



Holy Cross
Physician Partners

Florida Blue
QUALITY PERFORMANCE METRIC STANDARDS
FEBRUARY 2013

QUALITY PERFORMANCE METRIC CALCULATION

QUALITY METRICS SELECTED FOR MEASUREMENT

Per Section 3.2 of the Agreement, HCPP must meet the following SIX (6) physician quality metrics (the “Quality Metrics”) in order to receive any incentive payments under the terms of the Agreement:

HCPP shall be deemed to have met the Quality Metrics criteria if HCPP scores either **Same or Better** than peers in the aggregate scoring process.

Peers are defined as all Florida Blue contracted primary care physicians (those physicians with a specialty of internal medicine, family practice, general practice or pediatrics) that are based in the state of Florida. The scoring process uses Florida Blue administrative claims data for determination of whether the particular service noted in each metric was provided and is based on the members attributed to the primary care physician per the attribution process (for both HCPP and peers). The measurement year for each Reconciliation Period may not be the same as the year for the Reconciliation Period due to timing differences in data availability, but Florida Blue will use the most recent data available as of each Reconciliation Period for purposes of measurement of the Quality Metrics.

The Quality Metrics are defined in the following pages:

Quality Metrics	All Metrics must be met in aggregate to achieve savings potential.						
<p>1. HbA1C : % of Members 18 through 64 years of age with Diabetes Mellitus (Type 1 and 2) who have had at least one HbA1C test during measurement year.</p>	<table border="1"> <tr> <td data-bbox="1121 298 1262 336">Better</td> <td data-bbox="1262 298 1934 336">>+2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 336 1262 373">Same</td> <td data-bbox="1262 336 1934 373">Between +2 and -2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 373 1262 410">Worse</td> <td data-bbox="1262 373 1934 410"><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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Worse	<-2 Standard Deviations						
<p>2. Nephropathy Assessment in Diabetic Patient - % of Members 18 through 64 years of age with Diabetes Mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months.</p>	<table border="1"> <tr> <td data-bbox="1121 488 1262 526">Better</td> <td data-bbox="1262 488 1934 526">>+2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 526 1262 563">Same</td> <td data-bbox="1262 526 1934 563">Between +2 and -2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 563 1262 600">Worse</td> <td data-bbox="1262 563 1934 600"><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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<p>3. LDL-C Screening - % of Members 18 through 65 years of age with Diabetes Mellitus (Type 1 and 2) who have had at least one LDL test during measurement year</p>	<table border="1"> <tr> <td data-bbox="1121 678 1262 716">Better</td> <td data-bbox="1262 678 1934 716">>+2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 716 1262 753">Same</td> <td data-bbox="1262 716 1934 753">Between +2 and -2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 753 1262 790">Worse</td> <td data-bbox="1262 753 1934 790"><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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<p>4. Breast Cancer Screening - %of women aged 40 through 65 who had a mammogram to screen for breast cancer during measurement year or 12 months prior to measurement year.</p>	<table border="1"> <tr> <td data-bbox="1121 868 1262 906">Better</td> <td data-bbox="1262 868 1934 906">>+2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 906 1262 943">Same</td> <td data-bbox="1262 906 1934 943">Between +2 and -2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 943 1262 980">Worse</td> <td data-bbox="1262 943 1934 980"><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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<p>5. Cervical Cancer Screening - % of women aged 21 through 64 years who received one or more Pap tests to screen for cervical cancer during measurement year or 24 months prior to measurement year.</p>	<table border="1"> <tr> <td data-bbox="1121 1058 1262 1096">Better</td> <td data-bbox="1262 1058 1934 1096">>+2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 1096 1262 1133">Same</td> <td data-bbox="1262 1096 1934 1133">Between +2 and -2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 1133 1262 1170">Worse</td> <td data-bbox="1262 1133 1934 1170"><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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<p>6. Colorectal Cancer Screening - % of adults 50 through 64 years of age who had appropriate screening for colorectal cancer during the measurement year or 12 months prior to the measurement year.</p>	<table border="1"> <tr> <td data-bbox="1121 1248 1262 1286">Better</td> <td data-bbox="1262 1248 1934 1286">>+2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 1286 1262 1323">Same</td> <td data-bbox="1262 1286 1934 1323">Between +2 and -2 Standard Deviations</td> </tr> <tr> <td data-bbox="1121 1323 1262 1360">Worse</td> <td data-bbox="1262 1323 1934 1360"><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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METRIC SPECIFICATIONS

APPENDIX 1 OF EXHIBIT C

Metric Name: A1C TESTING

Care Category: Diabetes Management

Definition: The percentage of members 18–64 years of age with Diabetes (type 1 and type 2) who had the following: Hemoglobin A1c (HbA1c) testing.

Eligible Population Requirements

Please refer to the “BCBSFL_PP2012_Abstract_Diabetes” document for details on the population identification.

Metric Determination

Denominator: Members meeting all eligible population requirements, less excluded members.

Numerator: One or more HbA1c tests during the measurement period. Refer to [Table E](#) under “Supporting Specifications” for a listing of applicable codes.

Source(s): HEDIS 2012 Technical Specification Manual¹.
HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table E: Codes to Identify HbA1c Tests

CPT	CPT Category II	LOINC
83036, 83037	3044F, 3045F, 3046F	4548-4, 4549-2, 17856-6

¹ Although this measure is usually performed using a combination of administrative data and medical record review to confirm and/or substantiate qualifying numerator events, sufficient medical experience can be found in administrative claims to warrant evaluation.

APPENDIX 2 OF EXHIBIT C

Metric Name: MONITORING FOR NEPHROPATHY

Care Category: Diabetes Management

Definition: The percentage of members 18–64 years of age with Diabetes (type 1 or type 2) who had the following: Monitoring for Nephropathy.

Eligible Population Requirements

Please refer to the “BCBSF_PP2012_Abstract_Diabetes” document for details on the population identification.

Metric Determination

Denominator: Members meeting all eligible population requirements, less excluded members.

Numerator: A nephropathy screening test or evidence of nephropathy, as documented through administrative data. Refer to [Table E](#) under “Supporting Specifications” for a list of applicable codes to identify nephropathy screening tests. Refer to [Table F](#) under “Supporting Specifications” for a list of applicable codes to identify evidence of nephropathy. Refer to [Table G](#) under “Supporting Specifications” for a list of ACE inhibitors/ARBs.

Source(s): HEDIS 2012 Technical Specification Manual.²
HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table E: Codes to Identify Nephropathy Screening Tests

Description	CPT	CPT Category II	LOINC
Nephropathy screening test	82042, 82043, 82044, 84156	3060F, 3061F	1753-3, 1754-1, 1755-8, 1757-4, 2887-8, 2888-6, 2889-4, 2890-2, 9318-7, 11218-5, 12842-1, 13801-6, 14956-7, 14957-5, 14958-3, 14959-1, 13705-9, 14585-4, 18373-1, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 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, 50949-7, 53121-0, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 58448-2, 58992-9, 59159-4

² Although this measure is usually performed on a hybrid basis whereby medical records are used to confirm and/or substantiate qualifying numerator events, sufficient medical experience can be found in administrative claims to warrant evaluation.

Evidence of nephropathy

Any of the following meet criteria for evidence of nephropathy.

A claim/encounter with a code to indicate evidence of nephropathy (Table F) during the measurement period.

A nephrologist visit during the measurement period, as identified by the MCO’s specialty-provider codes (no restriction on the diagnosis or procedure code submitted).

A positive urine macroalbumin test in the measurement period, as documented by claim/encounter or automated laboratory data. Use the codes in Table F to identify urine macroalbumin tests. For tests identified by LOINC codes use automated laboratory data to confirm a positive result. “Trace” urine macroalbumin test results are not considered numerator-compliant.

Evidence of ACE inhibitor/ARB therapy during the measurement period. Members who had a claim indicating therapy (Table F), or who received an ambulatory prescription or were dispensed an ambulatory prescription for ACE inhibitors or ARBs during the measurement period are compliant. Table G lists the ACE inhibitors/ARBs included in this measure.

Table F: Codes to Identify Evidence of Nephropathy

Description	Urine macro-albumin test*	Evidence of treatment for nephropathy	ACE inhibitor/ARB therapy
CPT	81000-81003, 81005	36145, 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	
CPT Cat II	3062F	3066F	4009F
HCPCS		G0257, G0392, G0393, S9339	
ICD-9 Diagnosis		250.4, 403, 404, 405.01, 405.11, 405.91, 580-588, 753.0, 753.1, 791.0, V42.0, V45.1	
ICD-9 Procedure		38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.4-55.6	
UB04 Revenue		0367, 080x, 082x-085x, 088x	
Type of Bill		72x	
POS		65	
LOINC	5804-0, 20454-5, 50561-0, 53525-2, 57735-3		

* A CPT Category II code indicates a positive result for urine macroalbumin; automated laboratory data must be used to confirm a positive result for tests identified by CPT or LOINC codes.

Table G: ACE Inhibitors/ARBs³

³ NCQA provides a comprehensive list of NDC codes on its Web site (www.ncqa.org) for each reporting cycle.

Description	Prescription				
Angiotensin converting enzyme inhibitors	Benazepril Captopril	Enalapril Fosinopril	Lisinopril Moexipril	Perindopril Quinapril	Ramipril Trandolapril
Angiotensin II inhibitors	Azilsartan Candesartan	Eprosartan Irbesartan	Losartan Olmesartan	Telmisartan Valsartan	
Antihypertensive combinations	Aliskiren-valsartan Aliskiren-hydrochlorothiazide-amlodipine Amlodipine-benazepril Amlodipine-hydrochlorothiazide-valsartan Amlodipine-hydrochlorothiazide-olmesartan Amlodipine-olmesartan Amlodipine-telmisartan Amlodipine-valsartan			Benazepril-hydrochlorothiazide Candesartan-hydrochlorothiazide Captopril-hydrochlorothiazide Enalapril-hydrochlorothiazide Eprosartan-hydrochlorothiazide Fosinopril-hydrochlorothiazide Hydrochlorothiazide-irbesartan Hydrochlorothiazide-lisinopril Hydrochlorothiazide-losartan Hydrochlorothiazide-moexipril Hydrochlorothiazide-olmesartan Hydrochlorothiazide-quinapril Hydrochlorothiazide-telmisartan Hydrochlorothiazide-valsartan Trandolapril-verapamil	

APPENDIX 3 OF EXHIBIT C

Metric Name: **DIABETIC – LIPID PANELS (LDL)**

Care Category: Diabetes Management

Definition: The percentage of members 18–65 years of age who were diagnosed with Diabetes and who received a LDL-C screening during the measurement period.

Eligible Population Requirements

Please refer to the “BCBSFL_PP2012_Abstract_Diabetes” document for details on the population identification.

Metric Determination

Denominator: Members meeting all eligible population requirements, less excluded members.

Numerator: An LDL-C screening performed during the measurement period, as identified by claim/encounter or automated laboratory data. Refer to [Table E](#) under “Supporting Specifications” for a listing of applicable codes to identify LDL-C screenings.

Source(s): HEDIS 2012 Technical Specification Manual⁴.
HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table E: Codes to Identify LDL-C Screening

CPT	CPT Category II	LOINC
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F	2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2

⁴ Although this measure is usually performed on a hybrid basis whereby medical records are used to confirm and/or substantiate qualifying numerator events, sufficient medical experience can be found in administrative claims to warrant evaluation.

APPENDIX 4 OF EXHIBIT C

Metric Name: MAMMOGRAPHY SCREENING

Care Category: Women's Health

Definition: The percentage of women 40–64⁵ years of age who had a mammogram to screen for breast cancer.

Eligible Population Requirements

Age: 40-69⁶ as of the last date of the measurement period.

Gender: Female.

Anchor Date: The last date of the measurement period.

Continuous Enrollment: Measurement period and the 12 months prior to the measurement period.

Allowable Gaps: One (1) gap of less than 45 days in each 12 months of continuous enrollment. For this metric, a member can have no more than one (1) gap for the measurement period and one (1) gap for the 12 months prior to the measurement period.

Benefit(s): Medical.

Qualifying Events: None.

Exclusions: Prior evidence of mastectomy and no evidence of mammograms performed during the measurement period (see [Table B](#) under “Supporting Specifications” for a listing of applicable codes).

⁵ For BCBSFL's Professional Programs, two (2) distinct rates will be determined. Practices will be evaluated and scored based on patients aged 50 – 65. Additionally for informational purposes, performance will be determined based on patients aged 40 – 65.

⁶ Since this metric incorporates a “look back” period of two years, all eligible members aged 50 and 51 are included in the definition because a 52 year old would be aged 50 two years prior to the last date of the Measurement Period. For any of these members, their age is verified on the “anchor date” to ensure no females under age 52 are included.

Metric Determination

Denominator:	Members meeting all eligible population requirements, less excluded members.
Numerator:	One or more mammograms (see Table A for a listing of applicable codes) during the measurement period or the 12 months prior to the measurement period.
Source(s):	HEDIS 2012 Technical Specification Manual. HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table A: Qualifying Numerator Events

CPT-IV	HCPCS	ICD-9 Procedure	UB-92 Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

Table B: Qualifying Events for Exclusion

Description	CPT	ICD-9-CM Procedure
Bilateral mastectomy	19180, 19200, 19220, 19240, 19303-19307 (...with Modifier Code 50 or modifier code 09950 ⁷)	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy ⁸	19180, 19200, 19220, 19240, 19303-19307	85.41, 85.43, 85.45, 85.47

⁷ 50 and 09950 modifier codes indicate the procedure was bilateral and performed during the same operative session.

⁸ In order for this to be considered a valid exclusion, the member must have evidence of two (2) separate occurrences on two (2) different dates of service.

APPENDIX 5 OF EXHIBIT C

Metric Name: PAP SCREENING

Care Category: Women's Health

Definition: The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.

Eligible Population Requirements

Age: 21-64 as of the last date of the measurement period.

Gender: Female.

Anchor Date: The last date of the measurement period.

Continuous Enrollment: Measurement period and the 24 months prior to the measurement period.

Allowable Gaps: One (1) gap of less than 45 days in each 12 months of continuous enrollment. For this metric, a member can have no more than one (1) gap for the measurement period, as well as one (1) gap for the 1 - 12 months prior to the measurement period and one (1) gap for the 13 - 24 months prior to the measurement period.

Benefit(s): Medical.

Qualifying Events: None.

Exclusions: Prior evidence of hysterectomy and no evidence of pap tests performed during the measurement period or the 24 months prior to the measurement period (see [Table B](#) under "Supporting Specifications" for a listing of applicable codes).

Metric Determination

Denominator: Members meeting all eligible population requirements, less excluded members.

Numerator: One or more pap tests (see [Table A](#) for a listing of applicable codes) during the measurement period or the 24 months prior to the measurement period.

Source(s): HEDIS 2012 Technical Specification Manual.
HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table A: Qualifying Numerator Events

CPT-IV	HCPCS	ICD-9 Procedure	UB-92 Revenue	LOINC
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	91.46	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Table B: Qualifying Events for Exclusion

Description	CPT	ICD-9 Diagnosis	ICD-9-CM Procedure
Hysterectomy	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	618.5, V67.01, V76.47, V88.01, V88.03	68.4-68.8

APPENDIX 6 OF EXHIBIT C

Metric Name: **COLORECTAL SCREENING**

Care Category: Preventive Services

Definition: The percentage of members 50-64 years of age who had an appropriate screening for colorectal cancer.

Eligible Population Requirements

Age: 50-64 as of the last day of the measurement period.

Anchor Date: The last date of the measurement period.

Continuous Enrollment: Measurement period and the 12 months prior to the measurement period.

Allowable Gaps: One (1) gap of less than 45 days in each 12 months of continuous enrollment. For this metric, a member can have no more than one (1) gap for the measurement period, as well as one (1) gap for the 1-12 months prior to the measurement period.

Benefit(s): Medical.

Qualifying Events: None.

Exclusions: Members with a diagnosis of colorectal cancer or total colectomy may be excluded from the denominator. Evidence of colorectal cancer or total colectomy should be researched as far back in the member's history as possible. See [Table B](#) under "Supporting Specifications" for a listing of applicable codes).

Metric Determination

Denominator: Members meeting all eligible population requirements, less excluded members.

Numerator: One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the three criteria below (see [Table A](#) for applicable codes):

- Fecal occult blood test (FOBT) during the measurement period.
- Flexible sigmoidoscopy during the measurement period or the 48 months prior to the measurement period.
- Colonoscopy during the measurement period or the 108 months prior to the measurement period.

Source(s): HEDIS 2012 Technical Specification Manual.
HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table A: Qualifying Numerator Events

Description	CPT	HCPCS	ICD-9-CM Procedure	LOINC
FOBT	82270, 82274	G0328		2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2
Flexible sigmoidoscopy	45330-45335, 45337-45342, 45345	G0104	45.24	
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121	45.22, 45.23, 45.25, 45.42, 45.43	

Table B: Qualifying Events for Exclusion

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Colorectal cancer		G0213-G0215, G0231	153, 154.0, 154.1, 197.5, V10.05	
Total colectomy	44150-44153, 44155-44158, 44210-44212			45.8