



HIGHMARK TRUE PERFORMANCE 2023

Physician Masthead Measure Guide

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Highmark claims are analyzed for inclusion and exclusion for each of the Program metrics based upon the metric specifications. Both primary and secondary Highmark coverage for the Commercial and Medicare Advantage populations may be included depending on the particular metric. However, if Highmark is listed as the secondary plan, and the primary plan pays the claim at 100%, Highmark may not receive the claim. Data from claims not received cannot be considered for inclusion in the program metrics. Additionally, the quality metrics in the Program may be reviewed and updated annually to align with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations. Please refer to the Program Manual for accurate measure listings.

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The Quality metrics may be reviewed and updated annually to align with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations.

Please refer to your Program manual for accurate measure listing.

2023 Highmark True Performance Physician Masthead Measure Guide

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Masthead Measure Guide – Provides the program quality measure list detail and web links to the measure developer technical specifications and datasets. This document is searchable by using the 'control find' function to search for a specific measure. Each measure has a Developer Reference key (CMS, HEDIS, NCQA, NQF, PQA, QRS, etc.). See the **Masthead Measure Guide Web Links** to locate additional information including **free** and **for purchase** measure technical specifications and datasets. See also **Masthead Measure User Reference** for details on how to use this document and developer technical specifications and datasets.

<p>Masthead Measure Guide and Description of Column Headings</p> <ul style="list-style-type: none"> • Quality Measure Name/Description – Measure name and short description of measure. • Highmark or Star Measure Number – Measure numbers defined by Highmark or CMS Star. Primary sort is by Highmark measure QN number in ascending order. See Masthead Measure Web Links in this document to get additional information on CMS. • Developer Reference – Displays developer or steward that maintains the quality measure: CMS, HEDIS, NCQA, NQF, PQA and QRS. See Web Link page for links to developer web sites for detailed technical specifications for measures. Measures can have more than one reference acronym. • Numerator – Description of criteria that determines if the case is compliant based on the technical specifications. • Denominator – Description of the population included in the measure. • Exclusion – Criteria that eliminates a case from the numerator or denominator population. • Notes – Special notes that apply to the measure. • CPT II – American Medical Association (AMA) Current Procedural Terminology (CPT) Category II codes are used to facilitate data collection about the quality of care of rendered services and test results that support performance measures. Gray in the column denotes that CPT II codes do not apply. A check '√' denotes that a CPT II code is required for compliance or 'X' denotes CPT II code is optional for compliance. • CQF Eligible – Clinical Quality Feedback (CQF) – This function allows the provider to submit documented clinical information in the member's medical record to supplement what does not appear in Highmark claim's data. Additional CQF information is contained in the document 'Clinical Quality Feedback Supplemental Guide' available on the Provider Program Portal on NaviNet. 	<p>Pages 3-13</p>
<p>Masthead Measure Guide Web links – Provides web addresses to developer technical specifications and/or detailed diagnosis and procedure codes for measures. The web links are listed in alphabetical order by reference acronym.</p> <ul style="list-style-type: none"> • CMS – Centers for Medicare and Medicaid Services: Free Technical specifications and PQA medication tables for quality measures. • HEDIS – Healthcare Effectiveness Data and Information Set: Purchase full technical measure specs and diagnosis and procedure code datasets. Some reporting logic used by NCQA HEDIS (and its licensed vendors) is leveraged by Highmark to result the Program and may not be included in the Masthead Measure Guide documentation due to the complexity of calculations or proprietary limitations. • NCQA – National Council on Quality Assurance: Free QRS specs and datasets, updates for HEDIS and QRS, and National Drug Code (NDC) information. • NQF – National Quality Forum: Free info on quality measure standards, reports and endorsements. • PQA – Pharmacy Quality Alliance: Measure descriptions only. See CMS for technical specifications and medication tables on pharmacy quality measures. • QRS – Quality Rating System: Free measure specifications and datasets for 20 True Performance measures are on the NCQA web site. 	<p>Page 14</p>
<p>Highmark Mastheads –QN51 Annual Wellness and Initial Preventive exam, QN90 Screening for Depression, QN98 Opioids for Acute Low Back Pain, and QN101 Optimal Colorectal Cancer Screening.</p>	<p>Pages 15-19</p>





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Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required Optional X	CQF Eligible ¹
<p>Eye Exam for Patients with Diabetes: The percentage of diabetic members age 18 - 75 who received an eye screening for diabetic retinal disease.</p>	QN02.4 C13	HEDIS® MY2022 (EED) CMS 2022 NQF #55 QRS	Members with a retinal or dilated eye exam by an eye care professional in the measurement period; a negative retinal or dilated eye exam in the year prior; or bilateral eye enucleation any time during the member's history through December 31 of the measurement period.	<p>Attributed members age 18 - 75 who met pharmacy or claim/encounter criteria during the measurement period or the year prior, and were enrolled in the plan at the end of the measurement period.</p> <p>Continuous Enrollment - during the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.</p>	<p>Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from denominator those members who did not have a diagnosis of diabetes, in any setting, during the measurement period or the year prior to the measurement period and who had a diagnosis of polycystic ovarian syndrome or gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period, or members in hospice or using hospice services anytime during the measurement year.</p> <p>Also exclude members enrolled in palliative care.</p>	Excluded members must not have a claim/encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	X	√
<p>Breast Cancer Screening: The percentage of female members age 50 - 74 years who had a mammogram to screen for breast cancer.</p>	QN08 C01	HEDIS® MY2022 (BCS) CMS 2022 NQF#2372 QRS	One or more mammograms any time on or between October 1 two years prior to the measurement period and December 31 of the measurement period (27-month period).	<p>Attributed female members age 52 - 74 as of the last date of the measurement period.</p> <p>Continuous Enrollment - October 1 two years prior to the measurement period through December 31 of the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days for each full calendar year of continuous enrollment.</p>	<p>Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from denominator those who had a bilateral mastectomy any time during member's history through December 31 of measurement period, or members in hospice or using hospice services anytime during the measurement year.</p> <p>Also exclude members enrolled in palliative care.</p>	<p>Member age difference in description and denominator is due to required member continuous enrollment for the measurement period and the 15 months prior.</p> <p>This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs, because they are not appropriate methods for primary breast cancer screening.</p>		√



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Colorectal Cancer Screening: The percentage of members age 45 - 75 who had appropriate screening for colorectal cancer.	QN09 C02	HEDIS® MY2022 (COL) CMS 2022 NQF #34 QRS	Members with one or more screenings for colorectal cancer: FOBT during the measurement period, flexible sigmoidoscopy in the measurement period or the four years prior to the measurement period or Colonoscopy in the measurement period or the nine years prior to the measurement period or CT colonography during the measurement period or 4 years prior to the measurement period or FIT-DNA during the measurement period or 2 years prior to the measurement period.	Attributed members age 46 - 75 as of the last date of the measurement period. Continuous Enrollment - The measurement period and the year prior to the measurement period. Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.	Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who are: Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period. Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period. Exclude from denominator members with a diagnosis of colorectal cancer or with evidence of a total colectomy any time in their history through December 31 of measurement period, or members in hospice or using hospice services anytime during the measurement year. Also exclude members enrolled in palliative care.	Member age difference in description and denominator is due to required member continuous enrollment 1 year prior to the measurement period.		√
Cervical Cancer Screening: The percentage of women age 21 - 64 who were screened for cervical cancer.	QN10	HEDIS® MY2022 (CCS) NQF #32 QRS	Female members with screening for cervical cancer and had cervical cytology during the measurement period or the two years prior to the measurement period. If the member does not meet criteria above, identify members age 30-64 as of the last day of the measurement period with cervical high-risk human papillomavirus (hrHPV) testing during the measurement period or the four years prior to the measurement period and who were 30 years or older on the date of the test.	Attributed women age 24 - 64 as of the last date of the measurement period. Continuous Enrollment - Commercial: The measurement period and the 2 years prior to the measurement period. Medicaid: the measurement year. Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of the continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from denominator those who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Look as far back as possible in the member's history for exclusions through to the last day of the measurement period. Also exclude members in hospice or using hospice services anytime during the measurement year. Also exclude members enrolled in palliative care.	Member age difference in description and denominator is due to required member continuous enrollment for the measurement year and the 2 years prior.		√
Screening for Future Fall Risk: Percentage of Medicare Advantage members aged 65 years and older who had a risk assessment for falls completed in the measurement year.	QN27 HOS1	NQF #0101	Medicare Advantage members who were screened for fall risk at least once during measurement period.	Attributed Medicare Advantage members aged 65 years and older who had a visit with an eligible provider in the measurement period. Continuous enrollment during the measurement period. No more than one gap in enrollment of up to 45 days during the measurement period.	Exclude those with documentation of medical reason(s) for not screening for fall risk (i.e., patient is not ambulatory). Exclude those members in hospice.	Refer to the individual masthead for further details on this measure.	√	√
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile: The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI Percentile documentation during the measurement period.	QN34.1	HEDIS® 2022 (WCC portion) NQF #24QRS	Members with BMI percentile documentation during the measurement year.	Attributed members 3-17 years as of December 31 of the measurement year. Continuous Enrollment - in the measurement period. Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.	Exclude from the denominator members who have a diagnosis of pregnancy during the measurement period or members in hospice or using hospice services anytime during the measurement period.	None		√



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Quality Measure Name/Description	Highmark or Star Measure Number	Developer Reference	Numerator	Denominator and Continuous Enrollment Criteria	Exclusion	Notes	CPTII Required Optional X	CQF Eligible ¹
<p>Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents: Counseling for Nutrition: The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition documented during the measurement period.</p> <p><i>This measure is Profiled/Informational for 2023.</i></p>	QN34.2	HEDIS® 2022 (WCC portion) NQF #24QRS	Members with evidence of counseling for nutrition (Nutrition Counseling Value Set) during the measurement year. Documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review	<p>Attributed members 3-17 years as of December 31 of the measurement year.</p> <p>Continuous Enrollment - in the measurement period.</p> <p>Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.</p>	<p>Exclude members who meet any of the following criteria: Members who have a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year. Members in hospice or using hospice services any time during the measurement year. Refer to General Guideline 15: Members in Hospice. Members who died any time during the measurement year. Refer to General Guideline 16: Deceased Members.</p>	None		√
<p>Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents: Counseling for Physical Activity: The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity documented during the measurement period.</p> <p><i>This measure is Profiled/Informational for 2023.</i></p>	QN34.3	HEDIS® 2022 (WCC portion) NQF #24QRS	Members with evidence of counseling for physical activity (Physical Activity Counseling Value Set) during the measurement year. Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review.	<p>Attributed members 3-17 years as of December 31 of the measurement year.</p> <p>Continuous Enrollment - in the measurement period.</p> <p>Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the measurement period. Medicaid: the member must not have more than 1-month gap in coverage.</p>	<p>Exclude members who meet any of the following criteria: Members who have a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year. Members in hospice or using hospice services any time during the measurement year. Refer to General Guideline 15: Members in Hospice. Members who died any time during the measurement year. Refer to General Guideline 16: Deceased Members.</p>	None		√
<p>Hemoglobin A1c Control For Patients With Diabetes: HbA1c control (≤ 9.0%): The percentage of members age 18 - 75 with diabetes (type 1 or type 2) whose most recent Hemoglobin A1c is ≤9.0%.</p>	QN36 C15	HEDIS® MY2022 (HBD) CMS 2022 NQF #59	Diabetic members whose HbA1c level is ≤ 9.0% indicates better performance.	<p>Attributed members age 18 - 75 who met pharmacy or claim/encounter criteria during the measurement period or the year prior, and who were enrolled in the plan at the end of the measurement period.</p> <p>Continuous Enrollment - during the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.</p>	<p>Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from denominator those members who did not have a diagnosis of diabetes, in any setting, during the measurement period or the year prior to the measurement period and who had a diagnosis of polycystic ovarian syndrome or gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period, or members in hospice or using hospice services anytime during the measurement year.</p> <p>Also exclude members enrolled in palliative care.</p>	Excluded members must not have a face-to-face encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.	√	√



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<p>Medication Adherence for Diabetes Medication: The percentage of members age 18 and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The seven classes of diabetes medication include: biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetic, meglitinide or SGLT2 inhibitors.</p>	QN39 D10	CMS 2022 PQA 2022 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over across the classes of diabetes medication(s) in the measurement period.	<p>Attributed members 18 and older with at least two fills of medication(s) across any of the drug classes in the measurement period.</p> <p>Continuous Enrollment - First continuous enrollment period encountered for the member.</p> <p>Allowable gaps - None</p>	<p>Exclude those without Highmark pharmacy benefits or members who have one or more prescriptions for insulin in the treatment period.</p> <p>or</p> <p>members with ESRD or members in hospice.</p>	<p>Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.</p> <p>There may be instances where Highmark receives third party pharmacy benefit information that is included in this measure.</p> <p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.</p>		
<p>Medication Adherence for Hypertension: Renin Angiotensin System Antagonists (RASA): The percentage of members age 18 and older with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Blood pressure medication includes: ACE (angiotensin converting enzyme) Inhibitor, ARB (angiotensin receptor blocker), or a direct renin inhibitor.</p>	QN40 D11	CMS 2022 PQA 2022 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over for RASA antagonist medication(s) in the measurement period.	<p>Attributed members age 18 and older with at least two fills of either the same medication or medication(s) in the drug classes in the measurement period.</p> <p>Continuous Enrollment - First continuous enrollment period encountered for the member.</p> <p>Allowable gaps - None</p>	<p>Exclude from the denominator those without Highmark pharmacy benefits or members with ESRD or members in hospice or members that received one or more prescriptions for sacubitril/valsartan anytime during the measurement period.</p>	<p>Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.</p> <p>There may be instances where Highmark receives third party pharmacy benefit information that is included in this measure</p> <p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.</p>		
<p>Medication Adherence for Cholesterol (Statins): The percentage of members age 18 and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</p>	QN41 D12	CMS 2022 PQA 2022 NQF #541 QRS	Members with a proportion of days covered (PDC) at 80 percent or over for statin cholesterol medication(s) in the measurement period.	<p>Attributed members age 18 and older with at least two fills of either the same medication or medication(s) in the drug classes in the measurement period.</p> <p>Continuous Enrollment - First continuous enrollment period encountered for the member.</p> <p>Allowable gaps - None</p>	<p>Exclude from the denominator those without Highmark pharmacy benefits or members with ESRD or members in hospice.</p>	<p>Patients are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the measurement period.</p> <p>There may be instances where Highmark receives third party pharmacy benefit information that is included in this measure</p> <p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See web link page in this document under CMS for the link. PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to measure results when programs are updated.</p>		



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<p>Osteoporosis Management in Women Who Had a Fracture: The percentage of female Medicare Advantage members age 67 - 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.</p>	QN43 C12	HEDIS® MY2022 (OMW) CMS 2022 NQF #53	Members with appropriate testing or treatment for osteoporosis after a fracture in the measurement period.	<p>Attributed female Medicare Advantage members age 67 - 85 by the end of the measurement period and who suffered a fracture identified by an outpatient, observation, ED, nonacute inpatient or acute inpatient encounter in the measurement period.</p> <p>Continuous Enrollment - 12 months (1 year) before the Index Episode Start Date (IESD) through 180 days (6 months) after the IESD.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the continuous enrollment period.</p>	<p>Exclude from the denominator those with a BMD test during the 730 days (24 months) prior to the Index episode start date or a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the index episode start date or who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the index episode start date</p> <p>Exclude Medicare Advantage members age 67 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year with Frailty and advanced illness during the measurement period.</p> <p>Exclude members 81 years of age and older as of December 31 of the measurement year with frailty during the measurement year.</p> <p>or those without Highmark pharmacy benefits</p> <p>or those members in hospice or using hospice services anytime during the measurement year.</p> <p>Also exclude members enrolled in palliative care.</p>	<p>Fractures of finger, toe, face and skull are not included in this measure. If the member had more than one fracture, include only the first fracture.</p> <p>ED or observation visits (OBS) that result in an inpatient stay are not included when the ED/OBS date of service and the admission date for the inpatient stay are one calendar day apart or less.</p> <p>There may be instances where Highmark receives third party pharmacy benefit information that is included in this measure</p> <p>HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to resulting upon programming updates</p>		√
<p>All-Cause Readmissions: For members age 18 and older, the number of acute inpatient and observation stays during the measurement period that were followed by an unplanned acute readmission (including observation stays) for any diagnosis within 30 days over the predicted probability of an acute readmission (Displayed as a ratio).</p>	QN45.3 C21	HEDIS® MY2022 (PCR) CMS 2022	Members with an unplanned acute inpatient or observation stay for any diagnosis with an inpatient admission or observation stay within 30 days of a previous inpatient or observation Index Discharge Date within the measurement period.	<p>Attributed members age 18 and older with acute inpatient or observation discharges on or between the first day of the measurement period and 31 days prior to the last day of the measurement period. The denominator for this measure is based on discharges, not members.</p> <p>Continuous Enrollment - 365 days prior to the Index Discharge Date through 30 days after the Index Discharge date.</p> <p>Allowable gap - No more than one gap in enrollment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge date. Medicaid: The member must not have more than 1-month gap in coverage.</p>	<p>Exclude from denominator those Index Admissions with hospital stays where the Index Admission Date is the same as the Index Discharge Date</p> <p>or Index Admission inpatient or observation stays with 'Died' discharge status</p> <p>or with a principal diagnosis of pregnancy,</p> <p>or a principal diagnosis for a condition originating in the perinatal period</p> <p>or planned admissions including a principal diagnosis of maintenance chemotherapy or principal diagnosis of rehabilitation or an organ transplant or potentially planned procedure without a principal acute diagnosis.</p> <p>or members in hospice or using hospice services anytime during the measurement year.</p> <p>Exclude from the denominator Medicaid and Medicare Advantage members with four or more index hospital stays or Commercial members with three or more index hospital stays between the first day of the measurement period and 31 days prior to the last day of the measurement period. These members will be considered outliers and will not be included in the denominator.</p>	<p>Includes acute admissions to behavior healthcare facilities.</p> <p>For acute-to-acute direct transfers, the original admission date is the Index Admission Date, but the transfer's discharge date is the Index Discharge Date.</p> <p>A direct transfer is when the discharge date from one inpatient or observation setting and the admission date to a second inpatient or observation setting are one calendar day apart or less.</p>		



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Annual Wellness and Initial Preventive Physical Exam Rate: The percentage of Medicare Advantage members age 65 and older who had an annual wellness or initial preventive physical exam during the measurement period.	QN51	Highmark	Medicare Advantage members with an annual wellness or initial preventive physical exam during the measurement period.	Attributed Medicare Advantage members age 65 years and older during the measurement period.	None	None		
Childhood Immunization Status: Combination 10: The percentage of members age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HIB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	QN54	HEDIS® MY2022 (CIS) NQF #038 QRS Combo 10	Members with vaccines single or combination doses on or before their 2nd birthday: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and flu or has history of the illness or evidence of antigen in the measurement period. For DTaP, HiB, Hepatitis B, and rotavirus, anaphylactic reaction to the vaccine or its' component, or encephalitis with a vaccine adverse-effect code meets numerator compliance.	Attributed members that turn 2 years of age during the measurement period. Continuous Enrollment - 12 months prior to the child's second birthday. Allowable gap - Commercial: No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday. Medicaid: The member may not have more than a 1 month gap in coverage.	Exclude from denominator those with - Immunodeficiency, HIV, Lymphoreticular cancer, Multiple myeloma, Leukemia, severe combined immunodeficiency, history of intussusception, or members in hospice or using hospice services anytime during the measurement year.	To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart. Live attenuated flu vaccines (LAIV) (nasal spray) given prior to the child's second birthday will not be counted as the recommended age for the vaccine is 2 years and up.		√
Immunizations for Adolescents: Combination 2: The percentage of adolescents age 13 who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. <i>Members must be numerator compliant for all 3 indicators.</i>	QN57.2	HEDIS® 2022 (IMA) NQF #1407 QRS	Members with at least one meningococcal conjugate vaccine with a date of service between the members 11th and 13th birthdays or evidence of anaphylaxis anytime on or before the member's 13th birthday. At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service between the member's 10th and 13th birthdays or evidence of anaphylaxis or encephalitis on or before the member's 13th birthday, and at least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays with dates of service at least 146 days apart. Anaphylaxis due to the HPV vaccine also meets numerator compliance for that vaccine.	Attributed members who turn 13 years of age during the measurement period. Continuous Enrollment - 12 months prior to the member's 13th birthday. Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during the 12 months prior to the 13th birthday. Medicaid: the member may not have more than a 1-month gap in coverage.	Exclude from the denominator members in hospice or using hospice services anytime during the measurement year.	To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart.		√
Developmental Screening in the First Three Years of Life: The percentage of members screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.	QN61	Oregon Health and Science University NQF #1448	Members who were screened for risk of developmental, behavioral, and social delays using a standardized tool.	Attributed members who turn 1, 2, or 3 years of age during the measurement period. Continuous Enrollment - enrolled continuously for 12 months prior to the child's 1st, 2nd, or 3rd birthday in the measurement year period. Allowable gaps - Commercial: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: The member may not have more than a 1-month gap in coverage.	None	Standardized tools that can be used are cited by Bright Futures and the American Academy of Pediatrics on developmental screening.		√
MTM Program Completion Rate for CMR: The percentage of Medicare Advantage members age 18 and older enrolled in the Medication Therapy Management (MTM) program who received a Comprehensive Medication Review (CMR) during the measurement period.	QN63 D13	CMS 2022 (MTM)	Medicare Advantage members that received a Comprehensive Medication Review (CMR) at any time during their period of Medication Therapy Management (MTM) enrollment in the measurement period.	Attributed Medicare Advantage members who were at least age 18 or older as of the beginning of the measurement period and who were enrolled in the MTM program for at least 60 days during the measurement period.	None	CMR must be completed by Highmark's CMS approved Vendor.		



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<p>Statin Therapy for Patients With Cardiovascular Disease: The percentage of male members age 21 - 75 and female members age 40 - 75 during the measurement period, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the measurement period.</p>	QN64 C22	HEDIS® MY2022 (SPC) CMS 2022	Members with at least one dispensing event for a high or moderate-intensity statin medication in the measurement period.	<p>Attributed male members age 21 - 75 and females age 40 - 75 identified by event during the year prior to the measurement period who were:</p> <ul style="list-style-type: none"> - discharged from an inpatient setting with myocardial infarction OR - had a CABG, PCI or other revascularization procedure in any setting. OR by Diagnosis as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement period and the year prior to the measurement period. Criteria need not be the same across both years: - at least one outpatient visit with an IVD diagnosis OR - at least one acute inpatient encounter with an IVD diagnosis <p>Continuous Enrollment - The measurement period and the year prior to the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</p>	<p>Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from the denominator those female members with pregnancy. Also, include member's with In vitro fertilization, ESRD, and cirrhosis in the measurement period or year prior</p> <p>Exclude members dispensed at least one prescription for clomiphene during the measurement period or the year prior or, those members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period</p> <p>Also exclude members in hospice or using hospice services anytime during the measurement year and those members without Highmark pharmacy claims data.</p> <p>Also exclude members enrolled in palliative care.</p>	HEDIS provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are only provided periodically and may not be reflected at the start of reporting; additionally any updates received will be applied to resulting upon programming updates.		√
<p>Statin Use in Persons with Diabetes: The percentage of members age 40 - 75 who were dispensed a medication for diabetes that receive a statin medication during the measurement period.</p>	QN69 D14	CMS 2022 PQA 2022 (SUPD)	Members who received a prescription fill for a statin or statin combination during the measurement period.	<p>Attributed members age 40 – 75 years who were dispensed two or more prescription fills for a hypoglycemic agent (Oral Hypoglycemic, Insulin, and Incretin Mimetics) during the measurement period.</p> <p>The index prescription for the first hypoglycemic medication must occur at least 90 days prior to the end of the measurement period for denominator inclusion.</p> <p>Continuous Enrollment - continuously enrolled during the measurement period.</p> <p>Allowable gaps - none</p>	<p>Exclude from the denominator members in hospice, and members with ESRD.</p> <p>Also exclude members with rhabdomyolysis or myopathy; members with a diagnosis of pregnancy, lactation, or fertility; members with a diagnosis of pre-diabetes or Polycystic Ovarian Syndrome (POS).</p> <p>Also exclude members without Highmark pharmacy benefits</p>	<p>CMS posts a comprehensive list of medications and the PQA National Drug Codes to the CMS Part C & D Performance Data page. See CMS on the web link page in this document.</p> <p>PQA provides guidance on which medications are denoted as numerator compliant. NDC lists associated with these medications are updated and will be applied to resulting upon programming updates</p> <p>Members that turn 76 during the measurement period require a part D statin fill prior to turning 76 for health plan compliance.</p> <p>There may be instances where Highmark receives third party pharmacy benefit information that is included in this measure.</p>		
<p>Lead Screening in Children: The percentage of children 2 years of age who had one or more capillary or venous lead level blood tests for lead poisoning by their second birthday.</p>	QN75	HEDIS® MY2022 (LSC)	At least one lead capillary or venous blood test on or before the child's second birthday.	Children who turn 2 during the measurement period.	Exclude members in hospice or using hospice services at anytime during the measurement year.	None		√



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<p>Controlling High Blood Pressure: Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm HG) during the measurement period.</p>	QN76 C16	HEDIS® MY2022 (CBP)	A representative systolic BP < 140 mm Hg and a representative diastolic BP of < 90 mm Hg.	<p>Members who had at least two visits on different dates of service with a diagnosis of hypertension in the first 6 months of the measurement period or the year prior to the measurement period (count services that occur over this time frame). Visit type need not be the same for the two visits.</p> <p>Continuous Enrollment - continuously enrolled during the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.</p>	<p>Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who meet either of the following:</p> <p>Enrolled in an Institutional SNP (I-SNP) anytime during the measurement period. OR Living long-term in an institution anytime during the measurement period.</p> <p>Exclude members 81 years of age and older as of December 31 of the measurement period (all product lines) with Frailty during the measurement period.</p> <p>Exclude Members 66 years of age and older as of December 31 of the measurement period (all product lines) with Frailty and Advanced Illness during the measurement period. Also exclude members in hospice or using hospice services anytime during the measurement year.</p> <p>Exclude all members with end stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant during the measurement period, also exclude female members with a diagnosis of pregnancy during the measurement period.</p> <p>Exclude members who had a non-acute inpatient admission during the measurement period.</p> <p>Also exclude members enrolled in palliative care.</p>	<p>The numerator should include the most recent BP reading during the measurement period (as long as it occurred on or after the second diagnosis of hypertension). If no BP is recorded during the measurement period, assume that member is "not controlled".</p> <p>Do not include BP readings: Taken during an acute inpatient stay or an ED visit</p> <p>Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.</p> <p>Taken by the member with a non-digital device such as a manual blood pressure cuff and a stethoscope.</p> <p>Important note: both codes - 1 for systolic and 1 for diastolic value must be entered on claim for numerator compliance. The CQF can only accept submissions for nursing service and specialist visits for this measure. In these circumstances, three codes are needed for numerator compliance: systolic value, diastolic value, and nursing/specialist visit. Please contact your CTC for further instructions.</p>	√	√
<p>Well-Child Visits in the First 30 Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.</p> <p>Well-Child Visits in the First 15 Months. The percentage of members who turned 15 months old during the measurement period and had six or more well-child visits with a PCP during their first 15 months of life.</p>	QN88.1	HEDIS® MY2022 (W30)	The percentage of members who turned 15 months old during the measurement period and had six or more well-child visits with a PCP during their first 15 months of life.	<p>Members turning 15 months old during the measurement period.</p> <p>Continuous Enrollment Criteria: 31 days - 15 months of age.</p> <p>Allowable gaps : No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.</p>	Members in hospice or using hospice services anytime during the measurement year are excluded from this measure.	To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart.		√
<p>Well-Child Visits in the First 30 Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.</p> <p>Well-Child Visits for Age 15 Months–30 Months. The percentage of members who turned 30 months old during the measurement period who had 2 or more well-child visits with a PCP between 15 months – 30 months of age.</p>	QN88.2	HEDIS® MY2022 (W30)	The percentage of members who turned 30 months old during the measurement period who had 2 or more well-child visits with a PCP between 15 months plus one day – 30 months birthday.	<p>Members turning 30 months old during the measurement period.</p> <p>Continuous Enrollment Criteria: 15 months plus one day - 30 months of age</p> <p>Allowable gaps : No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.</p>	Members in hospice or using hospice services anytime during the measurement year are excluded from this measure.	To avoid double-counting, when assessing administrative data, all events must be at least 14 days apart.		√



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Child and Adolescent Well-Care Visits: The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.	QN89	HEDIS® MY2022 (WCV)	Members who had one or more well care visits during the measurement period.	Members 3 - 21 years as of December 31st of the measurement period. Continuous Enrollment Criteria: The measurement period. Allowable gaps : No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Medicaid: the member must not have more than 1-month gap in coverage.	Members in hospice or using hospice services anytime during the measurement year are excluded from this measure.	No Notes.		√
Screening for Depression: The percentage of members age 12 years and older who received a screening for depression during the measurement period.	QN90	Highmark	Members that were screened for depression during the measurement period	All attributed members age 12 years and older	Members with bipolar disorder in the year prior to the measurement period. Members with depression that starts during the year prior to the measurement period. Members in hospice or using hospice in the year prior to the measurement period.	Please see individual masthead measure guide for additional details.	X	√
Transitions of Care: Medication Reconciliation Post Discharge: The percentage of discharges from January 1- December 1 of the measurement period for Medicare Advantage members 65 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).	QN91 C23	HEDIS® MY2022 (TRC)	Members with a medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse on the date of discharge through 30 days after discharge (31 total days).	Attributed Medicare Advantage members who were at least age 65 or older as of the beginning of the measurement period and had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. Continuous Enrollment - Date of discharge through 30 days after discharge (31 total days). Allowable Gaps - None	Exclude from the denominator members who are in hospice or using hospice services anytime during the measurement period. If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge. Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year.	If a member remains in an acute setting through December 1 of the measurement year, a discharge is not included in the measure for this member, but the organization must have a method for identifying the member's status for the remainder of the measurement year, and may not assume the member remained admitted based only on the absence of a discharge before December 1. If the organization is unable to confirm the member remained in the acute or nonacute care setting through December 1, disregard the readmission or direct transfer and use the initial discharge date. Medication reconciliation does not require the member to be present.	X	√
Transitions of Care: Patient Engagement After Inpatient Discharge: The percentage of discharges from January 1- December 1 of the measurement period for Medicare Advantage members 65 years of age and older for whom documentation of patient engagement (ex - office visits, visits to the home, telehealth) is provided within 30 days after discharge.	QN92 C24	HEDIS® MY2022 (TRC)	Members with documentation of patient engagement (e.g., office visits, visits to the home) provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge.	Attributed Medicare Advantage members who were at least age 65 or older as of the beginning of the measurement period and had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. Continuous Enrollment - Date of discharge through 30 days after discharge (31 total days). Allowable Gaps - None	Exclude from the denominator members who are in hospice or using hospice services anytime during the measurement period. If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge. Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year.	If a member remains in an acute setting through December 1 of the measurement year, a discharge is not included in the measure for this member, but the organization must have a method for identifying the member's status for the remainder of the measurement year, and may not assume the member remained admitted based only on the absence of a discharge before December 1. If the organization is unable to confirm the member remained in the acute or nonacute care setting through December 1, disregard the readmission or direct transfer and use the initial discharge date.		



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<p>Follow Up After ED Visit for People with Multiple Chronic Conditions: The percentage of emergency department (ED) visits for Medicare Advantage members 65 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p>	QN93 C25	HEDIS® MY2022 (FMC)	A follow-up service visit within 7 days after the ED visit.	<p>Attributed Medicare Advantage members age 65 and older who had an ED visit for an eligible chronic condition on or between January 1 and December 24 of the measurement period where the member was 65 years and older on the date of the visit. The denominator for this measure is based on ED visits, not members.</p> <p>Continuous Enrollment - 365 days prior to the ED visit through 7 days after the ED visit.</p> <p>Allowable gaps: No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit.</p>	<p>Exclude ED visits that result in an inpatient stay</p> <p>Also exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.</p> <p>Exclude from the denominator members who are in hospice or using hospice services anytime during the measurement period.</p>	Eligible chronic conditions include - COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, and stroke and transient ischemic attack.		
<p>Kidney Health Evaluation for Patients With Diabetes: The percentage of diabetic members (type 1 and type 2) age 18 - 85 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> <p><i>This measure is Profiled/Informational for 2023.</i></p>	QN96 DMC14	HEDIS® MY2022 (KED)	Members who received both an eGFR and a uACR during the measurement period on the same or different dates of service.	<p>Attributed members age 18 - 85 who met pharmacy or claim/encounter criteria during the measurement period or the year prior, and who were enrolled in the plan at the end of the measurement period.</p> <p>Continuous Enrollment - during the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during the measurement period.</p>	<p>Exclude Medicare Advantage members age 66 and older as of December 31 of the measurement period who are:</p> <p>Enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Also exclude members 81 years of age and older as of December 31 of the measurement period with frailty.</p> <p>Exclude from denominator those members with evidence of end stage renal disease (ESRD) anytime during the member's history on or after December 31 of the measurement period. Also exclude those members that did not have a diagnosis of diabetes, in any setting, during the measurement period or the year prior to the measurement period and who had a diagnosis of polycystic ovarian syndrome or gestational or steroid-induced diabetes during the measurement period or the year prior to the measurement period. Exclude members in hospice or using hospice services anytime during the measurement period.</p> <p>Also exclude members enrolled in palliative care.</p>	Excluded members must not have a claim/encounter in any setting, with any diagnosis of diabetes, during the measurement period or the year prior to the measurement period.		√
<p>Opioids for Acute Low Back Pain: The percentage of patients who received an opioid prescription for a novel low back pain diagnosis within 4 weeks of a low back pain visit.</p> <p><i>This measure is Profiled/Informational for 2023.</i></p>	QN98	Highmark	The number of patients from the denominator who received an opioid script within 4 weeks following an initial low back pain diagnosis	All patients who had a novel low back pain diagnosis. Novel low back pain cases are defined to begin at the first diagnosis of lower back pain after a minimum six-month clean period.	<p>Patients who had a surgery between the initial low back pain diagnosis and opioid prescription.</p> <p>Patients who had a low back pain diagnosis 6 months prior to study period.</p> <p>Patients with an opioid prescription 30 days prior to low back pain visit.</p> <p>Patients with fractures.</p> <p>Patients with sickle cell anemia .</p> <p>Patients with cancer.</p>			



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<p>Follow-up After ED Visit for Mental Illness(FUM): the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</p> <p>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</p> <p><i>This measure is Profiled/Informational for 2023.</i></p>	QN100	HEDIS	<p>30-Day Follow-Up</p> <p>A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.</p>	<p>The eligible population.</p> <p>Continuous enrollment: Date of the ED visit through 30 days after the ED visit (31 total days).</p> <p>Allowable gaps: None.</p> <p>Organizations are not required to use enrollment criteria; adjustments are allowed. Value sets and logic may not be changed.</p>	Members in hospice or using hospice services anytime during the measurement year			
<p>Optimal Colorectal Cancer Screening: The percentage of members 45-75 years of age screened for colorectal cancer that are screened via Tier-1 modalities - Colonoscopy and FIT - as recommended by the US Multi-Society Task Force on Colorectal Cancer Screening.</p> <p><i>This measure is Profiled/Informational for 2023.</i></p>	QN101	Highmark	The number of members from the denominator screened either via a Colonoscopy or a FIT test.	<p>Attributed members age 46-75 as of the last date of the measurement period who complete a colorectal cancer screening within the measurement time period.</p> <p>Continuous Enrollment - The measurement period and the year prior to the measurement period.</p> <p>Allowable gaps - No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</p>	<p>MA members age 66 and older as of January 1 of the measurement period who are enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <p>Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period.</p> <p>Exclude from denominator members with a diagnosis of colorectal cancer or with evidence of a total colectomy any time in their history through December 31 of measurement period, or members in hospice.</p> <p>Also excludes members enrolled in palliative care.</p>			

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Steward/ Reference	Web Links
<p>CMS - Centers for Medicare and Medicaid Services</p> <p>1. Star link provides a page to download technical specifications for STAR measures. See download link on this page for zip file '2023 Star Ratings Technical Notes' for technical specifications.</p> <p>2. CMS measures with NCQA/HEDIS as source, see links below under HEDIS and NCQA for purchasing 2022 HEDIS documentation and datasets. Can also download free CMS QRS datasets on the NCQA/HEDIS site for some measures to obtain diagnosis and procedure codes for ICD 9 and ICD 10.</p> <p>3. CMS PQA drug related measures see the zip file on this web page for '2023 Part C and D Medicare Star Rating Data' which contains the PQA medication tables for those measures.</p>	<p>CMS Star - http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html</p>
<p>HEDIS and NCQA - Healthcare Effectiveness Data and Information Set and National Council on Quality Assurance - Some reporting logic used by NCQA HEDIS (and its licensed vendors) is leveraged by Highmark to result the Program and may not be included in the Masthead Measure Guide documentation due to the complexity of calculations or proprietary limitations.</p> <p>1. Home link provides up to date news at NCQA.</p> <p>2. Specification Updates link provides information and additional links on 2022 Technical specification updates for HEDIS, QRS, and NDC (National Drug Code) information.</p> <p>3. Create NCQA login account Click this link first to create an NCQA account to purchase and download full HEDIS or order free QRS datasets.</p> <p>4. Purchase full HEDIS technical specifications and datasets or order Free QRS datasets link provides information to purchase HEDIS technical documentation and datasets or order free QRS datasets for individual diagnosis and procedure codes. You must create a login account for NCQA first. Add items to the 'Cart' and follow instructions to purchase. After purchase of HEDIS technical specifications and datasets or order free QRS datasets, NCQA will send an email to allow electronic downloads.</p> <p>*Providers should reference the current set of technical specifications available through NCQA as updates may be publicly available after the publication date of this document.</p>	<p>Home - http://www.ncqa.org/HomePage.aspx</p> <p>Specification 2022 Updates - http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2022</p> <p>Create NCQA login account - https://store.ncqa.org/index.php/customer/account/login/referer/aHR0cDovL3N0b3JlLm5jcWEub3JnL2luZGV4LnBocC9iYXRhbG9nL3Byb2R1Y3Qvdmllldy9pZC8yMzI3L3MvMjAxNi1xdWVsaXR5LXJhdGluZy1zeXN0ZW0tcXJzLWVhZGlzLXZhbHVlLXNldC1kaXJlY3Rvcnkv/</p> <p>Purchase Full HEDIS and technical specs -http://store.ncqa.org/index.php/performance-measurement.html</p> <p>Download Free QRS HEDIS Dataset -https://store.ncqa.org/my-2022-quality-rating-system-grs-hedis-value-set-directory.html</p>
<p>NQF - National Quality Forum</p> <p>1. The NQF link displays the Quality Positioning System (QPS) measure inquiry page that defaults to 'NQF endorsed' measures.</p> <p>2. Enter NQF number with 4 digits in the measure search box. For example 24 is entered '0024'.</p> <p>3. If an NQF number is not found, change the radio button from 'NQF endorsed' to 'All' or 'Not Endorsed' to find a measure.</p> <p>4. NQF does not supply diagnosis and procedure codes for a measure. See the NCQA and HEDIS above to download Free QRS specs and datasets or purchase full HEDIS specs and datasets</p> <p>5. Only measure descriptions and NQF reports are available at this web site. NQF measure documents have developer links for technical specifications and/or diagnosis and procedure codes for measures.</p>	<p>NQF - QPS Measures - http://www.qualityforum.org/Qps/QpsTool.aspx</p>
<p>PQA - Pharmacy Quality Alliance</p> <p>PQA measure list link provides descriptions of PQA measures drug measures. PQA Drug tables are included in the CMS zip file 'Star' link above.</p>	<p>PQA Pharmacy Quality Alliance - https://www.pqaalliance.org/pqa-measures</p>
<p>QRS - Quality Rating System for Plans</p> <p>1. QRS Technical Specs Link provides the document published by CMS dated March 2022 for 2023 QRS measures.</p> <p>2. Updates QRS measures provides links to 2023 Technical Specification Update to QRS measures.</p> <p>3. Download QRS HEDIS Dataset provides a link to order a free excel dataset of QRS measure diagnoses and procedures codes and a technical specification manual. Click link 'Order 2022 Quality Rating system (QRS) HEDIS Value Set Directory' to order datasets.</p> <p>4. You must create a login account for NCQA first before trying to order info. See Create NCQA login account link above in the HEDIS and NCQA section. Add items to the 'Cart' and follow instructions to order. After ordering Free QRS datasets or paying for the full HEDIS technical specifications and datasets, NCQA will send an email to allow electronic QRS or HEDIS downloads of information.</p>	<p>QRS technical specifications - https://www.cms.gov/files/document/2023-grs-technical-specifications.pdf</p> <p>Updates QRS measures - https://www.cms.gov/files/document/2023-grs-technical-specifications.pdf</p> <p>Download QRS HEDIS Dataset - https://store.ncqa.org/my-2022-quality-rating-system-grs-hedis-value-set-directory.html</p>
<p>Highmark</p>	<p>Mastheads for Highmark modified or created measures will be attached to the masthead measure guide.</p>



QN51: Annual Wellness and Initial Preventive Physical Exam Rate**Source: Highmark**

Description: Percentage of Medicare Advantage members who had an annual wellness or initial preventive physical exam during the measurement period.

Denominator Description	Denominator Table(s)
All Medicare Advantage members age 65 years and older	N/A

Continuous Enrollment	Continuous enrollment during the measurement year.
Allowable Gap	One gap of up to 45 days during the enrollment year.
Anchor Date	Must be enrolled in the plan at the end of the year.

Denominator Exclusion Description	Exclusion Table(s)
No exclusions	N/A

Numerator Description	Numerator Table(s)
Patients who completed an annual wellness or initial preventive physical exam during the measurement period.	Table QN51A for Annual Wellness Visit Or Table QN51B for IPPE

Table QN51A Codes to Identify Annual Wellness Visit

HCPCS
G0438, G0439, G0468

Table QN51B Codes to Identify Initial Preventive Physical Exam (IPPE)

HCPCS
G0402

Patients can complete the annual wellness visit **after the first 12 months** of enrollment in Medicare Part B.

Patients can complete the Initial Preventive Physical Examination (IPPE) **during the first 12 months** of enrollment in Medicare Part B.



QN90: Screening for Depression**Source: Highmark**

Description: The percentage of members age 12 years and older who received a screening for depression during the measurement period.

Denominator Description	Denominator Table(s)
All attributed members age 12 years and older	N/A

Continuous Enrollment	Continuous enrollment during the measurement year
Allowable Gap	One gap of up to 45 days during the enrollment year
Anchor Date	Must be enrolled in the plan at the end of the year

Denominator Exclusion Description	Exclusion Table(s)
Members with bipolar disorder in the year prior to the Measurement Period Members with depression that starts during the year prior to the Measurement Period Members in hospice or using hospice services during the Measurement Period	Table QN90.1

Table QN90.1 Codes to Identify Denominator Exclusions – Bipolar Disorder (year prior), Depression (year prior), Hospice Intervention/Encounter

Bipolar Disorder	
ICD-10-CM	F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9
Depression	
ICD-10-CM	F01.50, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345
Hospice Intervention/Encounter	
CPT	99377, 99378
HCPCS	G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046, G0182



QN90: Screening for Depression

Source: Highmark

Numerator Description	Numerator Table(s)
Members that were screened for depression during the measurement period	Table QN90.2

Table QN90.2 Codes to Identify a Screening for Depression

CPT	<p>96127 – brief emotional/behavioral assessment (e.g., inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument.</p> <p>96160 – can be used for pre-natal/post-partum members. Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.</p>
CPTII	<p>1220F – patient screened for depression</p> <p>3725F – screening for depression performed</p> <p>3351F – negative screen for depressive symptoms as categorized by a standard depression screening assessment tool</p> <p>3352F – no significant depressive symptoms as categorized by a standard depression screening assessment tool</p> <p>3353F – mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool</p> <p>3354F – clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool</p>
HCPCS	<p>G0438 – annual wellness visit</p> <p>G0402 – initial preventive physical examination</p> <p>G0444 – annual depression screening up to 15 minutes using any standardized instrument (e.g., PHQ-9) in a primary care setting with clinical staff who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment as necessary.</p> <p>G8431 – screening for depression is documented as being positive and a follow up plan is documented.</p> <p>G8510 – screening for depression is documented as negative, follow up plan is not required.</p>
ICD10	Z13.31 – encounter for Screening for Depression



QN98: Opioids for Low Back Pain**Source: Highmark**

Description: The percentage of patients who received an opioid prescription for a novel low back pain diagnosis within 4 weeks of a low back pain visit

Denominator Description	Denominator Table(s)
Members 18+ years old. All patients who had a novel low back pain diagnosis. Novel low back pain cases are defined to begin at the first diagnosis of lower back pain after a minimum six-month clean period.	See QN98 Code Table In Attachments

Continuous Enrollment	One year prior to the study period
Allowable Gap	One gap of up to 45 days during the enrollment year
Anchor Date	Date of the opioid prescription

Denominator Exclusion Description	Exclusion Table(s)
<ol style="list-style-type: none"> 1. Patients who had a surgery between the initial low back pain diagnosis and opioid prescription 2. Patients who had a low back pain diagnosis 6 months prior to study period 3. Patients with an opioid prescription 30 days prior to low back pain visit 4. Patients with fractures 5. Patients with sickle cell anemia 6. Patients with cancer 	See QN98 Code Table In Attachments

Numerator Description	Numerator Table(s)
The number of patients from the denominator who received an opioid script within 4 weeks following an initial low back pain diagnosis	See QN98 Code Table In Attachments



QN101: Optimal Colorectal Cancer Screening**Source:** Highmark**Description:** The percentage of members 45-75 years of age screened for colorectal cancer that are screened via Tier-1 modalities - Colonoscopy and FIT - as recommended by the US Multi-Society Task Force on Colorectal Cancer Screening

Denominator Description	Denominator Table(s)
Attributed members age 46-75 as of the last date of the measurement period who complete a colorectal cancer screening within the measurement time period	See QN101 Code Table In Attachments

Continuous Enrollment	The measurement period and the year prior to the membership period
Allowable Gap	December 31 of the measurement year

Denominator Exclusion Description	Exclusion Table(s)
<p>Exclusions: MA members age 66 and older as of January 1 of the measurement period who are enrolled in an institutional SNP (I-SNP) any time during the measurement period OR living long-term in an institution any time during the measurement period.</p> <ul style="list-style-type: none"> - Exclude members 66 years of age and older as of December 31 of the measurement year (all product lines) with Frailty and advanced illness during the measurement period - Exclude from denominator members with a diagnosis of colorectal cancer or with evidence of a total colectomy any time in their history through December 31 of measurement period, or members in hospice - Also excludes members enrolled in palliative care 	See QN101 Code Table In Attachments

Numerator Description	Numerator Table(s)
The number of members from the denominator screened either via a Colonoscopy or a FIT test	See QN101 Code Table In Attachments

