

Quality Measure Guide – Compliance Coding and Exclusion Criteria

Listed below are the health effectiveness data information set (HEDIS) measures that will be used in the 2020 provider Performance Adjustment Factor (PAF). Please visit bcbswny.com/provider for more information regarding available quality incentive programs.



HEDIS Quality Measure Descriptions

Updated January 18, 2018 – Highlighted areas indicate change from prior version.

Measure/Submeasure	Description	Relevant Timeframes and Compliance Information	Exclusion Criteria
Adolescent well care (AWC)	Patients ages 12 to 21 who has at least one comprehensive well child visit with a PCP or OB-GYN during 2018	<p>Timeframe: January 1, 2018 - December 31, 2018.</p> <p>ICD10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, 702.81, Z02.82, Z02.83, Z02.89, Z02.9</p> <p>CPT: 99381-99385, 99391-99395, 99461</p> <p>HCPCS: G0438, G0439</p>	No valid exclusions
Adolescent immunizations: combo 1 (IMA)	<p>Female and Male Adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine during.</p> <ul style="list-style-type: none"> Meningococcal vaccine should be administered between the patient's 11th and 13th birthdays. Tdap vaccine should be administered between the patient's 10th and 13th birthdays. 	<p>Timeframe: January 1, 2018 - December 31, 2018.</p> <p>CPT for Meningococcal: 90734</p> <p>CPT for Tdap: 90715</p>	<p>Either of the following meet optional exclusion criteria:</p> <ul style="list-style-type: none"> Anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday. <p>ICD10: T80.52XA, T80.52XD, T80.52XS</p>
Adolescent immunizations: combo 2 (IMA)	<ul style="list-style-type: none"> Female and Male adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and at least two doses of the human papillomavirus (HPV) vaccine with different dates of service on or between the member's 9th and 13th birthdays. (There must be at least 146 days between the first and second dose of the HPV vaccine) <p>OR</p> <p>three doses of the human papillomavirus (HPV) vaccine on different dates of service between the member's 9th and 13th birthdays.</p> <p>The measure calculates a rate of compliance for both components combined (one combination rate).</p>	<p>Timeframe: January 1, 2018 - December 31, 2018.</p> <p>CPT for Meningococcal: 90734</p> <p>CPT for Tdap: 90715</p> <p>CPT for HPV: 90649,90650,90651</p> <p>This component considers both male and female adolescents</p>	<p>Either of the following meet optional exclusion criteria:</p> <ul style="list-style-type: none"> Anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday. <p>ICD10: T80.52XA, T80.52XD, T80.52XS</p>

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Children/adolescent assessment: BMI screening ages 3 to 17 (WCC)	<p>Patients ages 3 to 17 who had an outpatient visit with a PCP or OB-GYN and who had evidence of a BMI screening being completed during the calendar year 2018.</p> <p>Documentation must include height, weight, and BMI percentile.</p>	<p>Timeframe: January 1, 2018 - December 31, 2018.</p> <p>ICD10 for 'BMI Percentile': Z68.51, Z68.52, Z68.53, Z68.54</p>	<p>Optional Exclusion: Patients who have a diagnosis of pregnancy during the measurement year</p> <p>ICD10: There are 2,243 ICD10 codes</p>
Adult BMI assessment (ABA)	<p>For patients 20 – 74 years old, documentation of BMI value, weight and height is required.</p> <p>For patients younger than 20 (ages 18 and 19), a BMI percentile, weight, and height is required.</p>	<p>Timeframe: January 1, 2017 - December 31, 2018.</p> <p>ICD10 for 'BMI' only: Z68.1, Z68.20 – Z68.39, Z68.41 – Z68.45</p> <p>ICD10 for 'BMI Percentile': Z68.51, Z68.52, Z68.53, Z68.54</p>	<p>Optional Exclusion: Patients who have a diagnosis of pregnancy during the measurement year</p> <p>ICD10: There are 2,243 ICD10 codes</p>
Adult access: total (AAP)	<p>For patients 20 years and older who had an ambulatory or preventive care visit. For Commercial patients, service must be provided during 2016, 2017, or 2018. For Medicare patients, service must be provided during 2018.</p>	<p>Timeframe: January 1, 2016 - December 31, 2018 for Commercial Patients.</p> <p>Timeframe: January 1, 2018 - December 31, 2018 for Medicare Patients.</p> <p>ICD10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9,</p> <p>CPT: 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304 - 99310, 99315 – 99318, 99324 – 99328, 99334 – 99337, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99420, 99429</p> <p>HCPCS: G0402, G0438, G0439, G0463, S0620, S0621, T1015</p>	<p>No valid exclusions</p>

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Anti-rheumatic drug therapy (ART)	The percentage of patients 18 years of age and older, who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the calendar year 2018.	<p>Timeframe: January 1, 2018 - December 31, 2018.</p> <p>HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310</p>	<p>Optional Exclusion: A diagnosis of HIV any time during the member's history through December 31 of the measurement year.</p> <p>ICD10: B20, B97.35, Z21</p> <p>Patients who have a diagnosis of pregnancy during the measurement year</p> <p>ICD10: There are 2,243 ICD10 Codes</p>
Antidepressant medications: continuation phase (AMM)	Patients ages 18 and older diagnosed with an episode of major depression, treated with an antidepressant medication, and who remained on the antidepressant drug for at least 180 days during the six-month continuation treatment phase. Service dates can range from May 1, 2017 through April 30, 2018.	<p>Initial claim for antidepressant: May 1, 2017 – April 30, 2018</p> <p>Treatment for six months with one of the following: Antidepressants, SSRI antidepressants, psychotherapeutic combinations, SSNRI, SSRI, tetracyclic, MAO inhibitors, phenylpiperazine, tricyclic.</p>	No valid exclusions
Asthma medication ratio: total (AMR)	The percentage of patients ages 5 to 64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the calendar year 2018.	<p>Timeframe: January 1, 2018 – December 31, 2018</p> <p>Asthma medications: Anti-asthmatic combinations, antibody inhibitor, inhaled steroid combinations, inhaled corticosteroids, leukotriene modifiers, mast cell stabilizers, methylxanthines</p>	Exclude Patients who had a diagnosis with one the following codes: J96.00, J96.01, J96.02, J96.20, J96.21, J96.22, J68.4, J44.0, J44.1, J44.9, E84.0, E84.11, E84.19, E84.8, E84.9, J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3No valid exclusions

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<p>Breast cancer screening (BCS)</p>	<p>Women ages 52 to 74 who had at least one screening mammogram from October 1, 2016 through December 31, 2018.</p> <p>New in 2018: Can include all types of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis (3D screenings)) Breast MRI's, ultrasounds or biopsies DO NOT count towards this measure.</p>	<p>Timeframe: October 1, 2016 – December 31, 2018</p> <p>CPT: 77055-77057, 77061, 77062, 77063, 77065, 77066, 77067</p> <p>HCPCS: G0202, G0204, G0206</p>	<p>Optional Exclusion:</p> <ul style="list-style-type: none"> Bilateral Mastectomy any time during the member's history through 12/31/2018. Two Unilateral Mastectomies by 12/31/2018. (Service dates must be at least 14 days apart) <p>Bilateral mastectomy</p> <p>ICD10 (history of): Z90.13</p> <p>ICD10PCS: 0HTV0ZZ (Bilateral) 0HTU0ZZ and 0HTU0ZZ (Unilateral) (Codes above require procedure modifier of: 50, LT or RT)</p> <p>CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307</p>

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Cervical cancer screening (CCS)	The percentage of women 24-64 who were screened for cervical cancer using either of the following criteria; 1) Women 24-64 who had a cervical cytology/pap performed any time in the calendar years 2016, 2017 or 2018. 2) Women ages 34-64 who had a cervical cytology/human papillomavirus (HPV) co-testing performed any time in the calendar years 2014, 2015, 2016, 2017, or 2018,.	<p>Timeframe:</p> <ol style="list-style-type: none"> 1) Women 24-64 who had a cervical cytology/pap performed during January 1, 2016 – December 31, 2018 2) Women 30-64 who had a cervical cytology/human papillomavirus (HPV) co-test performed during January 1, 2014 – December 31, 2018 <p>Cervical Cytology CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>Cervical Cytology HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests CPT: 87620, 87621, 87622, 87624, 87625</p> <p>HPV Tests HCPCS: G0476</p>	<p>Optional Exclusion: Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through 12/31/2018.</p> <p>ICD10: C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, Z85.41</p>

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Childhood immunizations: combo 10 (CIS)	Children who <i>children who were born in 2016 and</i> received the following vaccinations on or before their second birthday in 2018: <ul style="list-style-type: none"> • Four DTaP (diphtheria, tetanus, and acellular pertussis) • Three IPV (polio) • One MMR (measles, mumps, rubella) • Three HiB (H influenza type B) • Three HepB (hepatitis B) • One VZV (chicken pox) • Four PCV (pneumococcal conjugate) • One HepA (hepatitis A) • Two rotavirus (two-dose schedule) or three rotavirus (three-dose schedule) • Two influenza 	<p>Timeframe: Birth Year 2016 – December 31, 2018</p> <p>Continuous enrollment with plan: First birthday thru second birthday</p> <p>DTaP CPT: 90698, 90700, 90721, 90723</p> <p>IPV CPT: 90698, 90713, 90723</p> <p>MMR CPT: 90704, 90705, 90706, 90707, 90708, 90710</p> <p>H influenza type B CPT: 90644-90648, 90698, 90721, 90748</p> <p>Hepatitis B CPT: 90723, 90740, 90744, 90747, 90748</p> <p>Hepatitis B HCPCS: G0010</p> <p>VZV CPT: 90710, 90716</p> <p>Pneumococcal CPT: 90669, 90670</p> <p>Pneumococcal HCPCS: G0009</p> <p>Hepatitis A CPT: 90633</p> <p>Rotavirus CPT: 90680 (3 dose), 90681(2 dose)</p> <p>Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90687, 90688</p> <p>Influenza HCPCS: G0008</p> <p>Service dates for the same antigen must be 14-days apart.</p>	Optional Exclusion criteria is as follows: <ul style="list-style-type: none"> ➤ Anaphylactic reaction to the vaccine or its components ➤ DTaP: Encephalopathy ➤ MMR, VZV and Influenza: Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia, anaphylactic reaction to neomycin. ➤ Rotavirus: Severe combined immunodeficiency, History of intussusception ➤ IPV: Anaphylactic reaction to streptomycin, polymyxin B or neomycin Hepatitis B: Anaphylactic reaction to common baker's yeast

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Colorectal cancer screening (COL)	<p>The percentage of patients ages 50 to 75 who had an appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> • Colonoscopy in the past 10 years (2009-18) • Flexible sigmoidoscopy in the past five years (2014 -18) • Fecal occult blood test (iFOBT or gFOBT) in 2018. • CT Colonography test in the past 5 years (2014 -18) • FIT-DNA (ColoGuard) in the past 3 years (2016 -18) <p>*NOTE: All FOBT tests must be processed in a lab, not in the provider office. Digital Rectal Exams do not count as an FOBT screening.</p>	<p>Timeframe: Colonoscopy- January 1, 2009 – December 31, 2018 Flexible sigmoidoscopy- January 1, 2014 – December 31, 2018 Fecal Occult Blood Test- January 1, 2018 – December 31, 2018 CT Colonography - January 1, 2014 – December 31, 2018 FIT-DNA - January 1, 2016 – December 31, 2018</p> <p>CPT for Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393,45398</p> <p>HCPCS for Colonoscopy: G0105, G0121</p> <p>CPT for Flexible Sigmoidoscopy: 45330 – 45335, 45337 – 45342, 45345 – 45347, 45349, 45350</p> <p>CPT for FOBT: 82270, 82274</p> <p>HCPCS for FOBT: G0328</p> <p>CPT for CT Colonography: 74261, 74262, 74263</p> <p>CPT for FIT-DNA: 81528 HCPCS for FIT-DNA: G0464</p>	<p>Optional Exclusion: Diagnosis of Colorectal Cancer or a Total Colectomy any time during the member's history through 12/31/2018.</p> <p>For History of Colorectal Cancer: ICD10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p>HCPCS: G0213, G0214, G0215, G0231</p> <p>ICD10 PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ</p> <p>For Total Colectomy: CPT: 44150, 44151, 44152, 44153, 44155, 44156, 44157, 44158, 44210, 44211, 44212</p> <p>ICD10 PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ</p>
Diabetes care: HbA1c test (CDC)	<ul style="list-style-type: none"> • The percentage of patients ages 18 to 75 with diabetes (type 1 and type 2) who had their hemoglobin A1C (HbA1c) testing completed during 2018. 	<p>Timeframe: January 1, 2018 – December 31, 2018</p> <p>CPT: 83036, 83037,</p> <p>CPT II: 3044F, 3045F, 3046F</p>	<p>Optional Exclusion:</p> <ul style="list-style-type: none"> ➢ Diabetes due to underlying condition ➢ Drug or chemical induced diabetes <p>Gestational diabetes (99 ICD10 codes exist)</p>
Diabetes care: HbA1c<8 (CDC)	<p>The percentage of patients ages 18 to 75 with diabetes (type 1 and type 2) who had their most recent hemoglobin A1c (HbA1c) value <8.0%. Must be last HbA1c test performed in 2018.</p>	<p>Timeframe: January 1, 2018 – December 31, 2018</p> <p>CPT II: 3044F, 3045F</p> <p>Note: 3044F and 3045F have an incentive attached if billed.</p>	<p>Optional Exclusion:</p> <ul style="list-style-type: none"> ➢ Diabetes due to underlying condition ➢ Drug or chemical induced diabetes <p>Gestational diabetes (99 ICD10 codes exist)</p>

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Diabetes care: eye exam (CDC)	The percentage of patients ages 18 to 75 with diabetes (type 1 or type 2) who had at least one eye screening (retinal or dilated eye exam) either negative or positive for retinopathy by an eye care professional during the calendar year 2018, or a negative retinal exam (no evidence of retinopathy) during 2017.	<p>Timeframe: January 1, 2017 – December 31, 2018</p> <p>CPT: 67028, 67030, 67031, 67036, 67039 – 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225 – 92228, 92230, 92235, 92240, 92250, 92260, 99203 – 99205, 99214, 99215, 99242 – 99245, 2022F, 2024F, 2026F, 3072F</p> <p>HCPCS: S0620, S0621, S3000</p>	<p>Optional Exclusion:</p> <ul style="list-style-type: none"> ➢ Diabetes due to underlying condition ➢ Drug or chemical induced diabetes ➢ Gestational diabetes (99 ICD10 codes exist)
Diabetes care: nephropathy (CDC)	<p>The percentage of patients ages 18 to 75 with diabetes (type 1 or type 2) that had at least one nephropathy screening test or documented evidence of nephropathy during 2018.</p> <p>This includes a urine test for albumin or protein (date of test and result required) or documentation of a visit to a nephrologist or documentation of a renal transplant or documentation of medical attention for diabetic nephropathy, ESRD, chronic renal failure (CRF), chronic kidney disease (CKD), renal insufficiency, proteinuria, albuminuria, renal dysfunction, acute renal failure (ARF), dialysis, hemodialysis or peritoneal dialysis, or evidence of ACE inhibitor/ARB therapy.</p>	<p>Timeframe: January 1, 2018 – December 31, 2018</p> <p>ICD10: N18.4, N18.5, N18.6, Z91.15, Z99.2, Z94.0, E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9</p> <p>CPT: 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831, 36832, 36833, 4010F, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 81000-81005, 82042, 82043, 82044, 84156, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 995123060F, 3061F, 3062F, 3066F, 4010F</p> <p>HCPCS: G0257, S9339, S2065</p>	<p>Optional Exclusion:</p> <ul style="list-style-type: none"> ➢ Diabetes due to underlying condition ➢ Drug or chemical induced diabetes ➢ Gestational diabetes (99 ICD10 codes exist)

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Statin therapy for patients with diabetes: statin therapy (SPD)	The percentage of patients ages 40 to 75 during 2018 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who have Received Statin Therapy . Patients who were dispensed at least one statin medication of any intensity during 2018.	Timeframe: January 1, 2018 – December 31, 2018 The number of Patients who had at least one dispensing event for a statin medication of any intensity during the measurement year.	Optional Exclusion: <ul style="list-style-type: none"> ➢ Diabetes due to underlying condition ➢ Drug or chemical induced diabetes ➢ Gestational diabetes (99 ICD10 codes exist)
Medication reconciliation post-discharge (MRP)	The percentage of patients discharged from an acute or non-acute inpatient stay from January 1, 2018 to December 1, 2018 for Patients ages 18 years and older for whom medications were reconciled by a prescribing practitioner, Registered Nurse (RN) or a Clinical Pharmacist on the date of discharge through 30 days after discharge (31 total days).	Timeframe: January 1, 2018 – December 31, 2018 Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 total days). (Medicare population only) CPT II: 1111F, 99495, 99496 Note: 1111F has a \$50 incentive for Medicare Advantage members and \$20 Incentive for Commercial members	No valid exclusions
Osteoporosis management (OMW)	The percentage of Medicare women ages 67 to 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after a fracture occurring July 1, 2017 through June 30, 2018.	Timeframe: July 1, 2017 – June 30, 2018 Bone Mineral Density CPT: 76977, 77078, 77080, 77081, 77082, 77085, 77086 Bone Mineral Density HCPCS: G0130 Osteoporosis Medications HCPCS J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051	
Persistent beta blocker treatment (PBH)	The percentage of patients 18 years of age and older who were hospitalized and discharged from July 1, 2017 to June 30, 2018 with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. NOTE: The patient must be 18 years of age as of December 31, 2018.	Timeframe: July 1, 2017 – June 30, 2018 A 180-day course of treatment with beta-blockers	Patients identified as having an intolerance or allergy to beta-blocker therapy
Persistent medications: ACE or ARB (MPM)	The percentage of patients 18 years of age and older who received at least 180 treatment days of an ACE inhibitor or ARB during 2018 and had at least one therapeutic monitoring event for the medication in 2018. This may include a CMP or BMP.	Timeframe: January 1, 2018 – December 31, 2018 Patients who received at least 180 treatment days of ACE inhibitors or ARBs, during the measurement year At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year: CPT: 80047, 80048, 80050, 80053, 80069, 82565, 82575, 80051, 84132	No valid exclusions

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Persistent medications: diuretics (MPM)	The percentage of patients 18 years of age and older who received at least 180 treatment days of a diuretic during 2018 and had at least one therapeutic monitoring event for the medication in 2018. This may include a CMP or BMP.	Timeframe: January 1, 2018 – December 31, 2018 Patients who received at least 180 treatment days of diuretic, during the measurement year At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year: CPT: 80047, 80048, 80050, 80053, 80069, 82565, 82575, 80051, 84132	No valid exclusions
Pharmacotherapy management of COPD exacerbation: bronchodilator (PCE)	The percentage of COPD exacerbations for patients ages 40 and older who had an acute inpatient discharge or ED visit on or between January 1, 2018 to November 30, 2018 and who were dispensed a bronchodilator.	Timeframe: January 1, 2018 – November 30, 2018 Dispensed prescription for systemic corticosteroid on or 14 days after the Episode Date. Dispensed prescription for a bronchodilator on or 30 days after the Episode Date.	No valid exclusions
Statin therapy for patients with cardiovascular disease: therapy for males ages 21 to 75 and therapy for females ages 40 to 75 (SPC)	The percentage of males ages 21 to 75 and females ages 40 to 75 during 2018 who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high- or moderate- intensity statin medication during 2018.	Timeframe: January 1, 2018 – December 31, 2018 The number of Patients who had at least one dispensing event for a high or moderate-intensity statin medication during the measurement year.	Patients who have a diagnosis of pregnancy during the measurement year ICD10: There are 2,243 ICD10 Codes
Use of spirometry testing (SPR)	The percentage of patients ages 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis from July 1, 2017 through June 30, 2018.	Timeframe: July 1, 2017 – June 30, 2018 CPT: 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620 These codes need to either have been billed 730 days prior to the initial diagnosis or 180 days after the initial diagnosis.	No valid exclusions
Well child ages 3 to 6 (W34)	Patients ages 3 to 6 who had one or more well child visits with a PCP during 2018.	Timeframe: January 1, 2018 – December 31, 2018 CPT: 99381 – 99385, 99391 – 99395, 99461 ICD10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, 702.81, Z02.82, Z02.83, Z02.89, Z02.9 HCPCS: G0438, G0439	No valid exclusions