

## 243.000 Quality Metrics Tracked for Performance Based Incentive Payments

DMS assesses the following Quality Metrics tracked for Performance-Based Incentive Payments (PBIP) according to the targets below. The quality metrics are assessed only if the Shared Performance Entity has at least the minimum number of attributed beneficiaries in the category described for the majority of the performance period. To receive a PBIP, the Shared Performance Entity must meet at least two-thirds of the Quality Metrics on which the entity is assessed.

The Quality Metrics are assessed at the level of the shared performance entity for Voluntary pools and the Petite Pool. Quality Metrics for the default pool are assessed on an individual PCMH-level.

Achievement of targets for Quality Metrics 9, 10, and 11 can be calculated only if the required metric data is submitted through the AHIN Provider Portal. Failure to provide the required data by January 31, 2020 will cause failure to meet targets for Quality Metrics 9, 10, and 11.

| Metric #  | Metric Name         | Description   | Minimum Attributed Beneficiaries | 2019 Target |
|---|---------------------|---|----------------------------------|-------------|
| Quality Metrics: Incentive Payment (Claims-Based) |                     |   |                                  |             |
| 1   | PCP visits          | Percentage of a practice’s high priority beneficiaries who have been seen by any PCP within their PCMH at least twice in the past 12 months                           | 25                               | 84%         |
| 2   | Infant wellness     | Percentage of beneficiaries who turned 15 months old during the performance period who receive at least five wellness visits in their first 15 months (0 – 15 months) | 25                               | 62%         |
| 3   | Child wellness      | Percentage of beneficiaries 3-6 years of age who had one or more well-child visits during the measurement year  | 25                               | 71%         |
| 4   | Adolescent wellness | Percentage of beneficiaries 12-20 years of age who had one or more well-care visits during the measurement year   | 25                               | 50%         |
| 5   | URI                 | Percentage of beneficiary, age 1 year and older, events with a diagnosis of non-specified URI that had antibiotic treatment during the measurement period             | 25                               | <=47%       |

| Metric #  | Metric Name        | Description   | Minimum Attributed Beneficiaries | 2019 Target |
|---|--------------------|---|----------------------------------|-------------|
| Quality Metrics: Incentive Payment (Claims-Based) |                    |   |                                  |             |
| 6   | HbA1c              | Percentage of diabetes beneficiaries who complete annual HbA1C, between 18-75 years of age  | 25                               | 75%         |
| 7   | COB                | Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines  | 25                               | <=35%       |
| 8   | Tamiflu            | Percentage of beneficiaries 1-18 years of age who received Tamiflu and respiratory antibiotics on the same day  | 25                               | <=20%       |
| eCQMs Quality Metrics: w/Target                   |                    |   |                                  |             |
| 9   | Controlling BP     | Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period (All payer source)   | 25                               | 58%         |
| 10  | HbA1c Poor control | Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (All payer source)  | 25                               | <= 33%      |
| 11  | Tobacco Use        | Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user during the measurement period (All payer source) | 25                               | 75%         |

## Technical Specifications for Quality Metrics Tracked for PBIP

### Metric 1: PCP Visits

| Numerator   | Denominator  | Category                 | Measure Steward | Population Base |
|---|--|--------------------------|-----------------|-----------------|
| Numerator includes the number of those high priority beneficiaries with 2 of the selected visit types and criteria with their attributed PCMH | Denominator includes beneficiaries designated high priority by practices according to Section 241.000 and attributed to the PCMH for at least 6 months | Quality Metric: w/Target | Homegrown       | Child/Adult     |

### Metric 2: Infant Wellness

| Numerator   | Denominator   | Category                 | Measure Steward | Population Base |
|---|---|--------------------------|-----------------|-----------------|
| Numerator includes number of beneficiaries who had 5 or more wellness visits during first 15 months of life (0-15 months) | Denominator includes number of beneficiaries who turned 15 months old during the measurement year | Quality Metric: w/Target | NCQA            | Child           |

### Metric 3: Child Wellness

| Numerator  | Denominator   | Category                 | Measure Steward | Population Base |
|--|---|--------------------------|-----------------|-----------------|
| Numerator includes number of beneficiaries who had one or more wellness visits during the measurement year | Denominator includes number of beneficiaries 3 to 6 years old on the anchor (last) date of the measurement year | Quality Metric: w/Target | NCQA            | Child           |

### Metric 4: Adolescent Wellness

| Numerator  | Denominator   | Category                                  | Measure Steward | Population Base |
|--|---|---|-----------------|-----------------|
| Numerator includes number of beneficiaries who had one or more wellness visits during the measurement year | Denominator includes number of beneficiaries 12 to 20 years old on the anchor (last) date of the measurement year | Quality Metric: w/Target; Incentive Focus | NCQA            | Child           |

\*[Focus Metric for the 2019 Performance Period](#)

### Metric 5: URI

| Numerator  | Denominator  | Category                 | Measure Steward                         | Population Base |
|--|--|--------------------------|---|-----------------|
| Numerator includes those beneficiary events that were dispensed a prescription for an antibiotic, at least one AHFS code, within twenty days from the initial event's start date | Denominator includes all events for attributed beneficiaries, who are 1 year of age and older, on the detail "from" date of service with a primary or secondary diagnosis of non-specified URI in combination with a CPT or HCPCS code | Quality Metric: w/Target | DMS (Homegrown) EOC (URI Non-Specified) | Child/Adult     |

### Metric 6: HbA1c

| Numerator   | Denominator  | Category                 | Measure Steward | Population Base |
|---|--|--------------------------|-----------------|-----------------|
| Numerator includes number of beneficiaries 18 to 75 years old with a diagnosis of diabetes who completed a HbA1c test during the measurement period | Denominator includes number of beneficiaries 18 to 75 years who have a diagnosis of diabetes | Quality Metric: w/Target | NCQA            | Adult           |

### Metric 7: Concurrent Opioids and Benzodiazepines Use

| Numerator  | Denominator  | Category                 | Measure Steward           | Population Base |
|--|--|--------------------------|---------------------------|-----------------|
| Numerator includes number of beneficiaries with two or more prescription claims for any benzodiazepine with unique dates of service and concurrent use of opioids and benzodiazepines for 30 or more cumulative days | Denominator includes number of beneficiaries age 18 and older on the anchor (first) date of the measurement year with an IPSD and with 2 or more prescriptions for opioids with unique dates of service, for which the sum of the days' supply is 15 or more | Quality Metric: w/Target | Pharmacy Quality Alliance | Adult           |

### Metric 8: Tamiflu

| Numerator   | Denominator   | Category                 | Measure Steward | Population Base |
|---|---|--------------------------|-----------------|-----------------|
| Numerator includes number of beneficiaries who received Tamiflu and respiratory antibiotics on the same day | Denominator includes number of beneficiaries 1-18 years old on the first date of the measurement period and received a Tamiflu prescription | Quality Metric: w/Target | DMS (Homegrown) | Child           |

### Metric 9: Controlling Blood Pressure

| Numerator  | Denominator  | Category                 | Measure Steward                | Population Base |
|--|--|--------------------------|--------------------------------|-----------------|
| Numerator includes number of patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement (All payer source) | Denominator includes number of patients 18 to 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period (All payer source) | Quality Metric: w/Target | eCQM (Effective Clinical Care) | Adult           |

### Metric 10: HbA1c Poor Control

| Numerator   | Denominator  | Category                 | Measure Steward                | Population Base |
|---|--|--------------------------|--------------------------------|-----------------|
| Numerator includes number of patients whose most recent HbA1c level (performed during the measurement period) is >9.0% (All payer source) | Denominator includes number of patients 18-75 years of age with diabetes with a visit during the measurement period (All payer source) | Quality Metric: w/Target | eCQM (Effective Clinical Care) | Adult           |

### Metric 11: Tobacco Use

| Numerator   | Denominator  | Category                 | Measure Steward                                | Population Base |
|---|--|--------------------------|--|-----------------|
| Numerator includes number of patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user (All payer source) | Denominator includes number of patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period (All payer source) | Quality Metric: w/Target | eCQM (Community, Population and Public Health) | Adult           |