 years old at the start of the measurement year | **Numerator**
• ≥1 pediatric office visit claim during the measurement year  
**Denominator**
• Children whose 4th to 11th birthday occurs within the measurement year  
• AND have service eligibility during the entire measurement year | American Academy of Pediatrics and Bright Futures. Recommendations for Preventive Pediatric Health Care. 2008, American Academy of Pediatrics. |
| Old (RHI Proprietary)              |                                                                             |                                                                                       |                                                                                           |                                                                                                |
| Pediatric Visits Ages 12-18 Years   | This measure identifies children whose 12th through 18th birthdays occur during the measurement year who have ≥1 office visit during the measurement year. | **Numerator**
Patients in the denominator who have had ≥1 office visit during the measurement year  
**Denominator**
Children who are at least 11 years old and less than 18 years old at the start of the measurement year | **Numerator**
• ≥1 pediatric office visit claim during the measurement year  
**Denominator**
• Children who turn 12 years old to children who turn 18 years old during the measurement year  
• AND have service eligibility during the entire measurement year | American Academy of Pediatrics and Bright Futures. Recommendations for Preventive Pediatric Health Care. 2008, American Academy of Pediatrics. |
| Old (RHI Proprietary)              |                                                                             |                                                                                       |                                                                                           |                                                                                                |
## Sub-composite: Adult Prevention

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Cancer Screening</strong></td>
<td>This measure identifies women age 42 to 69 as of the last day of the measurement year who had a mammogram during the measurement year or during the year prior to the measurement year.</td>
<td>Patients in the denominator who had a mammogram during the measurement year or during year prior to the measurement year.</td>
<td>Women who are 42-69 years of age by the last day of the measurement year without evidence of history of breast cancer or a bilateral mastectomy.</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening</strong></td>
<td>This measure identifies women age 21 to 64 that had at least one Pap test during the measurement year or during the two years prior to the measurement year.</td>
<td>Patients in the denominator who had 1 or more Pap tests during the measurement year or during the 2 years prior to the measurement year.</td>
<td>Women who are 24-64 years of age as of the end of the measurement year who have a cervix (excludes women with a hysterectomy).</td>
<td>National Committee for Quality Assurance. HEDIS 2012. Washington, DC: National Committee for Quality Assurance. Technical Specifications Vol. 2, 2011.</td>
</tr>
</tbody>
</table>
## Utilization Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Numerator/Denominator</th>
<th>Technical Specifications</th>
<th>Measure Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care Sensitive Admissions</td>
<td>The composite Ambulatory Care Sensitive Admissions rate per 1,000 members age 18 and older during the measurement period.</td>
<td>Numerator: The composite count of Ambulatory Care Sensitive Admissions during the reporting period. Denominator: Total Member Months for the eligible population for the designated time period. Rate: (Numerator ÷ Denominator) x 12,000</td>
<td>Internally developed. Informed by the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators. AHRQ Quality Indicators, Version 4.4, March 2012.</td>
<td></td>
</tr>
</tbody>
</table>

**Numerator**

The composite count of admissions for members age 18 and older for the following conditions:

- Angina – Primary ICD-9 dx: 411.1, 411.81, 413.0, 413.1, 413.9;
- Asthma/Bronchitis – Primary ICD-9 dx: 493.00-493.02, 493.10-493.12, 493.20-493.22, 493.81-493.82, 493.90-493.92;
- Chronic: Obstructive Pulmonary Disease (COPD) – Primary ICD-9 dx: 490, 491.0, 491.1, 491.20, 491.21, 491.8, 491.9, 492.0, 492.2, 494, 494.0, 494.1, 496;
- Dehydration – Primary ICD-9 dx: 276.5, 276.50, 276.51, 276.52 or Primary ICD-9 dx: 276.0, 008.61, 008.62, 008.63, 008.64, 008.65, 008.66, 008.67, 008.69, 008.8, 009.0, 009.1, 009.2, 009.3, 558.9, 584.5, 584.6, 584.7, 584.8, 584.9, 586, 997.5 and Secondary ICD-9 dx: 276.5, 276.50, 276.51, 276.52;
- Diabetes – Primary ICD-9 dx: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93;
- Heart Failure – Primary ICD-9 dx: 398.91, 428.0, 428.1, 482.20, 482.21, 482.22, 482.23, 482.30, 482.31, 482.32, 482.33, 482.40, 482.41, 482.42, 482.43, 482.9;
- Hypertension – Primary ICD-9 dx: 401.0, 401.9, 402.00, 402.10, 402.90, 403.00, 403.10, 403.90, 404.00, 404.10, 404.90;
- Pneumonia – Primary ICD-9 dx: 481, 482.2, 482.30, 482.31, 482.39, 482.41, 482.42, 482.9, 483.0, 483.1, 483.8, 485, 486;
- Urinary Tract Infection – Primary ICD-9 dx: 590.10, 590.11, 590.2, 590.3, 590.80, 590.81, 590.9, 595.0, 595.9, 599.0;

**Denominator**

The count of eligible members (age 18 and older) for each month of eligibility for the designated time period.

**Exclusions**

- Patients under the age of 18
- Sub-acute admissions to Skilled Nursing Facility (SNF)
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Numerator/Denominator</th>
<th>Technical Specifications</th>
<th>Measure Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Ambulatory Care Sensitive Admissions (continued on next page)</td>
<td>The composite Ambulatory Care Sensitive Admissions rate per 1,000 pediatric members under 18 years. Note: this measure only applies to Pediatricians.</td>
<td><strong>Numerator</strong>&lt;br&gt;The composite count of Pediatric Ambulatory Care Sensitive Admissions during the reporting period&lt;br&gt;<strong>Denominator</strong>&lt;br&gt;Total Member Months for the eligible population for the designated time period&lt;br&gt;<strong>Rate</strong>&lt;br&gt;(Numerator ÷ Denominator) x 12,000</td>
<td>Separate Numerator and Denominators are calculated for the two Pediatric Ambulatory Care Sensitive Admissions – Asthma and Gastroenteritis.</td>
<td>Internally developed. Informed by the Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators. AHRQ Quality Indicators, Version 4.4, March 2012.</td>
</tr>
</tbody>
</table>

**Pediatric Asthma**

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Discharge ages 2 through 17 years during the measurement period with a primary diagnosis of asthma. ICD-9 dx: 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92, 493.00, 493.01, 493.02</td>
<td>- The count of eligible members (ages 2 through 17 years) for each month of eligibility for the designated time period</td>
</tr>
</tbody>
</table>

**Exclusions**
- Transfers to sub-acute facilities
- Any admission with any diagnosis for cystic fibrosis and anomalies of the respiratory system. ICD-9 dx: 277.00, 277.01, 277.02, 277.03, 277.09, 516.61, 616.62, 516.63, 516.64, 516.69, 747.21, 748.21, 748.4, 748.5, 748.60, 748.61, 748.69, 748.8, 748.9, 750.3, 759.3, 770.7 |
### Measure Description

#### Pediatric Ambulatory Care Sensitive Admissions (continued)

The composite Ambulatory Care Sensitive Admissions rate per 1,000 pediatric members under 18 years. **Note**: this measure only applies to Pediatricians.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The composite count of Pediatric Ambulatory Care Sensitive Admissions during the reporting period</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Total Member Months for the eligible population for the designated time period</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Rate (Numerator ÷ Denominator) x 12,000</td>
</tr>
</tbody>
</table>

#### Technical Specifications

Separate Numerator and Denominators are calculated for the two Pediatric Ambulatory Care Sensitive Admissions – Asthma and Gastroenteritis.

**Pediatric Gastroenteritis**

**Numerator**
- Discharge ages 3 months through 17 years during the measurement period with a primary diagnosis code of gastroenteritis OR a secondary diagnosis code of gastroenteritis and a primary diagnosis of dehydration. Primary ICD-9 dx for gastroenteritis: 008.61, 008.62, 008.63, 008.64, 008.65, 008.66, 008.67, 008.69, 008.8, 009.0, 009.1, 009.2, 009.3, 588.9. Primary ICD-9 dx for dehydration: 276.5, 276.50, 276.51, 276.52 and Secondary ICD-9 dx for gastroenteritis: 008.61, 008.62, 008.63, 008.64, 008.65, 008.66, 008.67, 008.69, 008.8, 009.0, 009.1, 009.2, 009.3, 588.9

**Exclusions**
- Transfers to sub-acute facilities
- Any admission with any diagnosis code of gastrointestinal abnormalities or bacterial gastroenteritis. ICD-9 dx: Gastrointestinal abnormalities) 535.70, 537.71, 538, 555.0, 555.1, 555.2, 555.9, 556.0, 556.1, 556.3, 556.4, 556.5, 556.6, 556.8, 556.9, 558.1, 558.2, 558.3, 558.41, 558.42, 579.0, 579.1, 579.3, 579.4, 579.8, 579.9. (Bacterial gastroenteritis) 003.0, 004.0, 004.1, 004.2, 004.3, 004.8, 004.9, 005.0, 005.1, 005.2, 005.3, 005.4, 005.8, 005.81, 005.89, 005.9, 006.0, 006.1, 006.2, 007.0, 007.1, 007.2, 007.3, 007.4, 007.5, 007.8, 007.9, 008.0, 008.00, 008.01, 008.02, 008.03, 008.04, 008.09, 008.1, 008.2, 008.3, 008.4, 008.41, 008.42, 008.43, 008.44, 008.45, 008.46, 008.47, 008.49, 008.5, 112.85

**Denominator**
- The count of eligible members (ages 2 months through 17 years) for each month of eligibility for the designated time period

#### Measure Citation

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Dispensing Rate for Specific Therapeutic Classes (GDR)</strong></td>
<td>The percentage of prescriptions filled as generics in seven selected therapeutic classes where opportunity for therapeutic substitution is deemed to be high. The seven therapeutic classes are: 1. Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) 2. Amphetamines 3. Stimulants – Misc. 4. Nasal Steroids 5. Calcium Regulators – Misc (Bone Density Regulators) 6. Serotonin Agonists 7. Non-barbiturate Hypnotics</td>
<td><strong>Numerator</strong> The number of generic prescriptions filled in seven therapeutic classes for the eligible population for the designated time period <strong>Denominator</strong> Total number of total prescriptions filled in seven therapeutic classes for the eligible population for the designated time period <strong>Rate</strong> [\text{Rate} = \left(\frac{\text{Numerator}}{\text{Denominator}}\right) \times 100]</td>
<td>- The total number of denominator prescribing events that are dispensed for a generic drug (defined by NDC code drug brand/generic indicator)</td>
<td>Internally developed.</td>
</tr>
<tr>
<td><strong>Potentially Avoidable Emergency Room Visits</strong></td>
<td>The rate of Potentially Avoidable Emergency Room visits per 1,000 members.</td>
<td><strong>Numerator</strong> The number of potentially avoidable emergency room visits for the eligible population for the designated time period <strong>Denominator</strong> Total Member Months for the eligible population for the designated time period <strong>Rate</strong> [\text{Rate} = \left(\frac{\text{Numerator}}{\text{Denominator}}\right) \times 12,000]</td>
<td>- Emergency room visits identified by the presence of UB revenue codes 0450-0459 - Potentially avoidable emergency room visits are identified by primary ICD-9 diagnosis code. Visits for treatment of conditions, such as the following, are considered potentially avoidable: Conjunctivitis, otitis media, sinusitis, bronchitis, sinusitis, gastritis, constipation, urinary tract infection, menstrual disorders, cellulitis, dermatitis, sun burn, osteoarthritis, joint pain, backache, cramps, insomnia, malaise and fatigue, throat pain, cough, nausea or vomiting alone, diarrhea, sprains, abrasions, contusions, first degree burns, strep throat, vaccinations, routine child, prenatal, gynecological and adult exams, change of wound dressings, radiology and laboratory exams, and health screenings</td>
<td>Internally developed. Informed by research conducted by The NYU Center for Health and Public Service Research and the United Hospital Fund of New York</td>
</tr>
</tbody>
</table>

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