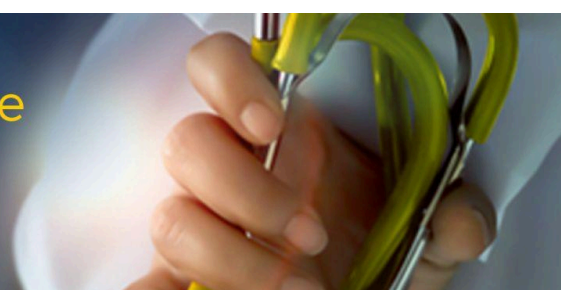




## 2024 Commercial Measures At-A-Glance - Anthem

Measure	Age	Description	CPT & CPT II Codes	Documentation Requirements
Breast Cancer Screening	50 - 74	Members who had a mammogram to screen for breast cancer any time on or between October 1, 2022 and December 31, 2024.	NA	Documentation in the medical record must include: <ul style="list-style-type: none"> <li>Year of Test (month required if year is 2021)</li> <li>Type of Test</li> <li>Abnormal or Normal Findings</li> </ul> OR Lab /Procedure Report in EHR
Colorectal Cancer Screening	45 - 75	One of the following: <ul style="list-style-type: none"> <li>Colonoscopy during 2015-2024</li> <li>Flexible Sigmoidoscopy during 2020-2024</li> <li>CT Colonography during 2020-2024</li> <li>Stool DNA w FIT Test (Cologuard) during 2022-2024</li> <li>Fecal occult blood test (FOBT)/gFOBT (guaiac), FIT/iFOBT (immunochemical) during the current performance year</li> </ul>	NA	Documentation in the medical record must include: <ul style="list-style-type: none"> <li>Year of Test</li> <li>Type of Test</li> <li>Abnormal or Normal Findings</li> </ul> OR Lab/Procedure Report in EHR
Well Child Visits 1st 30m 15-30m	15 - 30 months	This measure identifies members who turned 30 months old and who had at least 2 well child visits between their first 15- 30 months of life		
Child and Adolescent Well-Care Visits - Age 3-21	3 - 21	This measure identifies members who had at least 1 comprehensive well-care visit with a primary care provider or OB/GYN during the Measurement Period.	CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. If a provider is seeing a patient for Evaluation and Management (E/M) services and all well-child visit components are completed: Attach modifier -25 or -59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
Childhood Immunization Status: MMR	2 years	The percentage of children who had one measles, mumps, and rubella (MMR) between their first and second birthday.		Measure satisfied through claims only For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following: <ul style="list-style-type: none"> <li>A note indicating the name of the specific antigen and the date of the immunization.</li> <li>A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> <li>For documented history of illness or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member's second birthday.</li> </ul>
Asthma Medication Ratio	5 - 64	The measure identifies members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the Measurement Period.		Measure satisfied through pharmacy claims only <ul style="list-style-type: none"> <li>Simplify treatment regimen, when possible.</li> <li>Use clear and simple language when providing directions on how to use</li> </ul>

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				<p>inhalers.</p> <ul style="list-style-type: none"> <li>Help patients learn to identify and avoid asthma triggers.</li> </ul>
Kidney Health Evaluation For Patients With Diabetes	18 - 85	This measure identifies members with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (uACR), during the Measurement Period.		<p>Any of the following in the 730 days before the end of the Measurement Period:</p> <ul style="list-style-type: none"> <li>At least 1 claim for diabetes from an acute inpatient setting</li> <li>At least 2 claims for diabetes from an outpatient, observation, telephone visit, online assessment, ED visit, or non acute inpatient setting or inpatient stay</li> <li>Or at least 1 prescription claim for diabetes medication dispensed</li> </ul>
Medication Adherence - Cholesterol	18 years and Older	This measure identifies members who met the Proportion of Days Covered (PDC) threshold of 80 percent for statins during the Measurement Period.	N/A	<p>This is a pharmacy claims only measure</p> <ul style="list-style-type: none"> <li>Consider writing 90-100 day prescriptions with 3 refills to help improve medication adherence when clinically appropriate</li> <li>Ensure the second refill date is on time. The patient will fall into the denominator with this fill, but the treatment begin date will be the date of the 1st fill.</li> </ul>
Medication Adherence - Hypertension	19 years and Older	The proportion of members who met the Proportion of Days Covered (PDC) threshold of 80 percent for renin angiotensin aldosterone (RAS) agents during the Measurement Period.	N/A	<p>This is a pharmacy claims only measure</p> <ul style="list-style-type: none"> <li>Consider writing 90-100 day prescriptions with 3 refills to help improve medication adherence when clinically appropriate</li> <li>Ensure the second refill date is on time. The patient will fall into the denominator with this fill, but the treatment begin date will be the date of the 1st fill.</li> </ul>
Brand Formulary Compliance Rate	N/A	This measure identifies the overall percentage of carve-in pharmacy claims for brand name drugs that are formulary preferred drugs according to the Member's Health Benefit Plan.		<p>Measure satisfied through pharmacy claims only</p> <p>The compliance rates calculated at the end of the Measurement Period will be inclusive of pertinent formulary changes that may have occurred during the period.</p>



Observed/Expected Emergency Department Utilization (EDU)	18 years and Older	For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.		<p>This is a claims only measure</p> <ul style="list-style-type: none"> <li>Educate your patients on the appropriate access to care ie. when to use an urgent care or emergency department</li> <li>Offer services such as: telehealth, same day appointments or after hours access</li> <li>Encourage annual routine check ups to identify any health conditions, focus on prevention screenings and promote follow-ups as needed</li> <li>See patients with chronic diseases quarterly to prevent potential complications and improve disease management compliance</li> </ul>
7 Day Follow-up After Emergency Department Visit for Mental Illness	6 years and Older	This measure provides a count of events in which members had emergency department (ED) visits for a principal diagnosis of mental illness during the measurement year and had a follow-up visit for mental illness within 7 days of the latest ED visit.		<ul style="list-style-type: none"> <li>When notified of a patient's discharge, proactively reach out to set up a follow-up appointment within the first few days of discharge.</li> <li>Bill appropriately and promptly to capture rendered care</li> <li>If a patient cannot be seen within the first 7 days, ensure they have an appointment within the first 30 days of discharge</li> <li>Keep 1-2 open office appointments open to meet patient needs.</li> </ul>
Potentially Avoidable Er: Commercial <18	18 years and Under	This measure identifies members who visited the ER for a diagnosis that likely could have been treated in an ambulatory care setting excluding those with ER visits followed by an inpatient admission or those with a patient reason for visit (PRFV) considered potentially unavoidable.		<p>The measure is based on claims data only</p> <p>Educate your patients on where to appropriately seek care</p> <p>Offer an after hours nurse line and/or extended hours during evenings and weekends</p>
All Cause 30 Day Readmission Rate	18-64	<p>The measure identifies the number of acute inpatient or observation discharges during the Measurement Period that were followed by an unplanned acute readmission for any diagnosis within 30 days adjusted for the predicted probability of an acute readmission.</p>		The measure is based on claims data only

\*For additional information regarding the commercial measures, please refer to the 2024 Quality Measure Tip Sheets

\*\*CPT II Codes were included. Please note that there are additional codes for the measures. Please refer to the 2024 MSSP Quality Measure Coding Guide. **CPT II Codes are for internal reporting purposes only. They do not guarantee payment or gap in care closure.** Resources: HEDIS MY2024 Technical Specs Vol 2., MULTIBCS CM 022137 23 CPN21871, MP Jan 1, 2024 Scorecard

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