

Date	Change	Tab	Updated by
30-Sep	Added clarification to the Other notes Column in row #6 HCA: "Also, for the purpose of this reporting we are looking only at statins." Added comments in 'Detail' templates. Double-checked source specs for each measure.	Core Measure Overview	Marcia Bruya
17-Nov	Affirmation that no sampling - entire population meeting criteria used		Barb
23-Nov	Discussed use of continuous enrollment requirements - will apply to measures per measurement steward or guidance from HCA.		Barb
24-Nov	Affirmed measures reported semi-annually per Contract specification (Section 2, G.); developed and verified specifications after discussion with Michael and Marcia.		Barb
18-Dec	Final draft. Documented semi-annual reporting specifications for each measure.		Barb

Measure	Steward	NQF#	Other Specs to be used	Numerator	Denominator	Type of Data	Look Back Requirements	Data Source	Other notes
Diabetes patients with A1C>9%	NCQA	59		Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	Claims and Clinical Record	During the measurement year and one year prior to measurement year	Health Plans	
Diabetes patients with BP <140/90	NCQA	61		Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	Claims and Clinical Record	During the measurement year and one year prior to measurement year	Health Plans/providers	
Diabetes patients with eye exam	NCQA	55		Patients who received an eye screening for diabetic retinal disease. This includes people with diabetes who had the following: -a retinal or dilated eye exam by an eye care professional (optometrists or ophthalmologist) in the measurement year OR -a negative retinal exam or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. For exams performed in the year prior to the measurement year, a result must be available.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	Claims	During the measurement year and one year prior to measurement year	Health Plans	Please use claims data only for reporting purposes. You may need to use clinical record to identify the numerator population.
HTN patients with BP<140/90	NCQA	18		The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient's BP is adequately controlled, the representative BP must be identified.	Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months* of the measurement year.	Claims	*Six months during the measurement year (see Other Notes.)	Health Plans	*Although NQF definition lookback shows 6 months, you make use the full measurement year for lookback.
CAD Statin prescribed	American College of Cardiology/ American Heart Association	NA	Specifications from the Alliance Pharmacy Task Force (Located on page 56 of the combined specifications PDF)	Patients within the denominator population are numerator compliant if they had at least one prescription filled for a lipid lowering medication during the measurement year.	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period	Claims	One year, during the measurement year	Health Plans	Update on 9/30: HCA: "Also, for the purpose of this reporting we are looking only at statins." If you would like to change the name of this measure to reflect a more accurate description, such as "antihyperlipidemic prescription filled" that is fine for this process.
CAD Statin adherence (Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category)	Pharmacy Quality Alliance (PQA, Inc.)	541	0543 has been retired.	The number of patients who met the PDC threshold during the measurement year for Statin use only . Follow the steps below for each patient to determine whether the patient meets the PDC threshold.	Patients age 18 years and older who were dispensed at least two prescriptions in a specific therapeutic category on two unique dates of service during the measurement year.	Claims	One year, during the measurement year	Health Plans	Although we are using the NQF definition, which includes 3 rates, we are limiting reporting requirements to CAD Statins.
Depression Medication Management (12 weeks)	NCQA	105		Effective Acute Phase Treatment: At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD) (inclusive). The continuous treatment allows gaps in medication treatment up to a total of 30 days during the 114-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.	Members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication.	Claims, Clinical record, pharmacy		Health Plans/providers	
Depression Medication Management (6 weeks)	NCQA	105		Effective Continuation Phase Treatment: At least 180 days (6 months) of continuous treatment with antidepressant medication (Table AMM-D) during the 231-day period following the IPSD (inclusive). Continuous treatment allows gaps in medication treatment up to a total of 51 days during the 231-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.	Members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication.	Claims, Clinical record, pharmacy		Health Plans/providers	

Member satisfaction with Timely Care (always)	AHRQ	5		We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they "always" received the desired care or service for a given measure.	The measure's denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.	Survey	One year, during the measurement year		
Member satisfaction with Provider Communications (always)	AHRQ	5		We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they "always" received the desired care or service for a given measure.	The measure's denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.	Survey	One year, during the measurement year		
Member satisfaction with Office Staff (always)	AHRQ	5		We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they "always" received the desired care or service for a given measure.	The measure's denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.	Survey	One year, during the measurement year		
Member satisfaction with Overall Provider Rating (9/10)	AHRQ	5		We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they "always" received the desired care or service for a given measure.	The measure's denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.	Survey	One year, during the measurement year		
Adult BMI Measurement	NCQA	NA	HEDIS	Members 18-75 years of age who had an outpatient visit and whose body mass index (BMI) was documented.	All patients aged 18 years and older	Claims, Clinical record	Two years, during the measurement year or the year prior	Health Plans/providers	
Immunization (child - Combo 10)	NCQA	38		Children who received the recommended vaccines by their second birthday.	Children who turn 2 years of age during the measurement year.	Claims, Clinical record, registry	Two years	Health Plans, Providers, WA IIS	If you wish to use the WAIS system to pull data for this measure you will need to make sure you are a registered user.
Cervical Cancer Screening	NCQA	32		The number of women who were screened for cervical cancer.	Women 24-64 years of age as of the end of the measurement year.	Claims, Clinical Record	Two Rates: (1.) Women age 21-64 who had cervical cytology performed every 3 years. (2.) Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	Health Plans/providers	Please calculate for each rate using the defined criteria, but report for one combined screening rate.
Chlamydia Screening	NCQA	33		At least one chlamydia test during the measurement year.	The percentage of women 16-24 years of age who were identified as sexually active.	Claims, Clinical Record	One year, during the measurement year	Health Plans/providers	
Breast Cancer Screening	NCQA	2372	HEDIS	Women who received a mammogram to screen for breast cancer.	Women 52-74 years as of December 31 of the measurement year	Claims, Clinical Record	Two years	Health Plans/providers	Note: this denominator statement captures women age 50-74 years; it is structured to account for the look-back period for mammograms.
Colorectal Cancer Screening	NCQA	34		One or more screenings for colorectal cancer. Any of the following meet criteria: (1.) Fecal occult blood test during the measurement year. For administrative data assume the required number of samples were returned regardless of FOBT type. (2.) Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. (3.) Colonoscopy during the measurement year or the nine years prior to the measurement year.	Patients 51-75 years of age as of the end of the measurement year.	Claims, Clinical Record	Ten years	Health Plans, Providers, Alliance?	
NTSV C-Section	The Joint Commission	471		Patients with cesarean sections with ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for cesarean section as defined in Appendix A, Table 11.06 available at: http://manual.jointcommission.org	Nulliparous patients delivered of a live term singleton newborn in vertex presentation ICD-9-CM Principal or Other Diagnosis Codes for pregnancy as defined in Appendix A, Tables 11.01, 11.02, 11.03 or 11.04 available at: http://manual.jointcommission.org	Claims, Clinical Record		Health Plans, hospital	

Report Name: HbA1C Values
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results - Semi-annually
Timeframe: Prior Performance Year

Population(s): Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Delivery Date: Designated Members (Based on Members Designated for all 12 months for experience period)
 May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)

Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:
 *One patient per row
 *To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Inclusion Diagnosis	Char	6	123.45	Patients with a diagnosis of diabetes
9	Exclusion Diagnosis	Char	6	123.45	Patients with diabetes meeting exclusion criteria
10	Designated / Attributed Flag	Char	1	D or A	
11	HbA1C Last Test Date	Date	8	CCYYMMDD	Last test date during the measurement period
12	HbA1C Last Value	Decimal	2,1	7.1	

NQF Definition:
<http://www.qualityforum.org/QPS/0059>
 Measurement Steward: National Committee for Quality Assurance

Report Name: HbA1C Values
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
HbA1c Level Greater Than 9.0 Value		HbA1c Rate	#DIV/0!
Incomplete Data (Missing or HbA1c not done)			
Total Numerator	0	Excluded Rate	#DIV/0!
Patients with a diagnosis of diabetes			
Patients meeting exclusion criteria*			
Total Denominator	0		

*Exclusion criteria include those with polycystic ovaries and/or diagnosis of gestational or steroid-induced diabetes.

Report Name: Blood Pressure - Diabetics
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results - Semi-annually
Timeframe: Prior Performance Year

Population(s): Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)

Designated Members (Based on Members Designated for all 12 months for experience period)

Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)

Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission

Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

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a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated

Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Inclusion Diagnosis	Char	6	123.45	
9	Exclusion Diagnosis	Char	6	123.45	
10	Designated / Attributed Flag	Char	1	D or A	
11	Blood Pressure First Test Date	Date	8	CCYYMMDD	Optional (would be looking for first test date during measurement period, if provided)
12	Blood Pressure First Value - Systolic	Char	3	140	Optional
13	Blood Pressure First Value - Diastolic	Char	3	90	Optional
14	Blood Pressure Last Test Date	Date	8	CCYYMMDD	Last test date during the measurement period
15	Blood Pressure Last Value - Systolic	Char	3	130	
16	Blood Pressure Last Value - Diastolic	Char	3	80	

NQF Definition:

<http://www.qualityforum.org/QPS/0061>

Measurement Steward: National Committee for Quality Assurance

Report Name: Blood Pressure - Diabetics
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results - Semi-annually
Timeframe: Prior Performance Year

Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Population(s):

Designated Members (Based on Members Designated for all 12 months for experience period)

Delivery Date:

May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)

Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.

Mode:

Secure Transmission

Recipient(s):

HIPAA compliant designated agent of HCA

	Count		Rate
BP < 140/90		BP Screens meeting criteria.	#DIV/0!
Total Numerator	0		
Patients with a diagnosis of diabetes		Excluded	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

*Exclusion criteria include those with polycystic ovaries and/or diagnosis of gestational or steroid-induced diabetes.

Report Name: Diabetes: Eye Exam
Source: TPA Medical Claims data
Frequency: Detailed Member Level Data - Annually
Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year

Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)

Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)

Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

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Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Inclusion Diagnosis	Char	6	123.45	Patients with diagnosis of Type 1 or 2 diabetes during measurement year or year prior to measurement year.
9	Exclusion Diagnosis	Char	6	123.45	As described in exclusion criteria.
10	Designated / Attributed Flag	Char	1	D or A	
11	Eye exam	Date	8	CCYYMMDD	Last test date during the measurement period, or one year prior.

NQF Definition:

<http://www.qualityforum.org/QPS/0055>

Measurement Steward: National Committee for Quality Assurance

Report Name: Diabetes: Eye Exam
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
 May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)

Delivery Date: Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Retinal eye exam		Eye exam Rate	#DIV/0!
Total Numerator	0		
Patients with a diagnosis of diabetes		Excluded Rate	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

*Exclusion criteria include those with polycystic ovaries and/or diagnosis of gestational or steroid-induced diabetes.

Report Name: Blood Pressure - Hypertension
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
BP < 140/90		Patients meeting BP requirement.	#DIV/0!
Total Numerator	0		
Patients with a diagnosis of HTN		Excluded	#DIV/0!
Patients meeting exclusion criteria			
Total Denominator	0		

Report Name: CAD Statin Prescribed: the percentage of patients age 18-75 with CAD who had a prescription filled for a lipid lowering medication.

Source: Moda & Eligibility data
Patients who had at least one prescription filled for a lipid lowering medication during the measurement year (lipid medication lists determined by Washington Health Alliance Pharmacy Task Force, annually).

Numerator: Patients with coronary artery disease (CAD), who are 18-75 years old in the 12-month measurement period (Patients are identified for the denominator in one of two ways: procedure or diagnosis; both criteria must be used to identify the eligible population)

Denominator:

Eligibility Requirement: Continuous enrollment requirement of 12 months with no more than 30 days gap in coverage.

Frequency: Detailed Member Level Data - Annually
Aggregate level results by clinic - Semi-annually

Timeframe: Prior Performance Year
Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)

Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)

Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission

Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

*To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply

a list of all Members with relevant inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format
1	Member SSN	Char	9	
2	Member DOB	Date	8	CCYYMMDD
3	Member Gender	Char	1	M or F
4	Provider First Name	Char	30	John
5	Provider Last Name	Char	30	Doe
6	Provider TIN	Char	9	
7	Provider NPI	Char	10	
8	Inclusion Diagnosis	Char	6	123.45
9	Exclusion Diagnosis	Char	6	123.45
10	Procedure Diagnosis	Char	5	12345
11	Designated / Attributed Flag	Char	1	D or A
12	Inclusion medication	Char	8	?
13	Medication filled	Date	8	CCYYMMDD

American College of Cardiology/AHA Guidelines Definition:
See PDF measure specification document.

The measure is “the percentage of patients age 18-75 with CAD who had a prescription filled for a lipid lowering medication.

The denominator includes patients with coronary artery disease (CAD), who are 18-75 years old in the 12-month measurement period. Patients are identified for the denominator in one of two ways: procedure or diagnosis. Both criteria must be used to identify the eligible population. There is a continuous enrollment requirement of 12 months with no more than 30 days gap in coverage.

The numerator includes patients who had at least one prescription filled for a lipid lowering medication during the measurement year. We use the Alliance’s Pharmacy Task Force to annually update the medications lists to ensure they are current.

Report Name: CAD Statin Prescribed: the percentage of patients age 18-75 with CAD who had a prescription filled for a lipid lowering medication.

Source: Moda & Eligibility data

Numerator: Patients who had at least one prescription filled for a lipid lowering medication during the measurement year (lipid medication lists determined by Washington Health Alliance Pharmacy Task Force, annually).

Denominator: Patients with coronary artery disease (CAD), who are 18-75 years old in the 12-month measurement period (Patients are identified for the denominator in one of two ways: procedure or diagnosis; both criteria must be used to identify the eligible population)

Eligibility Requirement: Continuous enrollment requirement of 12 months with no more than 30 days gap in coverage.

Frequency: Detailed Member Level Data - Annually
Aggregate level results by clinic - Semi-annually

Timeframe: Prior Performance Year

Population(s): Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Delivery Date: Designated Members (Based on Members Designated for all 12 months for experience period)
May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission

Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Patients who had at least one Rx filled for statin		One Fill of Statin	#DIV/0!
Total Numerator	0		
Patients who had a CAD Procedure or Diagnosis		Excluded	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

* Refer to measurement steward for guidance on exclusions.

Report Name: CAD: Adherence to Statin Rx
Source: TPA Medical Claims and Rx Claims data
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

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Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Designated / Attributed Flag	Char	1	D or A	
9	Exclusion Diagnosis	Char	6	123.45	
10	First statin prescription fill date	Date	8	CCYYMMDD	First fill date during the measurement period
11	Second statin prescription fill date	Date	8	CCYYMMDD	Second fill date during the measurement period
12	Proportion of days covered	Decimal	3,2	0.85	

NQF Definition:

<http://www.qualityforum.org/QPS/0541>

Measurement Steward; Pharmacy Quality Alliance, Inc.

NOTE: Although we are using the NQF definition above, which includes 3 rates, we are limiting reporting requirements to CAD Statins.

Report Name: CAD: Adherence to Statin Rx
Source: TPA Medical Claims and Rx Claims data
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly semi-annual results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Patients with Statin MPR >=80%		Statin MPR Rate	#DIV/0!
Total Numerator	0		
Patients 18 years and older dispensed at least two Statins		Excluded Rate	#DIV/0!
Patients meeting exclusion criteria			
Total Denominator	0		

Report Name: NQF: 0105 Depression Medication Management (12 weeks)
Source: Clinical and Rx data
 Patients with a major depression diagnosis with at least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD). Gap in medication of 30 days up to a total of 30 days during the 114 day period allowed. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.
Numerator: Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, and a diagnosis of major depression during the Intake Period and were treated with antidepressant medication.
Denominator: Continuous enrollment requirement of 12 months with no more than 30 days gap in coverage.
Eligibility Requirement: Detailed Member Level Data - Annually
Frequency: Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row
 *To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format
1	Member SSN	Char	9	
2	Member DOB	Date	8	CCYYMMDD
3	Member Gender	Char	1	M or F
4	Provider First Name	Char	30	John
5	Provider Last Name	Char	30	Doe
6	Provider TIN	Char	9	
7	Provider NPI	Char	10	
8	Inclusion Diagnosis	Char	6	123.45 Those with major depression
9	Exclusion Diagnosis	Char	6	123.45 Those with depression diagnosis who filled a prescription for an antidepressant 105 days prior to the Index Prescription Start Date.
11	Designated / Attributed Flag	Char	1	D or A
12	Inclusion medication	Char	8	?
13	Medication filled*	Date	8	CCYYMMDD *Count all fills within 120 days of index diagnosis

NQF Definition:
<http://www.qualityforum.org/QPS/0105>
 Measure Steward: National Committee for Quality Assurance

Report Name: NQF: 0105 Depression Medication Management (12 weeks)
Source: Medical and Rx data and clinical
Patients with a major depression diagnosis with at least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the index Prescription Start Date (IPSD)
Numerator: Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression during the Intake Period and were treated with antidepressant medication
Denominator: Continuous enrollment requirement of 12 months with no more than 30 days gap in coverage (Measure steward states: 105 days prior to the IPSD through 231 days after the IPSD with allowance of one month gap in enrollment).
Eligibility Requirement: Detailed Member Level Data - Annually
Frequency: Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*Members with inclusion diagnosis and no Rx filled do not meet standard for inclusion in numerator.

	Count		Rate
Patients with depression diagnosis who had Rx filled for at least 84 days		Rx fill for at least 84 days	#DIV/0!
Total Numerator	0		
Patients with a Major Depression diagnosis		Excluded	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

* Exclusion criteria include those who filled a prescription for an antidepressant 90 days (3 months) prior to the Index Prescription Start Date.

Report Name: NQF: 0105 Depression Medication Management (6 months)
Source: Clinical and Rx data
 Patients with a major depression diagnosis with at least 180 days (6 months) of continuous treatment with antidepressant medication during the 231-day period following the Index Prescription Start Date (IPSD). Gap in medication of 51 days during the 232 day period allowed. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Numerator: Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression during the Intake Period and were treated with antidepressant medication

Denominator: Continuous enrollment requirement of 12 months with no more than 30 days gap in coverage.

Eligibility Requirement: Detailed Member Level Data - Annually
Frequency: Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)

Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:
 *One patient per row
 *To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format
1	Member SSN	Char	9	
2	Member DOB	Date	8	CCYYMMDD
3	Member Gender	Char	1	M or F
4	Provider First Name	Char	30	John
5	Provider Last Name	Char	30	Doe
6	Provider TIN	Char	9	
7	Provider NPI	Char	10	
8	Inclusion Diagnosis	Char	6	123.45 Those with a major depression diagnosis
9	Exclusion Diagnosis	Char	6	123.45 Those with depression diagnosis who filled a prescription for an antidepressant 105 days prior to the Index Prescription Start Date.
11	Designated / Attributed Flag	Char	1	D or A
12	Inclusion medication	Char	8	? Medications as defined by the Measurement Steward.
13	Medication filled*	Date	8	CCYYMMDD *Count all fills within 180 days of index diagnosis

NQF Definition:
<http://www.qualityforum.org/QPS/0105>
 Measure steward: National Committee for Quality Assurance

Report Name: NQF: 0105 Depression Medication Management (6 months)
Source: Clinical and Rx data
 Patients with a major depression diagnosis with at least 180 day period (6 months) of continuous treatment with antidepressant medication during the 231-day period following the Index Prescription Start Date (IPSD)

Numerator:

Denominator: Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression during the Intake Period and were treated with antidepressant medication
 Continuous enrollment requirement of 12 months with no more than 30 days gap in coverage (Measure steward states: 105 days prior to the IPSD through 231 days after the IPSD with allowance of one month gap in enrollment).

Eligibility Requirement:

Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually

Timeframe: Prior Performance Year

Population(s): Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)

Delivery Date: Designated Members (Based on Members Designated for all 12 months for experience period)
 May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*Members with inclusion diagnosis and no Rx filled will be included as not meeting standard

	Count		Rate
Patients with Major Depression diagnosis who had Rx filled for at least 180 days		Rx fill for at least 180 days rate	#DIV/0!
Total Numerator	0		
Patients with a Major Depression diagnosis		Excluded rate	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

* Exclusion criteria include those who filled a prescription for an antidepressant 90 days (3 months) prior to the Index Prescription Start Date.

Report Name: BMI - AHRQ-NCQA
Source: ACP
Frequency: Detailed Member Level Data - Annually
Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

*To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Designated / Attributed Flag	Char	1	D or A	
9	Date of Outpatient Visit	Date	8	CCYYMMDD	
10	BMI Test Date	Date	8	CCYYMMDD	Last test date during the measurement period, or one year prior
11	BMI Value	Decimal	2,1	28.4	

Definition:

<http://www.qualitymeasures.ahrq.gov/content.aspx?id=48797&search=bmi>

Report Name: BMI - AHRQ-NCQA
Source: ACP
Numerator: BMI measurement during the measurement year or the year prior to the measurement year as documented through either administrative data or medical record review
Denominator: Patients 18 years as of January 1 of year prior to measurement year to 74 years as of December 31 of measurement year who had an outpatient visit in measurement year or year prior
Eligibility Requirement: The measurement year and the year prior to the measurement year with allowance of 30 day gap in enrollment.
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for semi-annual aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Patients with BMI in measurement year or year prior to measurement year		BMI Rate	#DIV/0!
Total Numerator	0		
Patients 18 years as of January 1 of year prior to measurement year to 74 years as of December 31 of measurement year who had an outpatient visit in measurement year or year prior		Excluded Rate	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

*Check measurement steward for exclusion criteria.

Report Name: NQF: 00038 Immunization (child - combo 10)
Source: Claims and clinical
Numerator: Children who received the recommended vaccines by their second birthday
Denominator: Children who turn 2 years of age during the measurement year.
Eligibility Requirement: Continuous enrollment of 12 months prior to the child's 2nd birthday
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:
 *One patient per row
 *To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format
1	Member SSN	Char	9	
2	Member DOB	Date	8	CCYYMMDD
3	Member Gender	Char	1	M or F
4	Provider First Name	Char	30	John
5	Provider Last Name	Char	30	Doe
6	Provider TIN	Char	9	
7	Provider NPI	Char	10	
8	Inclusion vaccine	Char	6	123.45
9	Exclusion contraindication	Char	6	123.45
10	Procedure Diagnosis	Char	?	?
11	Designated / Attributed Flag	Char	1	D or A
12	Inclusion medication	Char	8	?
13	Medication filled	Date	8	CCYYMMDD
14	Immunization Criteria Met	Char	3	Yes or No
15	Immunization Criteria Met Date	Date	8	CCYYMMDD

NQF Definition:
<http://www.qualityforum.org/QPS/0038>
 Measurement Steward: National Committee for Quality Assurance

Numerator Statement: Children who received the recommended vaccines by their second birthday.

Denominator Statement: Children who turn 2 years of age during the measurement year.

Exclusions:

Exclude children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same.
 Exclude contraindicated children only if administrative data do not indicate that the contraindicated immunization was rendered in its entirety.

Report Name: Chlamydia Screening for Women
Source: Claims or clinical
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016;
 Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Children who received all appropriate immunizations by two years of age.		Appropriate immunization by two years of age	#DIV/0!
Total Numerator	0		
Children who turned two years of age within measurement year.		Excluded	#DIV/0!
Children meeting exclusion criteria*			
Total Denominator	0		

*Excluded children include those with a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same. Exclude contraindicated children only if administrative data do not indicate that the contraindicated immunization was rendered in its' entirety.

Report Name: Cervical Cancer Screening
Source: Regence
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row
 *To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Designated / Attributed Flag	Char	1	D or A	
9	Exclusion	Char	6	123.45	
10	Cervical Cancer Screening Criteria Met	Char	3	Yes or No	
11	Screening Type Completed	Char	50	Pap Test	
12	Date of Screening	Date	8	CCYYMMDD	

NQF Definition:

<http://www.qualityforum.org/QPS/0032>

Measurement Steward: National Committee for Quality Assurance

Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Exclude: Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during their medical history through the end of the measurement year

NOTE: Please calculate for each rate using the defined criteria, but report for one combined screening rate.

Report Name: Cervical Cancer Screening
Source: Regence
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Cervical Cancer Screening Completed		Screens Completed	#DIV/0!
Total Numerator	0		
Women between 24 and 64 years of age		Excluded	#DIV/0!
Women meeting exclusion criteria*			
Total Denominator	0		

*Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during their medical history through the end of the measurement year

Report Name: Chlamydia Screening in Women (16-20 years)
Source: Claims or clinical
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

*To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field		Requested Format	Comment
			Length			
1	Member SSN	Char	9			
2	Member DOB	Date	8		CCYYMMDD	
3	Member Gender	Char	1		M or F	
4	Provider First Name	Char	30		John	
5	Provider Last Name	Char	30		Doe	
6	Provider TIN	Char	9			
7	Provider NPI	Char	10			
8	Designated / Attributed Flag	Char	1		D or A	
9	Exclusion Diagnosis	Char	6		123.45	
10	Chlamydia Screening Criteria Met	Char	3		Yes or No	
11	Chlamydia Screening Date	Date	8		CCYYMMDD	

NQF Definition: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

<http://www.qualityforum.org/QPS/0033>

Measurement Steward: National Committee for Quality Assurance

Numerator Statement: At least one chlamydia test during the measurement year.

Denominator Statement: The percentage of women 16-24 years of age who were identified as sexually active.

Denominator Exclusions:

Exclude patients who qualified for the denominator based on a pregnancy test (Pregnancy Tests Value Set) alone and who meet either of the following:

- A pregnancy test (Pregnancy Test Exclusions Value Set) during the measurement year followed within seven days (inclusive) by a prescription for isotretinoin (Table CHL-E).
- A pregnancy test (Pregnancy Test Exclusions Value Set) during the measurement year followed within seven days (inclusive) by an x-ray (Diagnostic Radiology Value Set).

Report Name: Chlamydia Screening for Women (16-20 years)
Source: Claims or clinical
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Chlamydia Screening Test Completed		Chlamydia	
Total Numerator	0	Screening Test	#DIV/0!
Women between 16 and 24 years of age		Excluded	#DIV/0!
Women meeting exclusion criteria*			
Total Denominator	0		

*Exclude patients who qualified for the denominator based on a pregnancy test (Pregnancy Tests Value Set) alone and who meet either of the following:
 - A pregnancy test (Pregnancy Test Exclusions Value Set) during the measurement year followed within seven days (inclusive) by a prescription for isotretinoin (Table CHL-E).
 - A pregnancy test (Pregnancy Test Exclusions Value Set) during the measurement year followed within seven days (inclusive) by an x-ray (Diagnostic Radiology Value Set).

Report Name: Breast Cancer Screening
Source: Claims or clinical
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)

Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.

Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:
 *One patient per row
 *To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Designated / Attributed Flag	Char	1	D or A	
9	Exclusion	Char	6	123,45	
10	Breast Screening Criteria Met	Char	3	Yes or No	
12	Date of Mammography	Date	8	CCYYMMDD	

NQF Definition: <http://www.qualityforum.org/QPS/2372>

Measurement Steward: National Committee for Quality Assurance

Numerator Statement: One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year

Denominator Statement: Women age 52 to 74 years as of December 31 of the measurement year. This denominator statement captures women age 50-74 years; it is structured to account for look-back period for mammograms.

Denominator Exclusions: See Definition

Report Name: Breast Cancer Screening
Source: Claims or clinical
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016;
 Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Breast Cancer Screening Completed		Screens Completed	#DIV/0!
Total Numerator	0		
Women between 52 and 74 years of age			
Women meeting exclusion criteria*		Excluded	#DIV/0!
Total Denominator	0		

* Bilateral mastectomy any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy: 1) Bilateral mastectomy; 2) Unilateral mastectomy with a bilateral modifier; 3) Two unilateral mastectomies on different dates of service and 4) Both of the following (on the same date of service): Unilateral mastectomy with a right-side modifier and unilateral mastectomy with a left-side modifier.

Report Name: Colorectal Cancer Screening
Source: Regence
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

*To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Designated / Attributed Flag	Char	1	D or A	
9	Exclusion Diagnosis	Char	6	123.45	
10	Colorectal Cancer Screening Criteria Met	Char	3	Yes or No	
11	Screening Type Completed	Char	50	Colonoscopy	
12	Date of Screening	Date	8	CCYYMMDD	

NQF Definition:

<http://www.qualityforum.org/QPS/0034>

Measurement Steward: National Committee for Quality Assurance

Numerator Statement: One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the four criteria below:

- fecal occult blood test (FOBT) during the measurement year
- flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year

Denominator Statement: Patients 51–75 years of age as of December 31 of the measurement year

Denominator Exclusions: Patients with a diagnosis of colorectal cancer or total colectomy.

Look for evidence of colorectal cancer or total colectomy as far back as possible in the patient's history, through either administrative data or medical record review.

Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy, which must have occurred by December 31 of the measurement year.

Report Name: Colorectal Cancer Screening
Source: Regence
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitely Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016;
 Report due in November reflects data through quarter 2 , with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Colorectal Cancer Screening Completed		Screens Completed	#DIV/0!
Total Numerator	0		
Patients between 51 and 75 years of age		Excluded	#DIV/0!
Patients meeting exclusion criteria*			
Total Denominator	0		

*Patients with a diagnosis of colorectal cancer or total colectomy.

Look for evidence of colorectal cancer or total colectomy as far back as possible in the patient's history, through either administrative data or medical record review.

Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy, which must have occurred by December 31 of the measurement year.

Report Name: C-Section Rate
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

Notes:

*One patient per row

*To be eligible to receive the Associated Percentage of Net Savings for a given Quality Measure, the ACP must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on minimum number of Attributed and Designated Members with relevant inclusion diagnoses specified in the contract, for each Performance Year

Column #	Field Name	Field Type	Maximum Field Length	Requested Format	Comment
1	Member SSN	Char	9		
2	Member DOB	Date	8	CCYYMMDD	
3	Member Gender	Char	1	M or F	
4	Provider First Name	Char	30	John	
5	Provider Last Name	Char	30	Doe	
6	Provider TIN	Char	9		
7	Provider NPI	Char	10		
8	Designated / Attributed Flag	Char	1	D or A	
9	Exclusion Diagnosis	Char	6	123.45	
10	Inclusion Diagnosis	Char	6	123.45	
11	C-Section Delivery (Y/N)	Char	1	Y or N	
12	C-Section Medical Necessity Indicator	Char	1	Y or N	Will be "Y" if one of the codes from Appendix A, Table 11.09 applies, or if member is in an excluded population noted below

Numerator inclusion procedure codes: Found in Appendix A, Table 11.06 available at: <http://manual.jointcommission.org>

Denominator inclusion codes: Found in Appendix A, Tables 11.01, 11.02, 11.03 or 11.04 available at <http://manual.jointcommission.org>

Excluded Populations:

- ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes, for contraindications to vaginal delivery as defined in Appendix A, Table 11.09
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Enrolled in clinical trials
- Gestational age < 37 weeks

Appendix A, Table 11.09

https://manual.jointcommission.org/releases/TJC2013A/AppendixATJC.html#Table_Number_11_09_Contraindicat

NQF Definition:

<http://www.qualityforum.org/OPS/0471>

Measure Steward: The Joint Commission

Report Name: C-Section Rate
Source: ACP
Frequency: Detailed Member Level Data - Annually
 Aggregate level results by clinic - Semi-annually
Timeframe: Prior Performance Year
 Attributed members (Based on Definitively Attributed Members for prior Performance Year for Annual detailed results; based on members tentatively attributed at the time data is collected for quarterly aggregated results)
Population(s): Designated Members (Based on Members Designated for all 12 months for experience period)
Delivery Date: May 31st of each year for Detailed Annual Results (Used for Financial Reconciliation for prior Performance Year)
 Reports due May and November reflecting rolling 12 months with 3 months claims lag. Report due in May reflects quarter 4, 2015 with 3 month claims lag closing March 31, 2016; Report due in November reflects data through quarter 2, with 3 month claims lag closing September 30, 2016.
Mode: Secure Transmission
Recipient(s): HIPAA compliant designated agent of HCA

	Count		Rate
Number of C-Section Births meeting inclusion criteria (NTSV only) per Joint Commission. Total Numerator	0	C-Sections Meeting Criteria	#DIV/0!
Number of nulliparous, live born, singleton newborn in vertex presentation w/diagnostic codes as defined by Joint Commission.		Excluded	#DIV/0!
Patients meeting exclusion criteria* Total Denominator	0		

- *Excluded Populations:
- ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes, for contraindications to vaginal delivery as defined in Appendix A, Table 11.09
 - Less than 8 years of age
 - Greater than or equal to 65 years of age
 - Length of Stay >120 days
 - Enrolled in clinical trials
 - Gestational age < 37 weeks